



## Summary of Benefits – Metlife Dental

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	In-Network	Out-of-Network
Coverage Option	Comprehensive	Comprehensive
Type A – Preventative	100%	100%
Type B – Basic	90%	80%
Type C – Major	60%	50%
Type D – Orthodontia – Child up to Age 19	50%	50%
Individual Deductible (Annual)	\$50	\$50
Family Deductible (Annual)	3x aggregate	3x aggregate
Deductible Applies To	Type B&C	Type B&C
Calendar Year Maximum	\$1,500	\$1,500
Lifetime Orthodontic Maximum	\$1,500	\$1,500