

2021 Dental Comparison Chart

Benefits	MetLife HMO	MetLife High PPO		MetLife Low PPO	
	<i>California residents Only</i>	<i>Residents in & out of California</i>		<i>Only available to residents out of California</i>	
Calendar Year Maximum		In Network	Out of Network	In Network	Out of Network
	Unlimited	\$3,000 per member	\$3,000 per member	\$1,000 per member	\$1,000 per member
Calendar Year Deductible					
Individual	None	\$0	\$50	\$50	\$50
Family		\$0	\$150	\$150	\$150
Deductible waived for preventative		Yes	Yes	Yes	Yes
Diagnostic & Preventative					
Office visit	\$5				
Oral Exams	\$0				
X-Rays	\$0	100%	100%	100%	100%
Teeth Cleaning	\$0	2 cleanings per year	2 cleanings per year	2 cleanings per year	2 cleanings per year
Basic Services / Restorative					
Fillings					
Permanent amalgam	\$0	90%	80%	80%	80%
Resin-based composite – anterior	\$0				
Resin-based composite – posterior	\$25				
Oral Surgery	\$0 single tooth extraction \$40 for partial bony impaction				
Endodontics- Root Canal	\$40 / \$60 / \$95				
Periodontics -Gum Treatment (per quadrant)	\$25				
Major Services					
Crowns & Bridges	\$100	60%	50%	50%	50%
Cosmetic dentistry	Not covered	Not covered	Not covered	Not covered	Not covered
Prosthetics (dentures)		60%	50%	50%	50%
Partial – cast metal w. resin base	\$150				
Complete – upper or lower	\$125				
Orthodontics					
Child	24 months banding	\$2,000 lifetime max	\$2,000 lifetime max	Not Covered	Not Covered
Adult	\$1,450 copay	50%	50%	n/a	n/a
	\$1,450 copay	50%	50%	n/a	n/a
Group#: 5973407		Website: www.MetLife.com		Phone: 1-800-438-6388	

Please note that MetLife does not issue plan I.D. Cards for the MetLife PPO plans. Cards can be accessed for printing directly from the MetLife website.