

MetLife Dental Plan Details

Class Description	All Active Full Time Employees (30 Hours)	
	In-Network	Out-of-Network*
Reimbursement	Negotiated Fee Schedule	Schedule Amount
Type A – Preventive	100%	100%
Type B – Basic	80%	80%
Type C – Major	50%	50%
Calendar Year Deductible applies to: <ul style="list-style-type: none"> ▪ Individual ▪ Family 	B & C \$50 \$150 Aggregate	B & C \$50 \$150 Aggregate
Calendar Year Maximum (applies to A,B,C services)	\$750	\$750

Employee Only	\$32.08
Employee + Spouse	\$66.02
Employee + Child(ren)	\$69.84
Family	\$110.77