

Procedure	Maximum Amount
DIAGNOSTIC	
Oral exam not associated with other services (limit of 2 exams in any calendar year)	The reasonable charge for such procedure
Radiographs, intraoral—complete series (including bitewings)—limit of once every 36 months	
Radiographs, bitewings, complete series (4)—limit of twice per calendar year	
PREVENTIVE	
Dental prophylaxis, adults or children—all methods [limit of 2 prophylaxes (cleaning, scaling, and polishing) in any calendar year]	
Topical application of fluoride, per treatment (excluding prophylaxis)—limit of twice per calendar year	
Sealants for children to age 19 (limit of once every five years), permanent molars only	
RESTORATIVE	
Amalgam, one surface primary or permanent	\$ 35
Amalgam, two surfaces primary or permanent	53
Amalgam, three surfaces primary or permanent	70
Composite resin, one surface	44
Composite resin, two surfaces	62
Composite resin, three surfaces	88
Gold foil, one surface	106
Gold foil, two surfaces	167
Gold foil, three surfaces	203
Inlay metallic, one surface	211
Inlay metallic, two surfaces	264
Inlay metallic, three surfaces	308

Procedure	Maximum Amount
RESTORATIVE <i>continued</i>	
Inlay, porcelain	\$ 167
Recent inlays, per tooth	26
Sedative fillings, per tooth	26
Crown, resin, single restorations only	220
Crown, resin with metal, single restorations only	379
Crown, porcelain, single restorations only	361
Crown, porcelain with metal, single restorations only	449
Crown, full cast, single restorations only	387
Crown, stainless steel, single restorations only	88
Crown, temporary for fractured tooth	70
Recent crowns, per tooth	26
ENDODONTICS	
Pulp capping, direct (excluding final restoration)	26
Pulp capping, indirect (excluding final restoration)	18
Vital pulpotomy (or pulpectomy)	44
Root canal, anterior tooth	220
Root canal, bicuspid tooth	308
Root canal, molar tooth	407
Root Surgery, Anterior	176
PERIODONTICS	
Gingivectomy/gingivoplasty	176
• Per quadrant	
Gingival flap procedure	220
• Per quadrant	
Osseous surgery flap entry, per quadrant	396
Periodontal scaling and root planing	114
• Per quadrant	
Periodontal lifetime maximum	2,500
TEMPOROMANDIBULAR JOINT SYNDROME (TMJ)	
Non-surgical treatment	391
• Arthrogram, including injection	
• Tomographic survey	
TMJ appliance, occlusal orthotic device	434
TMJ lifetime maximum	1,500

Procedure	Maximum Amount
PROSTHODONTICS—REMOVABLE*	
Complete upper dentures, including adjustments	\$ 484
Complete lower dentures, including adjustments	484
Immediate upper complete dentures, including adjustments**	493
Immediate lower complete dentures, including adjustments**	396
Partial denture, upper or lower, resin base	555
Partial denture, upper or lower, cast metal base	617
Repair denture—resin base	44
Repair denture—cast framework	44
Repair denture—repair or replace broken clasp	44
Repair denture—replace broken teeth; per tooth	70
Repair denture—add tooth to existing partial	62
Repair denture—add clasp to existing partial	106
Relining upper or lower complete denture (office reline)***	106
Relining upper or lower complete denture (laboratory)†	159

PROSTHODONTICS—FIXED*	
Bridge pontics, cast high noble metal	387
Bridge pontics, porcelain fused to metal	449
Bridge pontics, resin with high noble metal	379
Inlay abutments, three or more surfaces, metallic inlay	308
Bridge repair	62

Procedure	Maximum Amount
ORAL SURGERY	
Extractions (including routine post-operative care)	
• Simple extractions	
– Single tooth/first in quadrant	\$ 44
• Surgical extractions	
– Tooth erupted	53
– Soft tissue impaction	79
– Partial bony impaction	97
– Complete bony impaction	167
Residual root recovery	70
Oral antral fistula closure (and/or antral root recovery)	176
Surgical exposure of impacted or unerupted tooth for orthodontic reasons	114
Surgical repositioning of teeth	114
Alveoplasty (surgical preparation of ridge for dentures)	
• Per quadrant in conjunction with extractions	44
• Per quadrant not in conjunction with extractions	79
ORTHODONTIC CARE	
Maximum allowance for all orthodontic treatment combined during lifetime of any family member	1,500

* Replacement of existing removable denture or fixed bridgework is covered if needed due to loss of one or more natural teeth after existing denture or bridgework was installed or if it is needed because existing denture or bridgework can no longer be used and was installed at least five years before it is replaced. Adding teeth to existing partial removable denture or bridgework is covered when needed to replace one or more natural teeth removed after existing denture or bridgework was installed.

** Replacement of existing immediate temporary complete denture by a new permanent full denture is covered when existing denture cannot be made permanent and permanent denture is installed within 12 months after existing denture was installed.

*** Not covered first six months after denture is placed, then relining limited to once every 36 months.

Note: If a procedure is not listed, an amount will be determined by MetLife in a consistent manner. Its type and complexity will be taken into account along with exclusions and other restrictions that apply.

Reminders

- The individual deductible is \$50 per covered person. This means that each calendar year, you must pay the first \$50 of scheduled benefits for each covered person before the plan begins making payments.
- If you cover your family, only three people are subject to the \$50 calendar year deductible.
- There is no deductible requirement for diagnostic and preventive services.

- The lifetime maximum for periodontic services is \$2,500 per covered person, for orthodontic services it is \$1,500 per covered person, and for TMJ it is \$1,500 per covered person.
- The maximum annual benefit per covered person is \$1,500 each calendar year. This includes any charges for periodontic, TMJ, and orthodontic treatment, which also have separate lifetime maximums (see above).

Note: This is not a full description of your dental benefits. For a complete description, including limitations and exclusions, consult the Summary Plan Description.