

## 2017 Dental Plan Comparison Chart

Plan Feature	Copay Plan		PPO Plan	
	Inside MetLife Network	Out of MetLife Network	Inside MetLife Network	Out of MetLife Network
<b>Choice of Dentist</b>	Limited to MetLife network	Any dentist	Limited to MetLife network	Any dentist
<b>Deductible*</b>	None	Per individual: \$75 Per family: Up to \$225	Per individual: \$60	
<b>Annual Maximum</b>	Per individual: \$5,000	Per individual: \$1,000	Per individual: \$1,500 Per family: Up to \$3,000	
<b>Preventive Care</b>	You pay 10%; Plan pays 90%**  One visit in a six month period	You pay 30%; Plan pays 70%***	You pay 0%; Plan pays 100%**  Two visits per calendar year	You pay 0%; Plan pays 100%***
<b>Basic Care</b>	You pay 30%; Plan pays 70%**	You pay 60%; Plan pays 40%***	You pay 20%; Plan pays 80%**	You pay 20%; Plan pays 80%***
<b>Major Care</b>	You pay 50%; Plan pays 50%**	You pay 70%; Plan pays 30%***	You pay 50%; Plan pays 50%**	You pay 50%; Plan pays 50%***
<b>Orthodontia (Adult and Child)</b>	You pay 50%; Plan pays 50%**	You pay 60%; Plan pays 40%***	You pay 50%; Plan pays 50%**	You pay 50%; Plan pays 50%***
	Lifetime maximum per individual: \$1,500	Lifetime maximum per individual: \$500	Lifetime maximum per individual: \$1,000	

\* Deductible waived for Copay Plan's Orthodontia care and PPO Plan's Preventive and Orthodontia care.

\*\* Payment for percentage of negotiated fees as determined by MetLife, subject to cost sharing, deductible and benefit maximums.

\*\*\* Payment for percentage of reasonable and customary charges as determined by MetLife. You are responsible for 100% of any charges in excess of the reasonable and customary charge.