

2021 Dental Plan Comparison Chart

Plan Feature	Copay Plan		PPO Plan	
	Inside MetLife Network	Out of MetLife Network	Inside MetLife Network	Out of MetLife Network
Choice of Dentist	Limited to MetLife network	Any dentist	Limited to MetLife network	Any dentist
Deductible*	None	Per individual: \$75 Per family: Up to \$225	Per individual: \$60	
Annual Maximum	Per individual: \$5,000	Per individual: \$1,000	Per individual: \$1,500 Per family: Up to \$3,000	
Preventive Care	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%***
Basic Care	You pay 30%; Plan pays 70%**	You pay 60%; Plan pays 40%***	You pay 20%; Plan pays 80%**	You pay 20%; Plan pays 80%***
Major Care	You pay 50%; Plan pays 50%**	You pay 70%; Plan pays 30%***	You pay 50%; Plan pays 50%**	You pay 50%; Plan pays 50%***
Orthodontia (Adult and Child)	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.