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

* Waived for orthodontia  
** Waived for preventive care and orthodontia  
*** You are also responsible for 100% of the charges in excess of the reasonable and customary charge