



Dental				
Plan	Description			
<p>Dental (Preferred Dentist Program - PDP)</p> <p>www.metlife.com/mybenefits</p> <p>800 942 0854</p> <p>Plan Administrator Metropolitan Life (MetLife)</p> <p>Eligibility Non-temporary, full-time frontline employees (class code 6) & eligible dependents</p> <p>Waiting Period Your benefits begin the first of the month following 90 days after you are hired. If you are newly eligible, your benefits can be effective on the Saturday following your enrollment if you have satisfied your initial waiting period and enroll within 45 days of becoming eligible.</p>		PDP Service Provider	Non-PDP Service Provider	
	Annual Deductible	\$50	\$50	
		Deductibles for participating and non-participating dentists apply toward each other.		
	Plan Pays <ul style="list-style-type: none"> Preventive Care 	<ul style="list-style-type: none"> 2 checkups/plan year*; no deductible; plan pays 100% max of 2 regular cleanings/plan year up to 4 periodontal cleanings/plan year. <p style="font-size: small; margin-top: 5px;"><i>Not to exceed 4 cleaning maximum per plan year (regular and periodontal)</i></p>	<ul style="list-style-type: none"> 2 checkups/plan year*; no deductible; plan pays 80% max of 2 regular cleanings/plan year up to 4 periodontal cleanings/plan year. <p style="font-size: small; margin-top: 5px;"><i>Not to exceed 4 cleaning maximum per plan year (regular and periodontal)</i></p>	
	<ul style="list-style-type: none"> Basic Services Periodontics 	<p>Plan pays 80%, after deductible</p> <p>Plan pays 80%, after deductible</p>	<p>Plan pays 80%** , after deductible</p> <p>Plan pays 80%** , after deductible</p>	<p>Plan pays 80%** , after deductible</p> <p>Plan pays 80%** , after deductible</p>
	<ul style="list-style-type: none"> Major Services 	<p>Plan pays 50%, after deductible</p>	<p>Plan pays 50%** , after deductible</p>	
	<ul style="list-style-type: none"> Orthodontic Services 	<p>Plan pays 50%, no deductible</p>	<p>Plan pays 50%** , no deductible</p>	
	<p style="font-size: x-small;">*Limited to one fluoride treatment per year for dependent children under age 19. Sealants covered for dependent children under age 19. **Subject to reasonable and customary fee (R&C) limits. All charges over R&C fees are paid by you.</p>			
	Annual Plan Maximum	\$2,000		
	Lifetime Maximum <ul style="list-style-type: none"> Orthodontia 	\$2,000 per person for dependents under age 19; does not count toward annual limit		