2021 Dental Plan Comparison Chart

	MetLife Dental CoPay Plan		MetLife Dental PPO Plan
	In-network	**Out-of-network**	**Same Coverage In and Out-of-Network**
Plan Type	**PPO**		**Passive PPO**
Deductible (Single/Family)	None	$75/$225	$60
Individual Annual Maximum Benefit (Single/Family)	$5,000	$1,000	$1,500/$3,000
Out-Of-Network Reasonable and Customary Threshold	NA	80th Percentile R&C*	90th Percentile R&C*
Diagnostic / Preventive	**Deductible Applies**		**No Deductible**
Oral Evaluations (2 per plan year), X-Rays, Prophylaxis/Cleanings, Fluoride	Plan pays: 90%, You pay: 10%	Plan pays: 70%, You pay: 30%	Plan pays: 100%, You pay: 0%
Sealants	Plan pays: 90%, You pay: 10%	Plan pays: 70%, You pay: 30%	Not Covered
Space Maintainers	See Basic Services	See Basic Services	Plan pays: 100%, You pay: 0%
Basic Services	**Deductible Applies**		**Deductible Applies**
Fillings	Plan pays: 70%, You pay: 30%	Plan pays: 40%, You pay: 60%	Plan pays: 80%, You pay: 20%
Oral Surgery	See Major Services	See Major Services	Plan pays: 80%, You pay: 20%
Simple Extractions	Plan pays: 70%, You pay: 30%	Plan pays: 40%, You pay: 60%	Plan pays: 80%, You pay: 20%
Space Maintainers	Plan pays: 70%, You pay: 30%	Plan pays: 70%, You pay: 30%	See Diagnostic/ Preventive
Endodontics, Periodontics	See Major Services	See Major Services	Plan pays: 80%, You pay: 20%
Major Services	**Deductible Applies**		**Deductible Applies**
Oral Surgery, Endodontics, Periodontics	Plan pays: 50%, You pay: 50%	Plan pays: 30%, You pay: 70%	See Basic Services
Crowns, Inlays, Onlays, Bridges, Dentures**	Plan pays: 50%, You pay: 50%	Plan pays: 30%, You pay: 70%	Plan pays: 50%, You pay: 50%
Implants**	Not Covered	Not Covered	Plan pays: 50%, You pay: 50% ($1,000 Max)
Occlusal Guards (1 in 24 months)	Plan pays: 50%, You pay: 50%	Plan pays: 30%, You pay: 70%	Plan pays: 50%, You pay: 50%
Orthodontics	**No Deductible**		**No Deductible**
Reimbursement Level	Plan pays: 50%, You pay: 50%	Plan pays: 40%, You pay 60%	Plan pays: 50%, You pay: 50%
Lifetime Maximum Per Individual	$1,500	$500	$1,000
Adult and Child Coverage up to age 26	Yes	Yes	Yes

** 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.*

*** These items are covered at 1 every 10 years. This means that only one replacement is covered every 10 years.*