MetLife Dental Plans

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Compare the benefits under the Silver, Gold and Platinum plans.

Services	Silver Plan In-network:[1] % of Negotiated Fee [2] Out-of-network:[1] % of Negotiated Fee [2]	Gold Plan In-network:[1] % of Negotiated Fee [2] Out-of-network:[1] % of Negotiated Fee [2] Waiting Period* for Type C	Platinum Plan In-network:[1] % of Negotiated Fee [2] Out-of-network:[1] % of Negotiated Fee [2] Waiting Period* for Type C & Ortho
Network	PDP Plus	PDP Plus	PDP Plus
Preventive & Diagnostic Services[3] (cleanings, exams, X-rays)	In-Network: 100% Out-of-Network: 100%	In-Network: 100% Out-of-Network: 100%	In-Network: 100% Out-of-Network: 100%
Basic Restorative Services (fillings, extractions)	In-Network: 50% Out-of-Network: 50%	In-Network: 70% Out-of-Network: 70%	In-Network: 80% Out-of-Network: 80%
Major Restorative Services (bridges, dentures)	Not Covered	In-Network: 50% Out-of-Network: 50%	In-Network: 50% Out-of-Network: 50%
Child Orthodontia Covered Services[4] (for children up to age 19 only)	Not Covered	Not Covered	In-Network: 50% Out-of-Network: 50%
Calendar-Year Deductible – Applies to Basic and Major Restorative Services Individual Family	$50 $150	$50 $150	$25 $75
Calendar-Year Maximum Benefit (annual combined for in- and out-of-network)	$1,000/person	$1,500/person	$3,000/person
Child Orthodontia Lifetime Maximum (lifetime combined for in- and out-of-network)	Not Covered	Not Covered	$2,000/person
Child(ren)'s eligibility for dental coverage	Birth up to age 26	Birth up to age 26	Birth up to age 26
Waiting Period*	N/A	12 month (Type C only)	12 month (Type C & Ortho only)

* Effective on coverages beginning 1/1/2026 and after.

1. In-network refers to benefits provided under this program for covered dental services that are provided by a participating dentist. Out-of-network refers to benefits provided under this program for covered dental services that are not provided by a participating dentist.
2. Negotiated fee refers to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Negotiated fees do not apply to non-covered services in states that prohibit limitations for services not covered under a plan. Participating providers in these states may charge their non-negotiated fees for non-covered services.
3. MetLife strongly recommends that you have your dentist submit a pretreatment estimate to MetLife if the cost is expected to exceed $300. When your dentist suggests treatment, have him or her send a claim form, along with the proposed treatment plans and supporting documentation, to MetLife. An explanation of benefits (EOB) will be sent to you and the dentist detailing an estimate of what services MetLife will cover and at what payment level. Actual payments may vary from the pretreatment estimate depending upon annual maximums, deductibles, plan frequency limits and other plan provisions at time of payment.
4. We recommend you receive a pre-treatment estimate from your provider to determine estimated costs of your orthodontia treatment. Note: Lifetime Maximum for Orthodontia treatment is [$2,000] in-network or out-of-network. Child orthodontia is covered under the High Option benefit only. Orthodontia covers children up to their 19th birthday. Adult orthodontia is not covered under any program option.

Like most group benefits programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. You may be financially responsible for copayments, deductibles, or any other amounts in excess of those MetLife is required to pay for covered services as described in your dental certificate and/or policy. Ask your MetLife representative for costs and complete details.

MetLife

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