

| 2022 Dental Comparison Chart                  |  |   |                      |   |                      |
|---|--|---|----------------------|---|----------------------|
| Benefits                                      | MetLife HMO<br><i>California residents Only</i>                | MetLife High PPO<br><i>Residents in &amp; out of California</i> |                      | MetLife Low PPO<br><i>Only available to residents out of California</i> |                      |
| Calendar Year Maximum                         |  | In Network  | Out of Network       | In Network  | Out of Network       |
|   | Unlimited  | \$3,000 per member  | \$3,000 per member   | \$1,000 per member  | \$1,000 per member   |
| Calendar Year Deductible                      |  |   |                      |   |                      |
| Individual                                    | None   | \$0   | \$50                 | \$50  | \$50                 |
| Family  |  | \$0   | \$150                | \$150   | \$150                |
| Deductible waived for preventative            |  | Yes   | Yes                  | Yes   | Yes                  |
| Diagnostic & Preventative                     |  |   |                      |   |                      |
| Office visit                                  | \$5  |   |                      |   |                      |
| Oral Exams                                    | \$0  | 100%  | 100%                 | 100%  | 100%                 |
| X-Rays  | \$0  | 2 cleanings per year  | 2 cleanings per year | 2 cleanings per year  | 2 cleanings per year |
| Teeth Cleaning                                | \$0  |   |                      |   |                      |
| Basic Services / Restorative                  |  |   |                      |   |                      |
| Fillings                                      |  |   |                      |   |                      |
| Permanent amalgam                             | \$0  | 90%   | 80%                  | 80%   | 80%                  |
| Resin-based composite – anterior              | \$0  |   |                      |   |                      |
| Resin-based composite – posterior             | \$25   |   |                      |   |                      |
| Oral Surgery                                  | \$0 single tooth extraction \$40<br>for partial bony impaction |   |                      |   |                      |
| Endodontics- Root Canal                       | \$40 / \$60 / \$95   |   |                      |   |                      |
| Periodontics -Gum Treatment<br>(per quadrant) | \$25   |   |                      |   |                      |
| Major Services                                |  |   |                      |   |                      |
| Crowns & Bridges                              | \$100  | 60%   | 50%                  | 50%   | 50%                  |
| Cosmetic dentistry                            | Not covered  | Not covered   | Not covered          | Not covered   | Not covered          |
| Prosthetics (dentures)                        |  | 60%   | 50%                  | 50%   | 50%                  |
| Partial – cast metal w. resin base            | \$150  |   |                      |   |                      |
| Complete – upper or lower                     | \$125  |   |                      |   |                      |
| Orthodontics                                  |  |   |                      |   |                      |
| Child   | 24 months banding  | \$2,000 lifetime max  | \$2,000 lifetime max | Not Covered   | Not Covered          |
| Adult   | \$1,450 copay  | 50%   | 50%                  | n/a   | n/a                  |
|   | \$1,450 copay  | 50%   | 50%                  | n/a   | n/a                  |
| Group#: 5973407                               |  | Website: <a href="http://www.MetLife.com">www.MetLife.com</a>   |                      | Phone:<br>1-800-438-6388  |                      |

**Please note that MetLife does not issue plan I.D. Cards for the MetLife PPO plans.**  
**Cards can be accessed for printing directly from the MetLife website.**

| 2022 Vision Comparison Chart   |   |   |
|--|---|---|
| Benefits   | MetLife PPO<br>In Network   | MetLife PPO<br>Out of Network   |
| <b>Examination</b>   |   |   |
| Exam copay   | \$10  | Up to \$45 reimbursement  |
| <b>Materials</b>   | Plan pays 100%  | Plan pays 100% per schedule   |
| Materials copay<br>Single vision<br>Bifocal vision<br>Trifocal vision  | \$0<br>100%<br>100%<br>100%   | \$0<br>Up to \$30 reimbursement<br>Up to \$50 reimbursement<br>Up to \$65 reimbursement |
| <b>Frames &amp; Contact Lenses</b>   |   |   |
| Frames<br>- Costco<br>Contact lenses in lieu of frames & lenses<br>- Medically necessary<br>- Elective (cosmetic or convenience) | \$200 allowance<br>\$110 allowance<br><br>100%<br>Up to \$200 allowance   | Up to \$70 reimbursement<br><br>Up to \$210 reimbursement<br>Up to \$105 reimbursement  |
| <b>Frequency</b>   |   |   |
| Exams<br>Lenses<br>Frames  | Date of service<br><br>1 x every 12 months                                | Date of service<br><br>1 x every 12 months  |
| <b>Group#: 5973407</b>   | <b><a href="http://www.Metlife.com/vision">www.Metlife.com/vision</a></b> | <b>Phone: 1-800-438-6388</b>  |

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