

2023 Dental Comparison Chart					
Benefits	MetLife HMO <i>California residents Only</i>	MetLife High PPO <i>Residents in & out of California</i>		MetLife Low PPO <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 for partial bony impaction				
Endodontics- Root Canal	\$40 / \$60 / \$95				
Periodontics -Gum Treatment (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: www.MetLife.com		Phone: 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.**

2023 Vision Comparison Chart		
Benefits	MetLife PPO In Network	MetLife PPO Out of Network
Examination		
Exam copay	\$10	Up to \$45 reimbursement
Materials	Plan pays 100%	Plan pays 100% per schedule
Materials copay Single vision Bifocal vision Trifocal vision	\$0 100% 100% 100%	\$0 Up to \$30 reimbursement Up to \$50 reimbursement Up to \$65 reimbursement
Frames & Contact Lenses		
Frames - Costco Contact lenses in lieu of frames & lenses - Medically necessary - Elective (cosmetic or convenience)	\$200 allowance \$110 allowance 100% Up to \$200 allowance	Up to \$70 reimbursement Up to \$210 reimbursement Up to \$105 reimbursement
Frequency		
Exams Lenses Frames	Date of service 1 x every 12 months	Date of service 1 x every 12 months
Group#: 5973407	www.Metlife.com/vision	Phone: 1-800-438-6388

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