

MetLife TakeAlong DentalSM Insurance

PPO Program Summary

This is a brief description of services covered under the MetLife TakeAlong Dental, PPO program. You have a choice of three program options — High, Medium and Low. All options cover a broad range of important dental services. Please review the program details below to help you decide which option best fits your needs. For complete program details, including exclusions and limitations, please visit metlifetakealongdental.com.

Program Summary

	High Option Benefit	Medium Option Benefit	Low Option Benefit
Preventive & Diagnostic Services Based on the maximum allowed charge ¹	In-network: 100% Out-of-network: 100%	In-network: 100% Out-of-network: 100%	In-network: 100% Out-of-network: 100%
Basic Restorative Services Based on the maximum allowed charge ¹	In-network: 80% Out-of-network: 80%	In-network: 70% Out-of-network: 70%	In-network: 70% Out-of-network: 70%
Major Restorative Services Based on the maximum allowed charge ¹	In-network: 50% Out-of-network: 50%	In-network: 50% Out-of-network: 50%	In-network: 50% Out-of-network: 50%
Child Orthodontia Covered Services² Based on the maximum allowed charge ¹	In-network: 50% Out-of-network: 50%	Orthodontia not covered	Orthodontia not covered
Calendar Year Deductible - Applies to Basic & Major Restorative Services	\$25 \$75	\$50 \$150	\$75 \$225
	Individual		
	Family		
Waiting Period³	6 months for Basic Restorative 12 months for Major Restorative & Child Orthodontia	6 months for Basic Restorative 12 months for Major Restorative	
Calendar Year Maximum Benefit	\$2,000 / person	\$1,500 / person	\$1,000 / person
Child Orthodontia Lifetime Maximum	\$1,000 / person	Orthodontia not covered	Orthodontia not covered
Dependent Age	A dependent child is eligible for benefits up to his/her 26th birthday. ²		

In-network refers to benefits provided under this program for covered dental services that are provided by a participating dentist. Out-of-network benefits refer to benefits provided under this program for covered dental services that are not provided by a participating dentist.

COST: To view the cost for each option, go to metlifetakealongdental.com. Type in your ZIP Code to find the cost for your area.



Description of Covered Services & Frequency

This table represents the top services within each category, but is not a complete list of the covered services and procedures. For full program details, please visit metlifetakealongdental.com.

Applies to all program options²

Preventive	Frequency
Prophylaxis (cleanings)	Two per calendar year
Oral examinations	Two per calendar year
Topical fluoride treatment	One per calendar year for dependent children up to their 14th birthday
Bitewing x-rays	One set every calendar year One set every 6 months for a child
Screenings	Two per calendar year
Patient assessments	Two per calendar year

Basic Restorative

Fillings — initial placement	Unlimited
Replacement fillings	Replacement once every 24 months
Simple extractions	Unlimited
Full mouth x-rays	Once every 60 months
Periodontics maintenance	Four treatments per calendar year
Periodontal scaling & root planing	Once per quadrant every 24 months
Space maintainers	Once per lifetime per tooth area for dependent children up to their 14th birthday
Sealants or sealant repair	Once per tooth every 60 months for dependent children up to their 14th birthday

Major Restorative

General anesthesia	When necessary in accordance with generally accepted dental standards
Dentures	When need to replace congenitally missing teeth or replace natural teeth
Recementing of cast restorations or dentures	Once in a 12 month period
Crowns	No more than one replacement for the same tooth within 10 years
Oral surgery	Refer to schedule of benefits for exceptions
Surgical extractions	Unlimited
Implant services	No more than once for the same tooth position in a 10-year period
Repair of implants	Once in a 12 month period
Child orthodontia ²	For a child up to age 19

MetLife TakeAlong Dental availability varies by state.

¹ The maximum allowed charge for a covered service is the amount that in-network dentists have agreed to accept as payment in full for the covered service. Percentages shown are based on the maximum allowed charge, even when a covered service is provided by an out-of-network dentist, except in AK, NV, MA and MT. In these states, out-of-network percentages shown are based on a percentile of the reasonable and customary (R&C) charge. The R&C charge is based on the lowest of: (1) the dentist's actual charge for a covered service; (2) the dentist's usual charge for the same or similar service; or (3) the amount charged by most dentists in the same geographic area for the same or similar service as determined by MetLife. Please go to metlifetakealongdental.com and enter your ZIP code for complete details.

² Child orthodontia is covered under the High Option benefit only. Orthodontia covers dependent children up to their 19th birthday. Adult orthodontia is not covered under any program option.

³ Vermont Residents: Any applicable waiting periods are limited to a maximum of 6 months. Once enrolled, this will be reflected in your policy.

Dental benefits are provided by Metropolitan Life Insurance Company (MetLife). Certain administrative services are provided by Careington BenefitSolutions (Careington), Frisco, TX. Careington is not affiliated with MetLife or its affiliates. In certain states, availability of the individual dental product is subject to regulatory approval. Like most benefits programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife for costs and complete details.

For Colorado Residents: This policy DOES NOT include coverage of pediatric dental services as required under the Affordable Care Act. Coverage of pediatric dental services is available for purchase in the State of Colorado and can be purchased as a stand-alone plan. Please contact your insurance carrier, agent, or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage or an Exchange-qualified stand-alone dental plan that includes pediatric dental coverage.

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