

Dental plans

MetLife is the carrier for our dental PPO plan. Visit [metlife.com/mybenefits](https://www.metlife.com/mybenefits) to see if your dentist is in network for the MetLife Dental PPO Plan.

In select markets, the Aetna Dental DMO Plan is available. If you choose this plan, your primary care dentist must be in the Aetna DMO network in order for you to receive any coverage. Visit [aetna.com/bankofamerica](https://www.aetna.com/bankofamerica) to see if your dentist is in the network. If you plan to go to a new dentist in 2020, be sure that he or she is in network and accepting new DMO patients before you elect this dental plan.

Important note for New Hampshire residents: Aetna DMO will not provide dental coverage in New Hampshire in 2020. If you currently have Aetna DMO coverage and you don't make elections during Annual Benefits Enrollment, you will be automatically enrolled in the MetLife Dental PPO Plan for 2020.

Out-of-network coverage

A dentist who is out of network hasn't agreed to negotiated rates. The MetLife Dental PPO Plan pays benefits based on the usual and customary charge for a particular service. If the out-of-network provider charges more, you'll be responsible for paying the amount that exceeds the usual and customary limit plus the applicable coinsurance and deductible.

The Aetna DMO does not have out-of-network coverage; therefore, services received from a provider who is not in the Aetna DMO network will not be covered.

| | MetLife Dental PPO (in network) | Aetna DMO (select markets, in network) |
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| General dental expenses | <p>Annual deductible \$50 Individual, \$150 Family The deductible is waived for preventive/diagnostic care and applies to basic and major expenses.</p> <p>Annual maximum coverage per person (excludes orthodontia and preventive care services) \$2,000</p> <p>Lifetime maximum for orthodontia (covered adults and children starting treatment before age 20) \$2,000</p> <p>Office visit copayment None</p> | <p>Annual deductible None</p> <p>Annual maximum coverage per person (excludes orthodontia) None</p> <p>Lifetime maximum for orthodontia (covered adults and children) 24 months active treatment plus 24 months retention per lifetime</p> <p>Office visit copayment \$5 per visit</p> |
| Preventive care | <p>Exams Plan pays 100% of covered services; services do not count toward annual maximum. Limited to two routine visits and two problem-focused visits per calendar year.</p> <p>Cleaning Plan pays 100% of covered services; services do not count toward annual maximum. Limited to two visits per calendar year.</p> <p>Dental X-rays Plan pays 100% of covered X-rays; services do not count toward annual maximum. Limited to one set of full mouth series every five years, and two sets of bitewing X-rays per calendar year for children and one set per calendar year for adults.</p> | <p>Exams Plan pays 100% of covered services, limited to four visits per calendar year.</p> <p>Cleaning Plan pays 100% of covered services, limited to two visits per calendar year.</p> <p>Dental X-rays Plan pays 100% of covered X-rays; services do not count toward the annual maximum. Limited to one set of full mouth series every five years and two sets of bitewing X-rays per calendar year.</p> |
| Services | <p>Amalgam (silver) fillings You pay 20% of covered services.</p> <p>Composite fillings You pay 20% of covered services; limitations may apply.</p> <p>Extractions You pay 20% of covered services.</p> <p>Crowns, dentures and bridges You pay 50% of covered services; each individual service is limited to one time, per person, every seven years.</p> <p>Implants You pay 50% of covered services.</p> <p>Oral surgery You pay 20% of covered services.</p> <p>Orthodontia (adults and children) You pay 50% of covered services.</p> | <p>Amalgam (silver) fillings You pay 20% of covered services.</p> <p>Composite fillings You pay 20% of covered services; limitations may apply.</p> <p>Extractions You pay 20% of covered services; uncomplicated, non-bony impactions.</p> <p>Crowns, dentures and bridges You pay 50% of covered services; crowns and dentures limited to initial placement and replacements for appliances that are seven years old or more; bridges limited to initial placement only. Replacements for bridge appliances that are seven years old or more are considered.</p> <p>Implants You pay 50% of covered services.</p> <p>Oral surgery You pay 20% of covered services for basic surgery; 50% of covered major surgery.</p> <p>Orthodontia (adults and children) You pay 50% of covered services.</p> |