



What are my dental plan options?

MetLife will continue to be the carrier for our Dental PPO plan.

Visit [metlife.com/mydentalppo](https://www.metlife.com/mydentalppo) to see if your dentist is in-network for the Dental PPO Plan.

In select markets, the Aetna Dental DMO Plan is available. Visit [aetna.com/bankofamerica](https://www.aetna.com/bankofamerica) to check if your dentist is in the Aetna DMO network.

If you choose this plan, your primary care dentist must be in the Aetna DMO network and accepting new DMO patients. Be sure to confirm this before you elect this plan.

Out-of-network coverage

A dentist who is “out-of-network” means the provider hasn’t agreed to negotiated rates. The 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. **Aetna DMO does not have out-of-network coverage.**

	MetLife Dental PPO	Aetna DMO
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) \$1,500</p> <p>Lifetime maximum for orthodontia (children starting treatment before age 20) \$1,500</p> <p>Office visit copayment None</p>	<p>Annual deductible None</p> <p>Annual maximum coverage per person (excludes orthodontia) There is no annual maximum.</p> <p>Lifetime maximum for orthodontia (children starting treatment before age 20) 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, limited to two routine visits and two problem-focused visits per calendar year.</p> <p>Cleaning Plan pays 100% of covered services, limited to two visits per calendar year.</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>
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>Oral surgery You pay 20% of covered services.</p> <p>Orthodontia 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>Oral surgery You pay 20% of covered services for basic surgery; 50% of covered major surgery.</p> <p>Orthodontia You pay 50% of covered services.</p>