## **Mohawk Standard Dental Plan Overview**

BENEFIT HIGHLIGHTS	IN-NETWORK (PDP) Preferred Dentist Program	OUT-OF-NETWORK Non-Preferred Dentist
Type A - Preventive: Exams, Cleanings, Bitewing X-Rays, Fluoride, Sealants	<b>100% PDP Fee</b>	<b>100% PDP Fee</b>
Type B - Minor / Basic Restorative: Full-Mouth X-Rays <sup>1</sup> , Fillings, Simple Extractions <sup>2</sup> , Periodontal Maintenance	50% PDP Fee	50% PDP Fee
Type C - Major / Restorative: Crowns, Dentures, Periodontal Surgery, General Anesthesia / IV Sedation, Endodontics, Implant Services	50% PDP Fee	50% PDP Fee
Deductible per Calendar Year: For Type B and Type C Covered Services	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family
Yearly Individual Maximum: For the following Covered Services: Type A, Type B, Type C	\$1,000	\$1,000

- Frequency limitations and other plan limits apply to certain services; please refer to your Dental Certificate for Plan details

- MetLife's PDP is a network of Dentists who have contracted with MetLife to provide dental care at negotiated rates

- Your cost may be significantly higher if you use an out of network provider

- Plan effective 1/1/2017

<sup>1:</sup> Full mouth or panoramic x-rays allowed once every 5 years.

<sup>2:</sup> Does not include impacted teeth (or impactions).

