HOW MUCH YOU WILL PAY IN 2024	METLIFE DENTAL COVERAGE	
Covered Services	**Your Cost In-Network**	**Your Cost Out-of-Network***
Annual maximum benefit	$1,400 (in- and out-of-network combined)	
Preventive Services		
Deductible	$0	$0
Oral exams; cleanings; full mouth or panoramic X-rays; bitewing X-rays; intraoral, periapical, and extraoral X-rays; fluoride treatments (for dependent child(ren) up to age 14)	0%	20% of MetLife's discounted rate plus 100% of the difference between the actual and discounted rates
Basic and Major Restorative Services		
Deductible	$0	$100
Basic Services (pulp vitality tests, diagnostic casts, bacteriological studies, sealants, space maintainers, palliative care, sedative fillings, fillings, periodontal maintenance, pulp capping, therapeutic pulpotomy, periodontics—non-surgical, simple extractions, surgical extractions/ oral surgery)	30% of MetLife's discounted rate	50% of MetLife's discounted rate plus 100% of the difference between the actual and discounted rates
Major Services (recementations and repairs, rebases/relines, general anesthesia, consultations, inlays/onlays, crowns, crown build-ups, dentures, bridges, endodontics/root canal, periodontics—surgical, placement of implants)	40% of MetLife's discounted rate	50% of MetLife's discounted rate plus 100% of the difference between the actual and discounted rates

* Savings from enrolling in the MetLife Preferred Dentist Program will depend on various factors, including how often participants visit the dentist and the costs for services rendered.

HOW MUCH YOU WILL PAY IN 2024	EYEMED VISION COVERAGE	
Covered Services (Once Every Other Calendar Year)	**Your Cost In-Network**	**Your Reimbursement Out-of-Network**
Vision Exam	$0	Up to $30
Frame	20% off balance over $100 allowance	Up to $45
Frame from a PLUS Provider	20% off balance over $150 allowance	Up to $45
Standard Plastic Lenses (in lieu of medically necessary contacts)		
Single-vision	$0	Up to $25
Bifocal	$0	Up to $36
Trifocal	$0	Up to $46
Lenticular	$0	Up to $46
Progressive—standard	$55	Up to $36
Medically Necessary Contact Lenses (in lieu of lenses)	$0	Up to $210