

METLIFE PREFERRED DENTIST PROGRAM

Procedure Charge Schedule – \$10 PLAN A

How to use this chart

- 1.) If you participate in a MetLife PDP plan that uses procedure charge schedules to determine your out-of-pocket expense for covered services, rendered by a participating PDP dentist, please refer to the chart below to determine which schedule applies to you. Please remember that the schedule you should refer to relates to the area in which you receive services (i.e. your dentist's office ZIP code). This chart contains some of the most common dental procedures.
- 2.) When your Dentist suggests treatment, refer to the appropriate ADA Procedure Codes* beginning on page 2 to find your out-of-pocket expense for those services.
- 3.) Please note that procedure charges listed may not represent the full extent of your out-of-pocket expense. Services indicated with an * are typically subject to your dental benefits plan's alternate benefit provisions. It is strongly suggested that you obtain a pre-treatment estimate of benefits before the services are rendered in order to better understand what your plan will pay and what your out-of-pocket expenses will be.

State	Schedule	First 3 Digits of ZIP Code (if applicable)
Alabama	1	
Alaska	4	
Arizona	2	
Arkansas	1	716-19
	2	720-29
California	2	917-22
	3	900-08, 912-16, 923-34, 936-38, 952-53, 955-61
	4	910-11, 935, 939-51, 954
Colorado	2	800-02, 804-15
	3	803
	4	816
Connecticut	3	060, 062-64, 066-67
	4	061, 065, 068-69
D.C.	2	200-09, 220-21
	3	222-23
Delaware	4	
Florida	1	335-38, 342-46
	2	320-34, 339, 341, 347-49
Georgia	1	307-09, 312
	2	300-06, 310-11, 313-16, 318-19
	3	317
Hawaii	2	
Guam	2	969
Idaho	2	832-35, 838
	3	836-37
Illinois	1	609, 612, 614-22, 624-30, 633
	2	600-08, 610-11, 613
Indiana	1	464, 469, 471-478
	2	460-63, 465-68, 470, 479
Iowa	1	504-10, 512-28
	2	500-03, 511
Kansas	1	661, 667-69, 673-79
	2	660, 662, 664-66, 670-72

State	Schedule	First 3 Digits of ZIP Code (if applicable)
Kentucky	1	400-27, 476-77
	2	450
Louisiana	1	700-04, 706-10, 713-14
	2	705, 711-12
Maine	3	044, 046-47
	4	039-43, 045, 048-49
Maryland	1	
Massachusetts	2	010, 012-13
	3	011, 014-27
Michigan	2	484-99
	3	480-83
Minnesota	1	561-62, 566-67
	2	550-60, 563-65
Mississippi	1	386-88, 390-94, 396-97
	2	389, 395
Missouri	1	635-58
	2	634, 662
Montana	2	590-97, 599
	3	598
Nebraska	1	
Nevada	3	
New Hampshire	4	
New Jersey	2	071-72, 080-84
	3	070, 073-79, 085-89
New Mexico	2	870, 872-74, 877-84
	3	871, 875
New York	1	147-49
	2	103-04, 109-46
	3	100-02, 105-08
North Carolina	2	283-86
	3	270-82, 287-89
North Dakota	2	
Ohio	1	430-31, 433-49, 453-57, 459
	2	432, 451-52, 458

State	Schedule	First 3 Digits of ZIP Code (if applicable)
Oklahoma	1	731, 734, 737-40, 743-49
	2	730, 735-36, 741
Oregon	3	
Pennsylvania	1	150-67, 170-72, 185, 187
	2	168-69, 173-84, 186, 188-96
Puerto Rico	1	
Rhode Island	3	
South Carolina	2	
South Dakota	2	
Tennessee	1	370-71, 374-75, 377-85
	2	372-73, 376
Texas	1	733, 755, 763-64, 766-69, 773, 776-77, 780-82, 786, 788-90, 792-96, 798-99
	2	750-54, 756-62, 765, 770-72, 774-75, 778-79, 783-85, 787, 791, 797, 885
Utah	1	
Vermont	3	
Virgin Islands	2	
Virginia	1	227, 230, 239-40, 242-44, 246
	2	224-26, 228-29, 231-38, 241, 245
Washington	3	985-88, 990-94
	4	980-84, 989
West Virginia	1	247-253, 255-68
	3	254
Wisconsin	1	530, 534-35, 538-40, 546, 548
	2	531-32, 541-45, 547, 549
	3	537
Wyoming	2	

*Current Dental Terminology ©American Dental Association.

Common Dental Office Visit:



Service Category	Description	ADA Procedure Codes	Schedule			
			1	2	3	4
Diagnostic / Preventive						
	Periodic Exam	D0120	\$0	\$0	\$0	\$0
	Full Mouth and Bitewing X-Rays	D0210,D0270,D0272,D0273,D0274,D0277,D0330	\$5	\$5	\$5	\$5
	Fluoride	D1203,D1204	\$5	\$5	\$5	\$5
	Prophylaxis	D1110,D1120	\$10	\$10	\$10	\$10

Other Dental Services:



Diagnostic / Preventive						
	Exams	D0140,D0150,D0160,D0170,D0180	\$5	\$5	\$5	\$5
	Periapical first film and occlusal	D0220,D0240	\$3	\$3	\$4	\$4
	Extraoral X-ray	D0250,D0260	\$15	\$15	\$15	\$20
	Additional Periapicals	D0230	\$3	\$3	\$3	\$3
	Sealants	D1351	\$5	\$10	\$10	\$10
	Space Maintainers - unilateral	D1510,D1520	\$65	\$75	\$85	\$95
	Space Maintainers - bilateral	D1515,D1525	\$85	\$100	\$115	\$130
Restorative						
	Amalgams - 1 Surface	D2140	\$20	\$20	\$25	\$25
	Amalgams - 2 Surfaces	D2150	\$20	\$25	\$30	\$35
	Amalgams - 3 or More Surfaces	D2160,D2161	\$30	\$30	\$35	\$45
	Resin-based composite, anterior, 1 Surface	D2330	\$20	\$25	\$25	\$30
	Resin-based composite, anterior, 2 Surfaces	D2331	\$25	\$30	\$35	\$40
	Resin-based composite, anterior, > 2 Surface	D2332,D2335	\$30	\$35	\$40	\$50
	Inlays	D2510,D2520,D2530,D2610,D2620,D2630,D2650, D2651,D2652,D6520,D6530,D6602,D6603,D6604, D6605,D6606,D6607,D6624	\$310	\$355	\$405	\$455
	Crowns/Onlays*, Metal/Porcelain	D2542,D2543,D2544,D2642,D2643,D2644,D2740, D2750,D2751,D2752,D2780,D2781,D2782,D2783, D2790,D2791,D2792,D2794,D2810,D6542,D6543, D6544,D6740,D6750,D6751,D6752,D6780,D6781, D6782,D6783,D6790,D6791,D6792,D6794,D6610, D6611,D6612,D6613,D6614,D6615,D6634	\$325	\$380	\$435	\$490
	Additional procedures to new crown	D2971	\$60	\$70	\$80	\$95
	Recementation - Inlays/Onlays/Crowns/ Cast/Prefabricated post and core	D2910,D2915,D2920	\$25	\$35	\$35	\$40
	Prefabricated Crowns	D2930,D2931,D2932,D2934	\$70	\$90	\$90	\$120
	Resin Windows	D2933	\$85	\$100	\$110	\$135

Service Category	Description	ADA Procedure Codes	Schedule			
			1	2	3	4
	Post and Cores	D2954,D6972	\$85	\$100	\$110	\$135
	Prefabricated Crowns/ Post and Cores, each add'l	D2957	\$10	\$15	\$15	\$15
	Sedative Filling	D2940	\$10	\$10	\$15	\$20
	Core buildup, including any pins	D2950,D6973	\$60	\$70	\$75	\$95
	Cast post and core	D2952,D6970,D6971	\$125	\$145	\$165	\$185
	Crown repairs	D2980	\$60	\$70	\$75	\$95
Endodontics						
	Pulpal therapy	D3110,D3120,D3220,D3221	\$20	\$25	\$25	\$30
	Root canal, anterior	D3310	\$215	\$240	\$275	\$320
	Root canal, bicuspid	D3320	\$250	\$285	\$325	\$380
	Root canal, molar	D3330	\$345	\$395	\$450	\$505
	Root canal retreatment, anterior	D3346	\$265	\$300	\$345	\$385
	Root canal retreatment, bicuspid	D3347	\$300	\$390	\$395	\$455
	Root canal retreatment, molar	D3348	\$395	\$450	\$515	\$585
	Apexification, initial	D3351	\$90	\$105	\$120	\$135
	Apexification, interim	D3352	\$50	\$55	\$65	\$75
	Apexification, final	D3353	\$135	\$155	\$180	\$235
	Apicoectomy	D3410,D3421,D3425	\$205	\$225	\$265	\$290
	Apicoectomy, add'l root	D3426	\$100	\$110	\$125	\$150
	Root amputation / hemisection	D3450,D3920	\$145	\$165	\$185	\$210
Periodontics						
	Soft tissue surgery - gingivectomy (per quadrant)	D4210	\$165	\$190	\$220	\$245
	Gingivectomy - up to 3 contiguous teeth or bounded spaces	D4211	\$90	\$105	\$120	\$135
	Gingival Flap Proc: > 3 contiguous teeth or bounded teeth spaces/quad	D4240	\$180	\$200	\$230	\$260
	Gingival Flap Proc: < 3 contiguous teeth or bounded teeth spaces/quad	D4241	\$105	\$125	\$135	\$155
	Apically Positioned Flap	D4245	\$100	\$110	\$120	\$145
	Clinical crown lengthening	D4249	\$270	\$305	\$355	\$380
	Osseous surgery (> 3 contiguous teeth or bounded teeth spaces/quad)	D4260	\$365	\$415	\$480	\$515
	Osseous surgery (< 3 contiguous teeth or bounded teeth spaces/quad)	D4261	\$220	\$250	\$290	\$310

Service Category	Description	ADA Procedure Codes	Schedule			
			1	2	3	4
	Bone replacement graft - first site in quadrant	D4263,D4265,D7953	\$85	\$95	\$110	\$135
	Bone replacement graft - each additional site in quadrant	D4264	\$45	\$60	\$60	\$70
	Guided tissue regeneration	D4266,D4267	\$130	\$150	\$175	\$210
	Surgical revision per tooth	D4268	\$45	\$50	\$55	\$80
	Pedicle Soft Tissue Grafts	D4270	\$205	\$225	\$255	\$315
	Other Soft Tissue Grafts	D4271,D4275	\$260	\$295	\$340	\$395
	Other Soft Tissue Grafts per tooth	D4273,D4276	\$320	\$365	\$425	\$485
	Soft tissue surgery - Distal or Proximal Wedge	D4274	\$110	\$125	\$140	\$165
	Scaling and root planing (4 or more teeth per quadrant)	D4341	\$60	\$70	\$80	\$90
	Scaling and root planing (1-3 teeth)	D4342	\$40	\$45	\$50	\$60
	Periodontal maintenance	D4910	\$20	\$20	\$25	\$30
Prosthodontics (Removable)						
	Complete dentures	D5110,D5120,D5130,D5140	\$440	\$500	\$570	\$650
	Partial dentures - resin base	D5211,D5212,D5225,D5226,D6985	\$330	\$380	\$435	\$490
	Partial dentures - cast metal base	D5213,D5214	\$515	\$585	\$670	\$745
	Denture adjustments	D5410,D5411,D5421,D5422	\$20	\$25	\$25	\$40
	Denture repairs	D5510,D5520,D5610,D5620,D5630,D5640,D5650,D5660	\$55	\$75	\$75	\$85
	Denture rebase	D5710,D5711,D5720,D5721,D5670,D5671	\$165	\$190	\$215	\$245
	Denture reline - Chairside/Office	D5730,D5731,D5740,D5741	\$90	\$105	\$120	\$140
	Denture reline - Lab	D5750,D5751,D5760,D5761	\$135	\$155	\$180	\$205
	Tissue conditioning	D5850,D5851	\$45	\$50	\$55	\$65
Prosthodontics (Fixed)						
	Fixed partial denture pontics	D6205,D6210,D6211,D6212,D6214,D6240,D6241,D6242, D6245,D6250,D6251,D6252	\$345	\$420	\$455	\$515
	Retainer	D6545,D6548	\$135	\$155	\$180	\$210
	Recementation - Bridges	D6930	\$40	\$50	\$50	\$60
	Fixed partial denture repair	D6980	\$55	\$65	\$70	\$90
Oral Surgery						
	Simple extractions	D7111,D7140	\$40	\$45	\$50	\$60
	Surgical removal of erupted tooth	D7210,D7250	\$70	\$75	\$90	\$115
	Removal of impacted tooth, soft tissue/partial bony	D7220,D7230	\$100	\$115	\$130	\$150
	Removal of impacted tooth, full bony	D7240,D7241	\$140	\$160	\$185	\$205
	Alveoloplasty w/ extraction	D7310	\$65	\$75	\$85	\$100
	Alveoloplasty w/ extraction	D7311	\$40	\$45	\$50	\$60
	Alveoloplasty w/o Extraction	D7320,D7485	\$100	\$115	\$130	\$150
	Alveoloplasty w/o Extraction	D7321	\$60	\$70	\$80	\$90

Service Category	Description	ADA Procedure Codes	Schedule			
			1	2	3	4
	Incision and drainage, Intraoral	D7510,D7511	\$50	\$60	\$65	\$80
	Incision and drainage, Extraoral	D7520,D7521	\$85	\$100	\$110	\$160
	Frenulectomy/Frenuloplasty	D7960,D7963	\$100	\$135	\$135	\$160
	Excision of hyperplastic tissue	D7970	\$115	\$135	\$155	\$180
	Excision of pericoronal gingiva	D7971	\$50	\$55	\$65	\$90
Adjunctive General Services						
	Palliative treatment	D9110	\$15	\$15	\$15	\$20
	General Anesthesia or intravenous sedation, first 30 minutes	D9220,D9240,D9241	\$115	\$135	\$155	\$170
	General Anesthesia, each additional 15 minutes	D9221	\$40	\$45	\$60	\$60
	Intravenous sedation, each additional 15 minutes	D9242	\$25	\$35	\$35	\$35
	Consultation	D9310	\$30	\$35	\$40	\$60
	Occlusal adjustment - limited	D9951	\$25	\$35	\$35	\$50
	Occlusal adjustment - complete	D9952	\$125	\$145	\$170	\$200

Orthodontics If your plan covers orthodontics, payments will be based on a percentage of the total benefit available. A lifetime orthodontic benefit maximum applies. Please refer to your plan overview for more details.

Like most group insurance policies, MetLife group dental policies contain certain exclusions, waiting periods, reductions of benefits, limitations and terms for keeping them in force. For information about costs and complete details, contact your Human Resources department or MetLife benefits representative.

Alternate Benefits: Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement, and the associated procedure charge, on the least costly treatment alternative. If you and your participating PDP dentist have agreed on a treatment which is more costly than the treatment upon which the plan benefit is based, your actual out-of-pocket expense will be: the procedure charge for the treatment upon which the plan benefit is based, plus the full difference in cost between the scheduled PDP fee for the service actually rendered and the scheduled PDP fee for the service upon which the plan benefit is based. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plans reimbursement for those services, and your out-of-pocket expense. Procedure charge schedules are subject to change each plan year. You can obtain an updated procedure charge schedule for your area via fax by calling 1-800-942-0854 and using the MetLife Dental Automated Information Service.

Copay plans are not available for *insured* cases in Texas, including plans situated in Texas or covering Texas residents. Copay plans are also not available for *insured* cases in Connecticut.

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MetLife®

Metropolitan Life Insurance Company
 200 Park Avenue
 New York, NY 10166
 www.metlife.com