

# METLIFE PREFERRED DENTIST PROGRAM

## 2010-2011 Procedure Charge Schedule - \$10A Plan

### 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. Please see your benefit booklet or refer to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) for services covered under your dental plan.

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. Some services may be 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 services are covered by your plan and an estimate of what your plan will pay.

State	Schedule	First 3 Digits of Zip Code (if applicable)	State	Schedule	First 3 Digits of Zip Code (if applicable)	State	Schedule	First 3 Digits of Zip Code (if applicable)
Alabama	1	350-69	Massachusetts	2	010, 012-13	Oklahoma	1	730-34, 737-49
Alaska	4	995-999		3	011, 014-27		2	735-736
Arizona	2	850-57, 859-65	Maryland	1	206, 210-19	Oregon	3	970-79
Arkansas	1	716-20, 723-26, 728-29		2	207-09	Pennsylvania	1	150-68, 170-72, 180, 182-88, 190-92
	2	722, 721, 727	Maine	3	044, 046-47		2	169, 173-79, 181, 189, 193-96
California	2	917-25, 936-38, 953		4	039-43, 045, 048-49	Puerto Rico	1	006-09
	3	900-08, 912-16, 926-30, 932-34, 952, 955-61	Michigan	2	480-87, 488-97, 499	Rhode Island	3	028-29
	4	910-11, 931, 935, 939-51, 954		3	498	South Carolina	2	291-93, 295-299
Colorado	2	800-02, 804-07, 809-15	Minnesota	1	561-62, 566-67		3	290, 294
	3	803, 808		2	550-56, 563-565, 559-60	South Dakota	2	570, 572-77
	4	816		3	557-58		3	571
Connecticut	3	060, 063-64, 067	Missouri	1	630-33, 635-57	Tennessee	1	370-72, 375, 377-85
	4	061-62, 066, 065, 068-69		2	634, 658		2	373-74, 376
D.C.	2	200, 202-05	Mississippi	1	386-94	Texas	1	750-53, 755-90, 792-96, 798-99
Delaware	4	197-199		2	395-97		2	754, 885, 791, 797
Florida	1	335-39, 342-49, 320-322, 326-329, 333-34	Montana	2	590-97, 599	Utah	1	840-47
	2	323-325, 330-32, 341		3	598	Virginia	1	224-25, 227, 230-33, 236, 238-44, 246
Georgia	1	307-10, 312	North Carolina	2	270, 278, 283-86		2	201, 220-22, 226, 228-29, 234-35, 237, 245
	2	300-04, 305-06, 311, 313-16, 318, 319, 398		3	271-77, 279, 280-81, 287-89		3	223
	3	317	North Dakota	2	580-88	Virgin Islands	2	008
Guam	3	969	Nebraska	1	680-93	Vermont	3	052-59
Hawaii	2	967-68	New Hampshire	4	030-38		4	050, 051
Iowa	1	505-09, 512-28	New Jersey	2	070-73, 077, 080-84, 086-87	Washington	3	985-88, 990-92, 994
	2	500-504, 510		3	074-76, 078-79, 085, 089		4	980-84, 989, 993
	3	511	New Mexico	2	870-84	Wisconsin	1	530, 533, 538-40, 546, 548-549
Idaho	1	832-35, 838	New York	1	104, 120-26, 140-43		2	531, 532, 534-35, 541-545, 547
	2	836-37		2	103, 109-19, 127-38, 147-49		3	537
Illinois	1	604-05, 609, 611-22, 624-29		3	100-02, 105-08, 139	West Virginia	1	247-48, 250-53, 255-57, 260, 262-68
	2	600-603, 606-08, 610, 623	Nevada	2	889-91		2	249, 258-259, 261
Indiana	1	460-64, 469, 471-476, 478		3	893, 898		3	254
	2	465-68, 470, 477, 479	Ohio	1	430-50, 452-56, 458-59	Wyoming	1	820-31
Kansas	1	661, 667-69, 671, 673-79		2	451			
	2	660, 662, 664-66, 670, 672		3	457			
Kentucky	1	400-18, 421-27						
	2	420						
Louisiana	1	700-14						

## Common Dental Office Visit

Service Category	Description	ADA Procedure Codes	Schedule			
			1	2	3	4
<b>Diagnostic / Preventive</b>						
	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,D1206	\$5	\$5	\$5	\$5
	Prophylaxis	D1110,D1120	\$10	\$10	\$10	\$10

## Other Dental Services

<b>Diagnostic / Preventive</b>						
	Exams	D0140,D0145,D0150,D0160,D0170,D0180	\$5	\$5	\$5	\$5
	Periapical first film and occlusal	D0220,D0240	\$5	\$5	\$5	\$5
	Extraoral X-ray	D0250,D0260	\$15	\$15	\$15	\$20
	Additional Periapicals	D0230	\$4	\$4	\$5	\$5
	Sealants	D1351	\$10	\$10	\$10	\$10
	Space Maintainers - unilateral	D1510,D1520	\$75	\$85	\$90	\$100
	Space Maintainers - bilateral	D1515,D1525	\$100	\$110	\$120	\$140
<b>Restorative</b>						
	Amalgams - 1 Surface	D2140	\$20	\$25	\$25	\$30
	Amalgams - 2 Surfaces	D2150	\$25	\$30	\$30	\$40
	Amalgams - 3 or More Surfaces	D2160,D2161	\$30	\$35	\$40	\$45
	Resin-based composite, anterior, 1 Surface	D2330	\$25	\$25	\$30	\$35
	Resin-based composite, anterior, 2 Surfaces	D2331	\$30	\$35	\$35	\$45
	Resin-based composite, anterior, > 2 Surface	D2332,D2335	\$35	\$40	\$45	\$55
	Inlays	D2510,D2520,D2530,D2610,D2620,D2630, D2650,D2651,D2652,D6520,D6530,D6602, D6603,D6604,D6605,D6606,D6607,D6624	\$350	\$395	\$435	\$480

Service Category	Description	ADA Procedure Codes	Schedule			
			1	2	3	4
	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	\$375	\$425	\$475	\$535
	Additional procedures to new crown	D2971	\$65	\$75	\$85	\$95
	Recementation - Inlays/Onlays/Crowns/Cast/Prefabricated post and core	D2910,D2915,D2920	\$30	\$35	\$35	\$40
	Prefabricated Crowns	D2930,D2931,D2932,D2934,D2970	\$85	\$95	\$115	\$135
	Resin Windows	D2933	\$95	\$110	\$120	\$145
	Post and Cores	D2954,D6972	\$95	\$110	\$120	\$145
	Prefabricated Crowns/ Post and Cores, each add'l	D2957	\$10	\$15	\$20	\$25
	Sedative Filling	D2940	\$10	\$15	\$15	\$20
	Core buildup, including any pins	D2950,D6973	\$65	\$75	\$85	\$125
	Cast post and core	D2952,D6970	\$145	\$160	\$180	\$195
	Crown repairs	D2980	\$70	\$80	\$80	\$110
<b>Endodontics</b>						
	Pulpal therapy	D3110,D3120,D3220,D3221,D3222	\$25	\$25	\$30	\$35
	Root canal, anterior	D3310	\$245	\$275	\$300	\$350
	Root canal, bicuspid	D3320	\$290	\$325	\$360	\$415
	Root canal, molar	D3330	\$395	\$445	\$485	\$540
	Root canal retreatment, anterior	D3346	\$300	\$335	\$370	\$420
	Root canal retreatment, bicuspid	D3347	\$340	\$395	\$420	\$485
	Root canal retreatment, molar	D3348	\$450	\$500	\$550	\$625
	Apexification, initial	D3351	\$105	\$115	\$130	\$145
	Apexification, interim	D3352	\$55	\$65	\$70	\$105
	Apexification, final	D3353	\$150	\$170	\$185	\$245
	Apicoectomy	D3410,D3421,D3425	\$225	\$250	\$275	\$320
	Apicoectomy, add'l root	D3426	\$110	\$125	\$135	\$160
	Root amputation / hemisection	D3450,D3920	\$165	\$185	\$200	\$225

Service Category	Description	ADA Procedure Codes	Schedule			
			1	2	3	4
<b>Periodontics</b>						
	Soft tissue surgery - gingivectomy (per quadrant)	D4210	\$185	\$215	\$230	\$260
	Gingivectomy - up to 3 contiguous teeth or bounded spaces	D4211	\$100	\$130	\$130	\$140
	Gingival Flap Proc: > 3 contiguous teeth or bounded teeth spaces/quad	D4240	\$200	\$225	\$255	\$280
	Gingival Flap Proc: < 3 contiguous teeth or bounded teeth spaces/quad	D4241	\$125	\$140	\$160	\$210
	Apically Positioned Flap	D4245	\$105	\$120	\$130	\$145
	Clinical crown lengthening	D4249	\$305	\$340	\$380	\$410
	Osseous surgery (> 3 contiguous teeth or bounded teeth spaces/quad)	D4260	\$415	\$465	\$510	\$565
	Osseous surgery (< 3 contiguous teeth or bounded teeth spaces/quad)	D4261	\$255	\$285	\$315	\$355
	Bone replacement graft - first site in quadrant	D4263,D4265,D7953	\$95	\$125	\$140	\$175
	Bone replacement graft - each additional site in quadrant	D4264	\$60	\$60	\$70	\$80
	Guided tissue regeneration	D4266,D4267	\$150	\$190	\$190	\$225
	Surgical revision per tooth	D4268	\$50	\$55	\$60	\$80
	Pedicle Soft Tissue Grafts	D4270	\$225	\$255	\$270	\$365
	Other Soft Tissue Grafts	D4271,D4275	\$295	\$330	\$365	\$420
	Other Soft Tissue Grafts per tooth	D4273,D4276	\$365	\$410	\$450	\$510
	Soft tissue surgery - Distal or Proximal Wedge	D4274	\$145	\$145	\$150	\$170
	Scaling and root planing (4 or more teeth per quadrant)	D4341	\$75	\$85	\$90	\$105
	Scaling and root planing (1-3 teeth)	D4342	\$45	\$55	\$60	\$75
	Periodontal maintenance	D4910	\$25	\$25	\$30	\$30

Service Category	Description	ADA Procedure Codes	Schedule			
			1	2	3	4
<b>Prosthodontics (Removable)</b>						
	Complete dentures	D5110,D5120,D5130,D5140	\$505	\$565	\$620	\$705
	Partial dentures - resin base	D5211,D5212,D5225,D5226,D6985	\$375	\$420	\$465	\$530
	Partial dentures - cast metal base	D5213,D5214	\$610	\$680	\$745	\$805
	Denture adjustments	D5410,D5411,D5421,D5422	\$25	\$35	\$35	\$45
	Denture repairs	D5510,D5520,D5610,D5620,D5630,D5640, D5650,D5660	\$65	\$70	\$80	\$90
	Denture rebase	D5710,D5711,D5720,D5721,D5670,D5671	\$185	\$210	\$230	\$260
	Denture reline - Chairside/Office	D5730,D5731,D5740,D5741	\$105	\$115	\$130	\$150
	Denture reline - Lab	D5750,D5751,D5760,D5761	\$155	\$175	\$195	\$215
	Tissue conditioning	D5850,D5851	\$50	\$55	\$60	\$85
<b>Implant Services</b>						
	Surgical Placement, Implant Body	D6010	\$785	\$880	\$980	\$1,065
	Surgical Placement, Eposteal	D6040	\$1,455	\$1,630	\$1,800	\$2,010
	Dental Implant supported connect.	D6055	\$330	\$370	\$405	\$470
	Prefabricated Abutment	D6056	\$270	\$300	\$330	\$330
	Custom Abutment	D6057	\$355	\$395	\$430	\$445
	Implant Maintenance Procedure	D6080	\$30	\$35	\$40	\$45
	Implant Removal, by report	D6100	\$130	\$140	\$155	\$175
	Radiographic / Surgical Implant index	D6190	\$90	\$100	\$110	\$120
<b>Prosthodontics (Fixed)</b>						
	Fixed partial denture pontics	D6205,D6210,D6211,D6212,D6214,D6240, D6241,D6242,D6245,D6250,D6251,D6252	\$390	\$435	\$485	\$540
	Retainer	D6545,D6548	\$155	\$175	\$195	\$225
	Recementation - Bridges	D6930	\$40	\$55	\$55	\$65
	Fixed partial denture repair	D6980	\$65	\$70	\$75	\$100
<b>Oral Surgery</b>						
	Simple extractions	D7111,D7140	\$45	\$50	\$55	\$65
	Surgical removal of erupted tooth	D7210,D7250	\$80	\$90	\$100	\$125
	Removal of impacted tooth, soft tissue/partial bony	D7220,D7230	\$115	\$130	\$140	\$175
	Removal of impacted tooth, full bony	D7240,D7241	\$160	\$185	\$200	\$220
	Alveoloplasty w/ extraction	D7310	\$75	\$80	\$90	\$110
	Alveoloplasty w/ extraction, one to three teeth	D7311	\$45	\$50	\$55	\$65

Service Category	Description	ADA Procedure Codes	Schedule			
			1	2	3	4
	Alveoloplasty w/o Extraction	D7320,D7485	\$115	\$130	\$140	\$175
	Alveoloplasty w/o Extraction, one to three teeth	D7321	\$70	\$75	\$85	\$105
	Incision and drainage, Intraoral	D7510,D7511	\$65	\$65	\$70	\$90
	Incision and drainage, Extraoral	D7520,D7521	\$95	\$105	\$115	\$145
	Frenulectomy/Frenuloplasty	D7960,D7963	\$115	\$135	\$140	\$180
	Excision of hyperplastic tissue	D7970	\$135	\$150	\$160	\$190
	Excision of pericoronal gingiva	D7971	\$60	\$65	\$70	\$85
<b>Adjunctive General Services</b>						
	Palliative treatment	D9110	\$15	\$15	\$15	\$25
	General Anesthesia or intravenous sedation, first 30 minutes	D9220,D9240,D9241	\$130	\$150	\$165	\$180
	General Anesthesia, each additional 15 minutes	D9221	\$45	\$50	\$60	\$85
	Intravenous sedation, each additional 15 minutes	D9242	\$30	\$35	\$35	\$40
	Consultation	D9310	\$35	\$40	\$40	\$65
	Occlusal adjustment - limited	D9951	\$30	\$40	\$45	\$60
	Occlusal adjustment - complete	D9952	\$170	\$175	\$185	\$225
<b>Orthodontics</b>	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.