MetLife Preferred Dentist Program

Procedure Charge Schedule – $15 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.

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
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
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	Schedule 2	Schedule 3	Schedule 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	$10
	Fluoride	D1203,D1204,D1206	$5	$5	$5	$5
	Prophylaxis	D1110,D1120	$15	$15	$15	$15

Other Dental Services:

Diagnostic / Preventive						
	Exams	D0140,D0145,D0150,D0160,D0170,D0180	$5	$5	$5	$10
	Periapical first film and occlusal	D0220,D0240	$7	$8	$10	$10
	Extraoral X-ray	D0250,D0260	$20	$25	$25	$30
	Additional Periapicals	D0230	$5	$5	$5	$5
	Sealants	D1351	$10	$10	$10	$15
	Space Maintainers - unilateral	D1510,D1520	$110	$125	$145	$160
	Space Maintainers - bilateral	D1515,D1525	$145	$165	$190	$215
Restorative						
	Amalgams - 1 Surface	D2140	$20	$25	$30	$35
	Amalgams - 2 Surfaces	D2150	$25	$30	$35	$45
	Amalgams - 3 or More Surfaces	D2160,D2161	$45	$50	$60	$80
	Resin-based composite, anterior, 1 Surface	D2330	$35	$40	$45	$50
	Resin-based composite, anterior, 2 Surfaces	D2331	$40	$50	$55	$65
	Resin-based composite, anterior, > 2 Surface	D2332,D2335	$50	$60	$65	$85
	Inlays	D2510,D2520,D2530,D2610,D2620,D2630,D2650, D2651,D2652,D6520,D6530,D6602,D6603,D6604, D6605,D6606,D6607,D6624	$360	$410	$475	$530
	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	$380	$425	$465	$540
	Additional procedures to new crown	D2971	$70	$80	$95	$110
	Recementation - Inlays/Onlays/Crowns/ Cast/Prefabricated post and core	D2910,D2915,D2920	$30	$40	$40	$50
	Prefabricated Crowns	D2930,D2931,D2932,D2934,D2970	$80	$95	$110	$125
	Resin Windows	D2933	$100	$120	$130	$165

Service Category	Description	ADA Procedure Codes	Schedule 1	2	3	4
	Post and Cores	D2954,D6972	$100	$120	$130	$165
	Prefabricated Crowns/ Post and Cores, each add'l	D2957	$10	$15	$15	$20
	Sedative Filling	D2940	$15	$25	$25	$35
	Core buildup, including any pins	D2950,D6973	$70	$90	$90	$115
	Cast post and core	D2952,D6970	$150	$170	$195	$215
	Crown repairs	D2980	$70	$80	$90	$115
Endodontics						
	Pulpal therapy	D3110,D3120,D3220,D3221	$35	$40	$40	$55
	Root canal, anterior	D3310	$250	$280	$320	$375
	Root canal, bicuspid	D3320	$295	$330	$380	$445
	Root canal, molar	D3330	$405	$460	$525	$585
	Root canal retreatment, anterior	D3346	$310	$350	$405	$450
	Root canal retreatment, bicuspid	D3347	$350	$400	$460	$530
	Root canal retreatment, molar	D3348	$465	$525	$600	$680
	Apexification, initial	D3351	$105	$120	$140	$160
	Apexification, interim	D3352	$60	$65	$75	$85
	Apexification, final	D3353	$160	$185	$210	$235
	Apicoectomy	D3410,D3421,D3425	$235	$280	$310	$365
	Apicoectomy, add'l root	D3426	$115	$130	$145	$190
	Root amputation / hemisection	D3450,D3920	$170	$190	$220	$245
Periodontics						
	Soft tissue surgery - gingivectomy (per quadrant)	D4210	$190	$220	$255	$285
	Gingivectomy - up to 3 contiguous teeth or bounded spaces	D4211	$105	$120	$150	$160
	Gingival Flap Proc: > 3 contiguous teeth or bounded teeth spaces/quad	D4240	$210	$235	$270	$300
	Gingival Flap Proc: < 3 contiguous teeth or bounded teeth spaces/quad	D4241	$125	$155	$160	$180
	Apically Positioned Flap	D4245	$115	$125	$145	$185
	Clinical crown lengthening	D4249	$315	$360	$415	$445
	Osseous surgery (> 3 contiguous teeth or bounded teeth spaces/quad)	D4260	$425	$485	$560	$605
	Osseous surgery (< 3 contiguous teeth or bounded teeth spaces/quad)	D4261	$255	$290	$335	$360
	Bone replacement graft - first site in quadrant	D4263,D4265,D7953	$100	$120	$140	$175
	Bone replacement graft - each additional site in quadrant	D4264	$55	$60	$75	$80
	Guided tissue regeneration	D4266,D4267	$155	$175	$220	$250

AND PROOF

Service Category	Description	ADA Procedure Codes	Schedule 1	Schedule 2	Schedule 3	Schedule 4
	Surgical revision per tooth	D4268	$55	$60	$65	$100
	Pedicle Soft Tissue Grafts	D4270	$235	$265	$300	$365
	Other Soft Tissue Grafts	D4271,D4275	$305	$345	$400	$475
	Other Soft Tissue Grafts per tooth	D4273,D4276	$370	$455	$495	$565
	Soft tissue surgery - Distal or Proximal Wedge	D4274	$130	$145	$165	$200
	Scaling and root planing (4 or more teeth per quadrant)	D4341	$75	$85	$100	$105
	Scaling and root planing (1-3 teeth)	D4342	$45	$55	$65	$70
	Periodontal maintenance	D4910	$25	$30	$40	$45
Prosthodontics (Removable)						
	Complete dentures	D5110,D5120,D5130,D5140	$515	$585	$670	$760
	Partial dentures - resin base	D5211,D5212,D5225,D5226,D6985	$385	$440	$505	$575
	Partial dentures - cast metal base	D5213,D5214	$600	$685	$780	$865
	Denture adjustments	D5410,D5411,D5421,D5422	$25	$30	$35	$45
	Denture repairs	D5510,D5520,D5610,D5620,D5630,D5640,D5650,D5660	$70	$80	$90	$105
	Denture rebase	D5710,D5711,D5720,D5721,D5670,D5671	$190	$220	$255	$285
	Denture reline - Chairside/Office	D5730,D5731,D5740,D5741	$105	$125	$140	$165
	Denture reline - Lab	D5750,D5751,D5760,D5761	$160	$185	$210	$235
	Tissue conditioning	D5850,D5851	$50	$65	$65	$85
Prosthodontics (Fixed)						
	Fixed partial denture pontics	D6205,D6210,D6211,D6212,D6214,D6240,D6241,D6242, D6245,D6250,D6251,D6252	$400	$460	$535	$600
	Retainer	D6545,D6548	$160	$185	$210	$240
	Recementation - Bridges	D6930	$45	$50	$55	$75
	Fixed partial denture repair	D6980	$65	$80	$85	$110
Oral Surgery						
	Simple extractions	D7111,D7140	$45	$50	$60	$80
	Surgical removal of erupted tooth	D7210,D7250	$80	$95	$110	$140
	Removal of impacted tooth, soft tissue/partial bony	D7220,D7230	$115	$135	$155	$175
	Removal of impacted tooth, full bony	D7240,D7241	$165	$190	$220	$240
	Alveoloplasty w/ extraction	D7310	$75	$85	$100	$120
	Alveoloplasty w/ extraction	D7311	$45	$50	$60	$75
	Alveoloplasty w/o Extraction	D7320,D7485	$115	$135	$155	$175
	Alveoloplasty w/o Extraction	D7321	$70	$80	$90	$105
	Incision and drainage, Intraoral	D7510,D7511	$60	$80	$80	$100
	Incision and drainage, Extraoral	D7520,D7521	$95	$120	$125	$155
	Frenulectomy/Frenuloplasty	D7960,D7963	$120	$130	$165	$195
	Excision of hyperplastic tissue	D7970	$135	$155	$180	$220
	Excision of pericoronal gingiva	D7971	$60	$70	$75	$90

REPRODUCE

Service Category	Description	ADA Procedure Codes	Schedule 1	Schedule 2	Schedule 3	Schedule 4
Adjunctive General Services						
	Palliative treatment	D9110	$20	$25	$25	$45
	General Anesthesia or intravenous sedation, first 30 minutes	D9220,D9240,D9241	$135	$165	$180	$195
	General Anesthesia, each additional 15 minutes	D9221	$50	$55	$60	$65
	Intravenous sedation, each additional 15 minutes	D9242	$30	$35	$40	$40
	Consultation	D9310	$35	$45	$45	$50
	Occlusal adjustment - limited	D9951	$30	$35	$40	$55
	Occlusal adjustment - complete	D9952	$150	$170	$205	$230

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

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