

**MetLife DPPO
High Plan
In-Network****MetLife DPPO
Low Plan
In-Network****Deductible** *(per calendar year)*Individual
Family\$50
\$150\$50
\$150**Benefit Maximum** *(per calendar year)*
Per Individual*Preventive, Basic & Major combined*
\$1,750*Preventive, Basic & Major combined*
\$1,000**Covered Services**

Preventives Services (Type 1)

100% paid by the plan

100% paid by the plan

Basic Services (Type 2)

80% paid by the plan

50% paid by the plan

Major Services (Type 3)

50% paid by the plan

50% paid by the plan

Orthodontia (Child Only)

50% paid by the plan

50% paid by the plan

Employee Payroll Deduction*Weekly Employee Contribution**Weekly Employee Contribution*

Employee Only

\$7.93

\$6.04

Employee & Spouse/DP

\$16.07

\$11.90

Employee & Child(ren)

\$17.12

\$12.31

Family

\$26.70

\$19.83