

NEW YORK MEDICAL COLLEGE

MET LIFE PREFERRED DENTIST PROGRAM (PDP)

Enhanced Dental Plan Design Summary

Deductible	\$25 single/\$75 family
Services	
• Preventative and diagnostic	100% of R&C*, no deductible
• Basic restorative	80% of R&C*
• Prosthetic and major restorative	50% of R&C*
• Orthodontia (Dependent under age 19)	50% of R&C*
Annual Maximum	\$1,500 per person
Orthodontic maximum (lifetime)	\$1,500 per person

Dental Assistance Plan Design Summary

Deductible	\$25 single/\$75 family
Services	
• Preventative and diagnostic	Schedule, no deductible
• Basic restorative	Schedule
• Prosthetic and major restorative	Schedule
• Orthodontia (Dependent under age 19)	50% of R&C*
Annual Maximum	\$1,000 per person
Orthodontic maximum (lifetime)	\$1,000 per person

***R&C** – Reasonable and Customary Charge

Dental Claims: MetLife Dental Claims
P.O. Box 981282
El Paso, TX 79998-1282

Claim Inquiries: 1-800-942-0854

Participating Providers: 1-800-474-7371

Website: www.metlife.com/dental