

2025 MetLife DHMO Dental Plan

THERE ARE NO CHANGES FOR 2025

Choice of Providers	You must select a participating dentist to provide or coordinate all of your dental care, and you may receive dental services only from dental providers who have contracted with the plan.
Website	www.metlife.com/info/caltech
Phone	(800) 880-1800 For claims questions and dental facility updates, call the customer service number on your ID card.
ID Card	When you first enroll, you'll receive two ID cards for yourself and your family. Contact MetLife for replacement cards.
Annual Deductible (per calendar year)	None
Maximum Allowable Benefit (per person per calendar year)	No annual benefit limit One orthodontic case (24 months of treatment) per member, per lifetime
Diagnostic & Preventive Services*	
<i>Oral Exams, Routine Cleanings</i>	No copay (2 per calendar year) \$20 copay for additional adult cleaning (max of 2), \$15 copay for children (max of 2)
<i>X-rays</i>	No copay (1 initial full mouth, then when diagnostically needed)
<i>Space Maintainers</i>	No copay (up to age 14, fixed and removable)
Basic Dental Services*	
<i>Fillings</i>	No copay (amalgam front/back; composite/resin front only) \$20-\$40 copay resin filling back surfaces
<i>Extractions, Endodontics (Root Canal), Periodontics (Gums/Supportive Tissue), Sealants</i>	No copay Endodontic co-pay does not include final restoration. See Statement of Benefits for details. Sealants per 36 months up until age 19 Periodontics after oral evaluation
<i>Periodontal Scaling, Root Planing</i>	\$11 – one to three teeth per quadrant, \$15 – four or more teeth per quadrant
Major Dental Services*	
<i>Crowns (Restorative) Fixed Bridges</i>	\$50 or \$225 copay
<i>Partial & Complete Dentures</i>	\$100 copay each for upper or lower full or partial denture *replacement only after 5 years
<i>Implants (including repair, re-cement, removal)</i>	\$12-\$1860 copay. See Statement of Benefits for details.
<i>Orthodontics</i>	\$1,450 copay for Comprehensive Orthodontic Treatment (applies to adults and children). Referral by your General Dentist is required. One orthodontic case (24 months of treatment) per member, per lifetime
Schedule of Benefits	
*a list of covered services and costs. In addition to the above copays, additional copays may apply based on services performed. www.metlife.com/content/dam/metlifecom/us/homepage/caltech/pdf/MET50SOBCA.pdf	

This summary of plan benefits is not a contract. It describes benefits in general terms. Consult the individual plan booklets for specific details of benefit coverage. To permit a brief summary of benefits and services, use of actual contract language has been minimized. This summary does not replace the legal documents that establish the plans. Final interpretation of any provision of the plans will be governed by the master policies and service agreements, which are on file in the office of the plan administrator. The Institute expects and intends to continue the Caltech benefits program but reserves the right to amend, modify, suspend, or terminate it, in whole or in part, at any time and for any reason.