

**Cobham Mission Systems Division  
Dental Benefits Summary - Metlife**

*Please refer to the summary plan design for more detailed information*

<b>Deductible</b>	\$75 Individual
	\$225 Family
<b>Orthodontic Lifetime Maximum</b>	\$1,000
<b>Covered Dental Expense Annual Maximum</b>	\$1,500
<b>Covered Percentages</b>	
<b>Type A Expenses</b>	100%
Oral Exams every 6 months	
X-Rays every 36 months	
Preventative Treatment	
Space maintainers for dependents under 19	
Emergency palliative treatment	
<b>Type B Expenses</b>	80%
Amalgam or resin fillings	
Extractions	
Consultations twice in 12 months	
Root canal treatment	
Treatment of periodontal disease	
Oral Surgery	
Administration of general anesthesia when dentally necessary	
Injections of antibiotic drugs	
Relinings and rebasings of existing removable dentures (every 36 months)	
Root removal	
Periodontal surgery	
Pulp capping	
Prefabricated stainless steel crown or resin crown	
Repair or recementing	
<b>Type C Expenses</b>	50%
Dentures	
Bridgework	
Implants	
<b>Type D Expenses</b>	50%
Orthodontia	