



Client/Prospect Name
Dental Benefit Comparison
 Effective Date [Month Day, Year]

Dental	
Plan Type & Network	
Annual Deductible	
Individual	
Family	
Waived for Preventive	
Coinsurance (member pays)	
Preventive	
Basic	
Major	
Orthodontia	
Maximum Benefits	
Annual Max	
Orthodontia Lifetime Maximum	
Annual & Ortho Max Separate?	
Additional Provisions	
Coverage for Composite Fillings	
Endodontics	
Periodontics	
Coverage for Dental Implants	
Waiting Period	
Dependent Child Age Limit	
Orthodontia Age Limit	
Participation Requirements	
Unit Cost:	Count
Employee Only	
Employee + Spouse	
Employee + Children	
Employee + Family	

MetLife	
In Network	Out of Network
\$50	\$50
\$150	\$150
Yes	Yes
0%	0%
20%	20%
50%	50%
Not covered	Not covered
\$1,000	\$1,000
N/A	N/A
N/A	N/A
80%	80%
50%	50%
50%	50%
50%	50%
12 months for major services	
Up to the age of 26.	
N/A	
35% and at least 10 covered lives	
Renewal	
\$29.49	<input type="checkbox"/>
\$58.82	<input type="checkbox"/>
\$64.29	<input type="checkbox"/>
\$100.09	<input type="checkbox"/>
DECLINE	<input type="checkbox"/>

 Print Name

 Signature

 Date