

MetLife Dental Insurance Plan Summary

Network: PDP

Coverage Type	In-Network % of Negotiated Fee	Out-of-Network
Type A: Preventive (cleanings, exams, X-rays)	100%	100%
Type B: Basic Restorative (fillings, extractions)	100%	100%
Type C: Major Restorative (bridges, dentures)	60%	60%
Type D: Orthodontia	60%	60%

Deductible[†]		
Individual	\$50.00	\$50.00
Family	\$150.00	\$150.00
Annual Maximum Benefit		
Per Person	\$1,500	\$1,500
Orthodontia Lifetime Maximum		
Per Person	\$1,500	\$1,500

Child(ren)'s eligibility for dental coverage is from birth up to age 26 if a full-time student.

Late enrollment waiting period: There is a one year waiting period for all services following date of request.

Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

[†] Applies only to Type B & C Services.

List of Primary Covered Services & Limitations

Type A - Preventive	How Many/How Often
Prophylaxis (cleanings)	<ul style="list-style-type: none"> Two per calendar year
Oral Examinations	<ul style="list-style-type: none"> Two exams per calendar year
Topical Fluoride Applications	<ul style="list-style-type: none"> Two fluoride treatment per calendar year for dependent children up to 19th birthday
X-rays	<ul style="list-style-type: none"> Full mouth X-rays: one per 12 months Bitewing X-rays: one set per 12 months for adults and children
Space Maintainers	<ul style="list-style-type: none"> Space Maintainers for dependent children up to 19th birthday
Sealants	<ul style="list-style-type: none"> Sealants for dependent children up to 19th birthday
Type B - Basic Restorative	How Many/How Often
Fillings	
Simple Extractions	
Crown, Denture, and Bridge Recementations	
Endodontics	<ul style="list-style-type: none"> Root canal treatment
General Anesthesia	<ul style="list-style-type: none"> When dentally necessary in connection with oral surgery, extractions or other covered dental services
Oral Surgery	
Periodontics	<ul style="list-style-type: none"> Periodontal scaling and root planing once per quadrant, one per calendar year. Periodontal surgery once per quadrant, one per calendar year Total number of periodontal maintenance treatments cannot exceed two treatments in a calendar year
Type C - Major Restorative	How Many/How Often
Crown, Denture, and Bridge Repair	
Bridges and Dentures	<ul style="list-style-type: none"> Dentures and bridgework replacement: one every 5 years Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed
Crowns/Inlays/Onlays	<ul style="list-style-type: none"> Replacement once every 5 calendar years.
Type D - Orthodontia	How Many/How Often
	<ul style="list-style-type: none"> Your Children, up to age 19, are covered while Dental Insurance is in effect. All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia Payments are on a repetitive basis 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the Plan Summary. Orthodontic benefits end at cancellation of coverage

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.

Frequently Asked Questions

Who is a participating dentist?

A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees typically range from 15%-45% below the average fees charged in a dentist's community for the same or substantially similar services.*

*Based on internal analysis by MetLife. Negotiated Fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

How do I find a participating dentist?

There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at www.metlife.com/mybenefits or call 1-800-942-0854 to have a list faxed or mailed to you.

What services are covered under this plan?

All services defined under the group dental benefits plan are covered. Please review the enclosed plan benefits to learn more.

May I choose a non-participating dentist?

Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist, your out-of-pocket costs may be higher. He/she hasn't agreed to accept negotiated fees. So you may be responsible for any difference in cost between the dentist's fee and your plan's benefit payment.

Can my dentist apply for participation in the network?

Yes. If your current dentist does not participate in the network and you would like to encourage him/her to apply, ask your dentist to visit www.metdental.com, or call 1-866-PDP-NTWK for an application.* The website and phone number are for use by dental professionals only.

*Due to contractual requirements, MetLife is prevented from soliciting certain providers.

How are claims processed?

Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/mybenefits or request one by calling 1-800-942-0854.

Can I find out what my out-of-pocket expenses will be before receiving a service?

Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of \$300. Simply have your dentist submit a request online at www.metdental.com or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

Can MetLife help me find a dentist outside of the U.S. if I am traveling?

Yes. Through international dental travel assistance services¹ you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.² Please remember to hold on to all receipts to submit a dental claim.

¹Travel Assistance services are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Virginia Surety Company, Inc. AXA Assistance and Virginia Surety are not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.

²Refer to your dental benefits plan summary for your out-of-network dental coverage.

How does MetLife coordinate benefits with other insurance plans?

Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan, subject to applicable law. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan, subject to applicable law.

Do I need an ID card?

No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

We're Here to Help

With MetLife, you and your family get much more than dental coverage. You get support and educational tools to help you achieve your oral health goals. Now that's something to smile about.

We're at your service.

With MyBenefits, managing your dental plan couldn't be easier. The secure member website lets you take charge. You can:

- Review your dental policy information.
- View a list of your covered dependents and their coverage descriptions.
- Find a participating dentist.
- Check the status of your claims.
- Visit the oral health library to view educational articles and tools.

As a first time user, simply go to www.metlife.com/mybenefits and follow the easy registration instructions.

Find a network dentist.

With thousands of general dentists and specialists to choose from nationwide, you are sure to find one who meets your needs. Just log in to www.metlife.com/mybenefits and follow these steps:

Click on "Find a Dentist"

Enter your city, state or ZIP code.

If your current dentist does not participate in the network, you can encourage him or her to apply. Ask your dentist to visit www.metdental.com or call 1-877-MET-DDS9 for an application.¹

Tips for easy dental claim filing.

Filing a dental claim is simple — just follow these tips:

- Bring a claim form with you to your appointment.
- You can get additional claim forms three easy ways:
 1. Online at www.metlife.com/mybenefits or www.metlife.com/dental.
 2. Call 1-800-942-0854 to have a form sent to you, or
 3. Contact your Human Resources representative.

Also, speak with your dentist about reimbursement arrangements before your appointment. Although most dentists will accept the claim reimbursement directly from MetLife, some may prefer to receive payment in-full before you leave your appointment. Since each dentist sets his or her own policy, you should discuss these arrangements before you receive any services.