



MetLife Dental Insurance Plan Summary

Network: PDP Plus

Benefit Summary High Plan (Schedule Plan)

Schedule of Reimbursements

Calendar Year Maximum	\$1,000/Person
Calendar Year Deductible	\$50 per person/\$150 per family
Orthodontia	\$1,000/Lifetime Maximum

Code Service	Reimbursable Amount
Diagnostic Treatment	
D0120 Periodic oral evaluation – established patient	\$30
D0140 Limited oral evaluation – problem focused	\$50
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$50
D0150 Comprehensive oral evaluation – new or established patient	\$51
D0180 Comprehensive periodontal evaluation – new or established patient	\$51
Radiographs/Diagnostic Imaging (X-rays)	
D0210 Intraoral – complete series (including bitewings) (once every 3 years)	\$77
D0220 Intraoral – periapical first film	\$15
D0230 Intraoral – periapical each additional film	\$12
D0240 Intraoral – occlusal film	\$22
D0250 Extraoral – first film	\$29
D0260 Extraoral – each additional film	\$28
D0270 Bitewing – single film	\$16
D0272 Bitewings – two films	\$25
D0273 Bitewings – three films	\$30
D0274 Bitewings – four films	\$35
D0330 Panoramic film	\$59
Tests and Examinations	
D0460 Pulp vitality tests	\$27
D0470 Diagnostic casts	\$57

Preventive Services

D1110 Prophylaxis – adult	\$50
D1120 Prophylaxis – child	\$35
D1203 Topical application of fluoride (prophylaxis not included) – child	\$19
D1204 Topical application of fluoride (prophylaxis not included) – adult	\$19
D1206 Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$19
D1330 Oral hygiene instructions	\$42
D1351 Sealant – per tooth	\$32
D1510 Space maintainer – fixed – unilateral	\$206
D1515 Space maintainer – fixed – bilateral D1520	\$272
Space maintainer – removable – unilateral D1525	\$255
Space maintainer – removable – bilateral D1550	\$350
Recementation of space maintainer D1555	\$44
Removal of fixed space maintainer	\$44

Restorative Treatment

D2140 Amalgam – one surface, primary or permanent	\$47
D2150 Amalgam – two surfaces, primary or permanent	\$60
D2160 Amalgam – three surfaces, primary or permanent D2161	\$73
Amalgam – four or more surfaces, primary or permanent D2330	\$89
Resin-based composite – one surface, anterior	\$55
D2331 Resin-based composite – two surfaces, anterior	\$71
D2332 Resin-based composite – three surfaces, anterior	\$86
D2335 Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$102
D2390 Resin-based composite crown, anterior	\$62
D2391 Resin-based composite – one surface, posterior	\$86
D2392 Resin-based composite – two surfaces, posterior	\$107
D2393 Resin-based composite – three surfaces, posterior	\$128
D2394 Resin-based composite – four or more surfaces, posterior	\$154

Crowns

D2510 Inlay – metallic – one surface	\$182
D2520 Inlay – metallic – two surfaces	\$207
D2530 Inlay – metallic – three or more surfaces	\$238
D2740 Crown – porcelain/ceramic substrate	\$275
D2750 Crown – porcelain fused to high noble metal	\$271
D2751 Crown – porcelain fused to predominantly base metal	\$253
D2752 Crown – porcelain fused to noble metal	\$259
D2790 Crown – full cast high noble metal	\$260
D2791 Crown – full cast predominantly base metal	\$248
D2792 Crown – full cast noble metal	\$253
D2794 Crown – titanium	\$260
D2910 Recement inlay, onlay, or partial coverage restoration	\$25
D2915 Recement cast or prefabricated post and core	\$25
D2920 Recement crown	\$27
D2930 Prefabricated stainless steel crown – primary tooth	\$72
D2931 Prefabricated stainless steel crown – permanent tooth	\$82
D2933 Prefabricated stainless steel crown with resin window	\$100
D2940 Sedative filling	\$28
D2950 Core buildup, including any pins	\$69
D2951 Pin retention – per tooth, in addition to restoration	\$15
D2952 Post and core in addition to crown, indirectly fabricated	\$105
D2954 Prefabricated post and core in addition to crown	\$87
D2955 Post removal (not in conjunction with endodontic therapy)	\$65

Endodontics

D3110 Pulp cap – direct (excluding final restoration)	\$19
D3120 Pulp cap – indirect (excluding final restoration)	\$15
D3220 Therapeutic Pulpotomy (excluding final restoration)	\$44
D3230 Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$47
D3240 Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$51
D3310 Anterior (excluding final restoration) - per tooth	\$188
D3320 Bicuspid (excluding final restoration) - per tooth	\$230
D3330 Molar (excluding final restoration) - per tooth	\$297
D3346 Retreatment of previous root canal therapy – anterior - per tooth	\$253
D3347 Retreatment of previous root canal therapy – bicuspid - per tooth	\$298
D3348 Retreatment of previous root canal therapy – molar - per tooth	\$359
D3351 Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$107
D3352 Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	\$47
D3353 Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	\$157
D3410 Apicoectomy/periradicular surgery – anterior	\$215
D3421 Apicoectomy/periradicular surgery – bicuspid (first root)	\$235
D3425 Apicoectomy/periradicular surgery – molar (first root)	\$266
D3426 Apicoectomy/periradicular surgery (each additional root)	\$89
D3430 Retrograde filling – per root	\$65
D3450 Root amputation – per root	\$132
D3920 Hemisection (including any root removal), not including root canal therapy	\$103

Periodontics

D4210 Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant	\$167
D4211 Gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces per quadrant	\$125
D4240 Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces per quadrant	\$196
D4241 Gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth spaces per quadrant	\$147
D4249 Clinical crown lengthening – hard tissue	\$224
D4260 Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant	\$317
D4261 Osseous surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces per quadrant	\$238
D4263 Bone replacement graft – first site in quadrant	\$96
D4270 Pedicle soft tissue graft procedure	\$234
D4271 Free soft tissue graft procedure (including donor site surgery)	\$241
D4273 Subepithelial connective tissue graft procedures, per tooth	\$64
D4341 Periodontal scaling and root planing – four or more teeth per quadrant	\$56
D4342 Periodontal scaling and root planing – one to three teeth per quadrant	\$42
D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis	\$37
D4910 Periodontal maintenance (2 in a calendar year)	\$33

Removable Prosthodontics

D5110 Complete denture – maxillary	\$394
D5120 Complete denture – mandibular	\$384
D5130 Immediate denture – maxillary	\$429
D5140 Immediate denture – mandibular	\$429

D5211 Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$332
D5212 Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$386
D5213 Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$435
D5214 Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$435
D5281 Removable unilateral partial denture – one piece cast metal (including clasps and teeth)	\$254
D5410 Adjust complete denture – maxillary	\$22
D5411 Adjust complete denture – mandibular	\$22
D5421 Adjust partial denture – maxillary	\$22
D5422 Adjust partial denture – mandibular	\$22
D5510 Repair broken complete denture base	\$43
D5520 Replace missing or broken teeth – complete denture (each tooth)	\$36
D5610 Repair resin denture base	\$47
D5620 Repair cast framework	\$50
D5630 Repair or replace broken clasp	\$61
D5640 Replace broken teeth – per tooth	\$40
D5650 Add tooth to existing partial denture	\$54
D5660 Add clasp to existing partial denture	\$65
D5710 Rebase complete maxillary denture	\$160
D5711 Rebase complete mandibular denture	\$153
D5720 Rebase maxillary partial denture	\$151
D5721 Rebase mandibular partial denture	\$151
D5730 Reline complete maxillary denture (chairside)	\$90
D5731 Reline complete mandibular denture (chairside)	\$90
D5740 Reline maxillary partial denture (chairside)	\$83
D5741 Reline mandibular partial denture (chairside)	\$83
D5750 Reline complete maxillary denture (laboratory)	\$120
D5751 Reline complete mandibular denture (laboratory)	\$120
D5760 Reline maxillary partial denture (laboratory)	\$119
D5761 Reline mandibular partial denture (laboratory)	\$119
D5810 Interim complete denture (maxillary)	\$190
D5811 Interim complete denture (mandibular)	\$205
D5820 Interim partial denture (maxillary)	\$147
D5821 Interim partial denture (mandibular)	\$156
D5850 Tissue conditioning, maxillary	\$38
D5851 Tissue conditioning, mandibular	\$38

Implants

D6010 Surgical placement of implant body: endosteal implant	\$235
D6065 Implant supported porcelain/ceramic crown	\$373
D6066 Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$363
D6067 Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$352
D6092 Recement implant/abutment supported crown	\$27

Crowns/Fixed Bridges - Per Unit

D6210 Pontic – cast high noble metal	\$284
D6211 Pontic – cast predominantly base metal	\$237
D6212 Pontic – cast noble metal	\$222
D6214 Pontic – titanium	\$284
D6240 Pontic – porcelain fused to high noble metal	\$231
D6241 Pontic – porcelain fused to predominantly base metal	\$216
D6242 Pontic – porcelain fused to noble metal	\$228

D6245 Pontic – porcelain/ceramic	\$241
D6740 Crown – porcelain/ceramic	\$274
D6750 Crown – porcelain fused to high noble metal	\$267
D6751 Crown – porcelain fused to predominantly base metal	\$249
D6752 Crown – porcelain fused to noble metal	\$255
D6790 Crown – full cast high noble metal	\$258
D6791 Crown – full cast predominantly base metal	\$244
D6792 Crown – full cast noble metal	\$253
D6794 Crown – titanium	\$258
D6930 Recement fixed partial denture	\$31
D6970 Post and core in addition to fixed partial denture retainer, indirectly fabricated	\$86
D6972 Prefabricated post and core in addition to fixed partial denture retainer	\$86
D6973 Core build up for retainer, including any pins	\$57

Oral Surgery

D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$42
D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$62
D7220 Removal of impacted tooth – soft tissue	\$78
D7230 Removal of impacted tooth – partially bony	\$104
D7240 Removal of impacted tooth – completely bony	\$122
D7241 Removal of impacted tooth – completely bony, with unusual surgical	\$153
D7250 Surgical removal of residual tooth roots (cutting procedure)	\$65
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$134
D7280 Surgical access of an unerupted tooth	\$146
D7285 Biopsy of oral tissue – hard (bone, tooth)	\$259
D7286 Biopsy of oral tissue – soft	\$106
D7310 Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$72
D7311 Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$24
D7320 Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$323
D7321 Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$107
D7510 Incision and drainage of abscess – intraoral soft tissue	\$69
D7511 Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	\$69
D7960 Frenulectomy (frenectomy or frenotomy) – separate procedure	\$152
D7971 Excision of pericoronal gingiva	\$50

Adjunctive General Services

D9110 Palliative (emergency) treatment of dental pain – minor procedure	\$36
D9951 Occlusal adjustment – limited	\$40
D9952 Occlusal adjustment – complete	\$224

How orthodontic benefits are paid: Once treatment has begun for you, your spouse or your children to age 25 and the patient has been banded, an initial payment of \$250 is paid upon receipt of submitted claim. Deductibles must be met prior to payment. The balance of \$750 is paid out in monthly increments over a 24-month course of treatment. Payments will stop if coverage or treatment ends.

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"> One 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 3 years. Bitewing X-rays: two sets per calendar year.
Space Maintainers	<ul style="list-style-type: none"> Space Maintainers for dependent children up to 19th birthday, once per lifetime tooth area.
Sealants	<ul style="list-style-type: none"> One application of sealant material every 5 years for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to 19th birthday.
Type B - Basic Restorative	How Many/How Often
Fillings	
Simple and Surgical Extractions	
Crown, Denture, and Bridge Repair/Recementations	
Endodontics	<ul style="list-style-type: none"> Root canal treatment limited to once per tooth per 24 months.
Periodontics	<ul style="list-style-type: none"> Periodontal scaling and root planing once per quadrant, every 12 months. Periodontal surgery once per quadrant, every 36 months. Total number of periodontal maintenance treatments two treatments in a calendar year.
Type C - Major Restorative	How Many/How Often
Implants	<ul style="list-style-type: none"> Limited to one tooth position in 5 calendar years
Bridges and Dentures	<ul style="list-style-type: none"> Initial placement to replace one or more natural teeth, which are lost while covered by the Plan. 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 years.
Type D - Orthodontia	How Many/How Often
	<ul style="list-style-type: none"> You, Your Spouse, and Your Children, up to age 25, 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. Orthodontic benefits end at cancellation of coverage.
<p>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.</p>	

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.[†]

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.

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.

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 services^{*} 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.^{**} Please remember to hold on to all receipts to submit a dental claim.

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.

[†]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.

^{††}Due to contractual requirements, MetLife is prevented from soliciting certain providers.

^{*}AXA Assistance USA, Inc. provides Dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.

^{**}Refer to your dental benefits plan summary for your out-of-network dental coverage.

Exclusions

This plan does not cover the following services, treatments and supplies:

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
 - Scaling and polishing of teeth; or

- Fluoride treatments;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
 - Covered under any workers' compensation or occupational disease law;
 - Covered under any employer liability law;
 - For which the employer of the person receiving such services is not required to pay; or
 - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the Dentist on a separate basis:
 - Claim form completion;
 - Infection control such as gloves, masks, and sterilization of supplies; or
 - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
- Caries susceptibility tests;
- Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Other fixed Denture prosthetic services not described elsewhere in the certificate;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Initial installation of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Implants including, but not limited to any related surgery, placement, restorations, maintenance, and removal;
- Repair of implants;
- Fixed and removable appliances for correction of harmful habits;
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of Minnesota;
- Repair or replacement of an orthodontic device;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extra-oral photographic image

Alternate Benefits: Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Procedure charge schedules are subject to change each plan year. You can obtain an updated procedure charge schedule for your area via fax by calling 1-800-942-0854 and using the MetLife Dental Automated Information Service. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

Cancellation/Termination of Benefits: Coverage is provided under a group insurance policy (Policy form GPNP99) issued by MetLife. Coverage terminates when your membership ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP99 or contact MetLife.

Metropolitan Life Insurance Company

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