

Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.



Network: PDP Plus

Coverage Type	Plan option 1 All Active Full-Time Employees electing High PPO		Plan option 2 All Active Full-Time Employees electing Low PPO	
	In-Network % of Negotiated Fee*	Out-of-Network % of Scheduled 90% of R&C Fee	In-Network % of Negotiated Fee*	Out-of-Network % of Scheduled 90% of R&C Fee
Coverage Type				
Type A: Preventive (cleanings, exams, X-rays)	100%	100%	100%	100%
Type B: Basic Restorative (fillings, extractions)	80%	80%	80%	80%
Type C: Major Restorative (bridges, dentures)	50%	50%	50%	50%
Type D: Orthodontia	50%	50%	50%	50%
Deductible[†]				
Individual	\$50	\$50	\$50	\$50
Family	No Limit	No Limit	No Limit	No Limit
Annual Maximum Benefit				
Per Person	\$2,000	\$2,000	\$1,500	\$1,500
Orthodontia Lifetime Maximum				
Per Person	\$1,500	\$1,500	\$1,000	\$1,000

Child(ren)'s eligibility for dental coverage is from birth up to age 26.

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

*R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

†Applies only to Type B & C Services.

List of Primary Covered Services & Limitations

The service categories and plan limitations shown 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.

Plan Type	Plan Option 1: High PPO Plan How Many/How Often	Plan Option 2: Low PPO Plan How Many/How Often
Type A — Preventive		
Examinations	2 times in 1 calendar year	2 times in 1 calendar year
Examinations – Problem Focused	Combined with Examinations Limit	Combined with Examinations Limit
Prophylaxis: Cleanings	2 times in 1 calendar year	2 times in 1 calendar year
Sealants	1 per molar in 3 years for a child under age 14	1 per molar in 3 years for a child under age 14

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Space Maintainers	1 per lifetime for a child under age 14	1 per lifetime for a child under age 14
Fluoride	1 time in 1 calendar year for a dependent child under age 19	1 time in 1 calendar year for a dependent child under age 19
Full Mouth X-Rays	Once in 36 months	Once in 36 months
Bitewing X-Rays	For a child under 19: 2 times in 1 calendar year Adult: 2 times in 1 calendar year	For a child under 19: 2 times in 1 calendar year Adult: 2 times in 1 calendar year
Labs & Other Tests		
Emergency Palliative Treatment		
Periapical X-Rays		
Other X-Rays		
Type B — Basic Restorative		
Amalgam Fillings	1 replacement per surface in 24 months	1 replacement per surface in 24 months
Root Canal	1 per tooth per lifetime	1 per tooth per lifetime
Periodontal Maintenance	2 perio. Treatments in 1 calendar yr, includes 2 cleanings (total comb: 2)	2 perio. Treatments in 1 calendar yr, includes 2 cleanings (total comb: 2)
Periodontal Surgery	1 per quadrant in any 36 month period	1 per quadrant in any 36 month period
Scaling & Root Planing	1 per quadrant in any 24 month period	1 per quadrant in any 24 month period
Repairs	1 in 12 months	1 in 12 months
Recementations	1 in 12 months	1 in 12 months
Dentures – Rebases / Relines	1 in 36 months	1 in 36 months
Denture Adjustments	1 in 12 months	1 in 12 months
Tissue Conditioning	1 in 36 months	1 in 36 months
General Anesthesia		
Resin Composite Fillings (includes coverage for composite fillings on molars)		
Pulpotomy		
Pulp Capping		
Pulp Therapy		
Apexification & Recalcification		
Periodontal Surgery – Soft & Connective Tissue Grafts		
Periodontics – Non-Surgical		
Oral Surgery: Simple/Surgical Extractions		
Other Oral Surgery		
General Services		
Type C — Major Restorative		
Consultations	1 in 12 months	1 in 12 months

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Prefabricated Crowns	1 per tooth in 60 months	1 per tooth in 60 months
Crown Buildups / Post Core	1 per tooth in 60 months	1 per tooth in 60 months
Dentures	1 in 60 months	1 in 60 months
Fixed Bridges	1 in 60 months	1 in 60 months
Inlays / Onlays / Crowns	1 replacement per tooth in 60 months	1 replacement per tooth in 60 months
Implant Services	1 per tooth position in 60 months	1 per tooth position in 60 months
Implant Repairs	1 per tooth in 12 months	1 per tooth in 12 months
Implant Supported Prosthetic	1 per tooth in 60 months	1 per tooth in 60 months
Occlusal Adjustments	1 in 12 months	1 in 12 months

Type D — Orthodontia

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| <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 • Orthodontic benefits end at cancellation of coverage | <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 • Orthodontic benefits end at cancellation of coverage |
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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.

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;

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- 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;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- 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;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images

Limitations

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 / G.2130-S) issued by Metropolitan Life Insurance Company (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 certificate of insurance or contact MetLife.

Questions & Answers

Q. Who is a participating dentist?

A. 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 30% – 45% below the average fees charged in a dentist's community for the same or substantially similar services.[†]

Q. How do I find a participating dentist?

A. 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.



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Q. What services are covered under this plan?

A. The certificate of insurance sets forth the covered services under the plan.

Q. May I choose a non-participating dentist?

A. 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.

Q. Can my dentist apply for participation in the network?

A. 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.

Q. How are claims processed?

A. 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.

Q. Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?

A. 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.

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

A. 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.

Q. Do I need an ID card?

A. 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.

Monthly Cost – High Plan

The following monthly costs are effective through 09/30/2023. Your premium will be paid through convenient payroll deduction. The monthly costs shown below for “Employee + Spouse + Child(ren)” and “Employee + Family” include the cost for all eligible children.

Employee Only	\$44.19	Employee + Spouse	\$69.07
Employee + Child(ren)	\$81.46	Employee + Family	\$145.59

Monthly Cost – Low Plan

Employee Only	\$36.09	Employee + Spouse	\$64.08
Employee + Children	\$73.21	Employee + Family	\$113.74

[†]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. Referral services are not available in all locations.

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

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