

# Dental Benefits from MetLife

Dental coverage designed for the real world.



**MetLife**<sup>®</sup>

Network Comprehensive Dental  
Plan Design for: **AURA/NOAO**  
Effective Date: January 1, 2009

**Choice, Service, Savings.**

To help you enroll, the following pages outline your company's dental plan and address any questions you may have.

Coverage Type:	<u>In-Network</u> <sup>1</sup>	<u>Out-of-Network</u> <sup>1</sup>
Type A – Preventive	100% of PDP Fee <sup>2</sup>	100% of R&C Fee <sup>4</sup>
Type B - Basic Restorative	100% of PDP Fee <sup>2</sup>	80% of R&C Fee <sup>4</sup>
Type C - Major Restorative	60% of PDP Fee <sup>2</sup>	50% of R&C Fee <sup>4</sup>
Type D - Orthodontia	50% of PDP Fee	50% of R&C Fee
<b>Deductible</b> <sup>3</sup>		
Individual	<b>\$50</b>	<b>\$50</b>
Family	<b>\$150</b>	<b>\$150</b>
<b>Annual Maximum Benefit:</b>		
Per Person	<b>\$1,500</b>	<b>\$1,500</b>
Orthodontia Lifetime Max - Child Only	<b>\$1,000 per Person</b>	

<sup>1</sup> "In-Network Benefits" means benefits under this plan for covered dental services that are provided by a Participating PDP Provider. "Out-of-Network Benefits" means benefits under this plan for covered dental services that are not provided by a Participating PDP Provider.

<sup>2</sup> PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full.

<sup>3</sup> Applies to Type B and C services only.

<sup>4</sup> Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:

- the dentist's actual charge (the 'Actual Charge'),
- the dentist's usual charge for the same or similar services (the 'Usual Charge') or
- the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.

**An Example of Savings When You Visit a Participating PDP Dentist**

Save on out-of-pocket expenses when you receive services from one of more than 80,000 participating PDP dentists who generally agree to charge fees 10-35% lower than the average charges in your area.

**Your Dentist says you need a Crown, a Type C Service**

**PDP Fee: \$300.00 R&C Fee: \$400.00**

**Dentist's Usual Fee: \$500.00**

\* Please note: this example assumes that your annual deductible has been met.

<b>(IN-NETWORK)</b>		<b>(OUT-OF-NETWORK)</b>	
When you receive care from a Participating PDP dentist...		When you receive care from a Non-Participating PDP dentist...	
The PDP Fee is:	\$300.00	Dentist's Usual Fee is:	\$500.00
Your Plan Pays:		Your Plan Pays:	
(60% x \$300 PDP Fee)	<u>-\$180.00</u>	(50% x \$400 R&C Fee)	<u>-\$200.00</u>
Your Out-of-Pocket Cost:	\$120.00	Your Out-of-Pocket Cost:	\$300.00

**List of Covered Services & Limitations\***

<b>Type A – Preventive</b>	<b>How Many/How Often:</b>
Prophylaxis (cleanings) Oral Examinations Topical Fluoride Applications X-rays Bitewing X-rays  Sealants  Periodontal Maintenance  Space Maintainers	<ul style="list-style-type: none"> <li>• Cleaning of teeth (oral prophylaxis) but not more than twice in 12 months.</li> <li>• Oral exams but not more than twice in 12 months.</li> <li>• Topical fluoride treatment for a Dependent child under 19 years of age but not more than every 12 months.</li> <li>• Full mouth X-rays: 1 per 60 months.</li> <li>• Not more than once every 6 months for Dependent children under 19 years of age; every 6 months for all other Covered Persons.</li> </ul> <ul style="list-style-type: none"> <li>• Sealants which are applied to non-restored, non-decayed, first and second permanent molars only, for dependents up to the age of 14, but not more than once per tooth per lifetime.</li> <li>• Periodontal maintenance where periodontal treatment has been previously performed, but the total of covered periodontal maintenance treatments and the number of covered oral prophylaxes will not exceed two treatments in a calendar year.</li> <li>• Space Maintainers for dependent children to 19 years of age.</li> </ul>
<b>Type B – Basic Restorative</b>	<b>How Many/How Often:</b>
Fillings  Extractions  Oral Surgery Endodontics  Periodontics  Anesthesia Consultations Emergency palliative treatment Injections of Antibiotic Drugs Repairs of dentures, crowns, inlays and onlays	<ul style="list-style-type: none"> <li>• Amalgam and Resin-based Fillings.</li> </ul> <ul style="list-style-type: none"> <li>• Pulp Capping, pulpal therapy, &amp; therapeutic pulpotomy.</li> <li>• Root canal treatment not more than once every 24 months for the same tooth.</li> <li>• Periodontal scaling and root planing once per quadrant or area, every 24 months.</li> <li>• Periodontal surgery once per quadrant or area, every 36 months.</li> </ul> <ul style="list-style-type: none"> <li>• When dentally necessary in connection with oral surgery, extractions or other covered dental services.</li> <li>• Consultations, but not more than 2 in any 12 month period.</li> </ul>
<b>Type C - Major Restorative</b>	<b>How Many/How Often:</b>
Relining and Rebasing Bridges and Dentures  Crowns/Inlays/Onlays  Implantology  Prefabricated Stainless Steel Crown	<ul style="list-style-type: none"> <li>• Relining and Rebasing of existing removable dentures but not more than once in 36 months.</li> <li>• Replacing an existing removable denture or fixed bridgework if: it is needed because of the loss of one or more natural teeth after the existing denture or bridgework was installed and the denture or bridgework cannot be made serviceable; or it is needed because the existing denture or bridgework can no longer be used and was installed more than 60 months prior to its replacement.</li> <li>• Replacement of crowns, inlays or onlays but not more than once for the same tooth in a 60 month period.</li> </ul> <ul style="list-style-type: none"> <li>• Prefabricated stainless steel crowns but not more than once in any 60 month period.</li> </ul>
<b>Type D - Orthodontia</b>	<ul style="list-style-type: none"> <li>• All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia.</li> <li>• Payments are on a repetitive basis.</li> <li>• Benefit for initial placement of the appliance will be made representing 20% of the total benefit.</li> <li>• Orthodontic benefits end at cancellation of coverage.</li> </ul>

Like most life insurance policies, MetLife group insurance policies contain certain exclusions, waiting periods, reductions and terms for keeping them in force. For costs and complete details of coverage, call or write your MetLife representative. In addition, a full description of your dental benefits will be provided in the certificate of insurance.

## ***MetLife Preferred Dentist Program (PDP) Overview Frequently Asked Questions***

### **How does the MetLife PDP work?**

With a dental benefit plan featuring the MetLife PDP, you receive benefits whether or not you and/or each eligible dependent visit a participating dentist. But, when you visit a participating dentist, you have the opportunity to maximize your benefit plan with access to lower, out-of-pocket expenses. The MetLife PDP is a Preferred Provider Organization, wherein you choose a provider at the time of treatment. You do not have to pre-select a primary dentist nor do you need an ID card or referrals for specialty care.

### **What is a participating PDP dentist?**

A general dentist or specialist who meets MetLife's strict credentialing standards and accepts negotiated fees as payment-in-full for services rendered. There are more than 76,000 participating PDP dentists nationwide, including over 15,000 specialists. So you should have no problem finding a participating PDP dentist near your home or workplace, while you're away on vacation, or while your covered dependents are away at college.

### **How do I find a Participating PDP dentist?**

You can call the PDP automated Computer Voice Response line to obtain an up-to-date directory of participating dentists in your area. The system prompts you to enter your Social Security Number and a home or work ZIP code. A list of up to 205 participating dentists in the requested ZIP code is then mailed to your home the next business day. To receive your personalized directory, call 1-800-474-PDP1 (7371) Mon.-Fri. 6:00am to 11:00 pm ET or Saturday 7 am to 4:00 pm ET. You can also conduct online provider searches (with direction and mapping capabilities) via MetLife's Dental Internet site at [www.metlife.com/dental](http://www.metlife.com/dental).

Please Note: Be sure to verify provider participation when you make your appointment.

### **What is a negotiated fee?**

A negotiated fee refers to the PDP fee schedule which participating dentists agree to accept as payment in full. The fee is typically 10% to 35% below average fees of dentists in your area. Your plan may reimburse you for all or part of the PDP fee. When you use a participating PDP dentist, you are responsible only for the difference between MetLife's benefit payment amount and the PDP fee.

### **Do I need an ID card?**

No, you do not need to present an ID card to confirm that you're eligible. You should notify your dentist that you participate in MetLife's PDP. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

### **Do my dependents have to visit the same dentist that I select?**

No, you and your dependents each have the freedom to choose any dentist.

### **My dentist does not participate in the PDP. Is there anything I can do to encourage my dentist to participate?**

The MetLife PDP Network is continually expanding, and new providers may be added if they meet MetLife's credentialing standards. You may ask your dentist to complete a MetLife PDP nomination card or visit the dentist directory online at [www.metlife.com/dental](http://www.metlife.com/dental), and MetLife will send him or her information on how to apply for participation. The timing depends on how quickly MetLife receives the necessary information. Please note that there may be instances where a dentist chooses not to participate and others where MetLife does not accept the application under their stringent credentialing requirements.

### **Can I find out how much services will cost and obtain an estimate of what will be covered prior to treatment?**

Yes, MetLife recommends that you have your dentist submit a request for a pre-treatment estimate for services in excess of \$300.00. This often applies to services such as: crowns, bridges, inlays, and periodontics. When your dentist suggests treatment, have him or her send an undated claim form, along with the proposed treatment plan, to MetLife. A pre-treatment estimate will be sent to you and the dentist detailing an estimate of what services your plan will cover and at what payment level.

### **How do I file a claim?**

Claim forms are available from your human resources department or can be downloaded and printed out from MetLife's dental website at [www.metlife.com/dental](http://www.metlife.com/dental). Remember to bring one with you to your appointment. Complete the employee portion, and your dentist will assist you with the rest. You can use the same claim form whether or not your dentist is a participating PDP dentist. MetLife will mail you a concise explanation of benefits (EOB) statement after each claim submission. If you have a claim inquiry or benefit questions, please call MetLife's Dental Customer Service Department at 1-800-ASK - 4 - MET after your plan's effective date.

Dental Claims Address: MetLife Dental Claims, P.O. BOX 981282,  
El Paso, TX 79998-1282

### **If I do not enroll during my initial enrollment period can I still purchase Dental Insurance at a later date?**

Yes, employees who do not elect coverage during their 31-day application period may still elect coverage during the annual open enrollment period or within 31 days of a qualifying event.