Dental Insurance

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

Enrollment Period: 01/01/2023 to 12/31/2024

Network: PDP Plus

	Plan Option 1: All Active Full Time Employee / Medium Plan		Plan Option 2: All Active Full Time Employee / Low Plan		Plan Option 3: All Active Full Time Employees / High Plan	
	In-Network[1] % of Negotiated Fee[2]	**Out-of-Network[1]** R&C Fee**	**In-Network[1]** % of Negotiated Fee[2]	**Out-of-Network[1]** R&C Fee**	**In-Network[1]** % of Negotiated Fee[2]	**Out-of-Network[1]** R&C Fee
Coverage Type						
Type A: Preventive (cleanings, exams, X-rays)	100%	100%	100%	100%	100%	100%
Type: Basic Restorative (fillings, extractions)	80%	60%	50%	50%	80%	80%
Type C: Major Restorative (bridges, dentures)	50%	40%	50%	50%	50%	50%
Type D: Orthodontia	Not Covered	Not Covered	Not Covered	Not Covered	50%	50%
Deductible†						
Individual	$50 - $150	$50 - $150	$50 - $150	$100 - $300	$50 - $150	$50 - $150
Family	Aggregate	Aggregate	Aggregate	Aggregate	Aggregate	Aggregate
Annual Maximum Benefit††						
Per Person	$1,500	$1,000	$1,500	$500	$2,000	$1,500
Orthodontia Lifetime Maximum						
Per Person***	Not Covered	Not Covered	Not Covered	Not Covered	$1,500	$1,500

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

[1] "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

[2] Negotiated fees refer 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.

*Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife.
**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.
†† Applies to Type A, B and C Services.
*** Orthodontia is included for adults and children up to age 26.

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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: Medium Plan How Many/How Often	Plan Option 2: Low Plan How Many/How Often	Plan Option 3: High Plan Plan How Many/How Often
Type A — Preventive			
Prophylaxis (cleanings)	Two per calendar year	Two per calendar year	Two per calendar year
Oral Examinations	Two exams per calendar year	Two exams per calendar year	Two exams per calendar year
Topical Fluoride Applications	One fluoride treatment per calendar year for dependent children up to his/her 19th birthday	One fluoride treatment per calendar year for dependent children up to his/her 19th birthday	One fluoride treatment per calendar year for dependent children up to his/her 19th birthday
X-rays	• Full mouth X-rays; one per 3 year period. • Bitewings X-rays; two sets per calendar year.	• Full mouth X-rays; one per 3 year period. • Bitewings X-rays; two sets per calendar year.	• Full mouth X-rays; one per 3 year period. • Bitewings X-rays; two sets per calendar year.
Space Maintainers	Space maintainers for dependent children up to his/her 14th birthday	Space maintainers for dependent children up to his/her 14th birthday	Space maintainers for dependent children up to his/her 14th birthday
Sealants	One application of sealant material every 5 years for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 14th birthday	One application of sealant material every 5 years for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 14th birthday	One application of sealant material every 5 years for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 14th birthday
Type B — Basic Restorative			
Fillings	Amalgam “silver” and Composite “white” Once per 24 months	Amalgam “silver” and Composite “white” Once per 24 months	Amalgam “silver” and Composite “white” Once per 24 months
Simple Extractions			
Crown, Denture and Bridge Repair	• Repairs: Once per 12 months	• Repairs: Once per 12 months	• Repairs: Once per 12 months
Type C — Major Restorative			
Bridges and Dentures	• 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	• 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	• 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 and Onlays	Replacement once every 5 years	Replacement once every 5 years	Replacement once every 5 years

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Crown, Denture and Bridge Recementations			
Endodontics	Root canal treatment limited to once per tooth per 24 months	Root canal treatment limited to once per tooth per 24 months	Root canal treatment limited to once per tooth per 24 months
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services	When dentally necessary in connection with oral surgery, extractions or other covered dental services	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Implants	Replacement once every 84 months	Replacement once every 84 months	Replacement once every 84 months
Oral Surgery			
Periodontics	• Periodontal scaling and root planing once per quadrant, every 24 months. • Periodontal surgery once per quadrant, every 5 years. • Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year.	• Periodontal scaling and root planing once per quadrant, every 24 months. • Periodontal surgery once per quadrant, every 5 years. • Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year.	• Periodontal scaling and root planing once per quadrant, every 24 months. • Periodontal surgery once per quadrant, every 5 years. • Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year.
Type D — Orthodontia – Covered on the High Plan Only			
	• Not Covered	• Not Covered	• Adults and children are covered, up to age 26, 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.

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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 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;
- Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;

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- 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.
- 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 extraoral photographic images

Limitations

Alternate Benefits: Where two or more professionally acceptable dental treatments for a dental condition exist, payment 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 payment for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

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 to have a list faxed or mailed to you.

Q. What services are covered under this plan?

A. The Plan documents set forth the services covered by your plan. The List of Primary Covered Services & Limitations herein contains a summary of covered services. In the event of a conflict between the Plan documents and this summary, the terms of the Plan documents shall govern.

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

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.

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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

The following monthly costs are effective through December 30, 2024. Your premium will be paid through convenient payroll deduction. The monthly costs shown below for “Employee”, “Employee + 1 Child” and “Employee + Family” include the cost for all eligible children.

Medium Plan

Employee Only	$35.75	Employee + Family	$102.06
Employee + 1 Dependent	$67.80		

Low Plan

Employee Only	$26.58	Employee + Family	$75.81
Employee + 1 Dependent	$50.36		

High Plan

Employee Only	$43.85	Employee + Family	$125.17
Employee + 1 Dependent	$83.15		

†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. Exclusions: The AXA Travel Assistance Program is available for participants in traveling status. Whenever a trip exceeds 120 days, the participant is no longer considered to be in traveling status and is therefore no longer eligible for the services. Also, AXA Assistance USA will not evacuate or repatriate participants without medical authorization; with mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home; or with infections under treatment and not yet healed. Benefits will not be paid for any loss or injury that is caused by or is the result from: pregnancy and childbirth except for complications of pregnancy, and mental and nervous disorders unless hospitalized. Reimbursements for non-medical services such as hotel, restaurant, taxi expenses or baggage loss while traveling are not covered. The maximum benefit per person for costs associated with evacuations, repatriations or the return of mortal remains is US$500,000. Treatment must be authorized and arranged by AXA Assistance’s designated personnel to be eligible for benefits under this program. All services must be provided and arranged by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.

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