

Dental

Network: PDP Plus

Coverage Type	PLAN OPTION 1 Enhanced Plan		PLAN OPTION 2 Basic Plan	
	In-Network % of Negotiated Fee*	Out-of-Network 90% of R&C Fee	In-Network % of Negotiated Fee*	Out-of-Network % of Negotiated Fee* - MAC
Type A: Preventive (cleanings, exams, X-rays)	100%	100%	100%	90%
Type B: Basic Restorative (fillings, extractions)	90%	80%	80%	70%
Type C: Major Restorative (bridges, dentures)	60%	50%	50%	50%
Type D: Orthodontia	50%	50%	50%	50%
Deductible[†]				
Individual	\$50	\$50	\$75	\$75
Family	\$50	\$50	\$75	\$75
Annual Maximum Benefit				
Per Person	\$2000	\$2000	\$1000	\$1000
Orthodontia Lifetime Maximum				
Per Person	\$1000	\$1000	\$1000	\$1000

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 to Type B and C Services

Monthly Cost

The following monthly costs are effective through February 28, 2019. Your premium will be paid through convenient payroll deduction. Monthly cost covers all eligible children.

Enhanced Plan

Employee Only	\$37.25
Employee + One	\$74.61
Employee + Family	\$113.61

Basic Plan

Employee Only	\$21.87
Employee + One	\$43.76
Employee + Family	\$66.68

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 Option 1: Enhanced Plan

Plan Option 2: Basic Plan

Type A – Preventive	How Many/How Often	Type A – Preventive	How Many/How Often
Examinations	<ul style="list-style-type: none"> 2 times in 12 months 	Examinations	<ul style="list-style-type: none"> 2 times in 12 months
Examinations – Problem Focused	<ul style="list-style-type: none"> Combined with Examinations Limit 	Examinations – Problem Focused	<ul style="list-style-type: none"> Combined with Examinations Limit
Prophylaxis: Cleanings	<ul style="list-style-type: none"> 1 time in 6 months 	Prophylaxis: Cleanings	<ul style="list-style-type: none"> 1 time in 6 months
Sealants	<ul style="list-style-type: none"> 1 per molar in 36 months for a child under age 16 	Sealants	<ul style="list-style-type: none"> 1 per molar in 36 months for a child under age 16
Space Maintainers	<ul style="list-style-type: none"> No Limit for a child under age 19 	Space Maintainers	<ul style="list-style-type: none"> No Limit for a child under age 19
Fluoride	<ul style="list-style-type: none"> 1 time in 6 months for a dependent child under age 19 	Fluoride	<ul style="list-style-type: none"> 1 time in 6 months for a dependent child under age 19
Full Mouth X-Rays	<ul style="list-style-type: none"> Once in 60 months 	Full Mouth X-Rays	<ul style="list-style-type: none"> Once in 60 months
Bitewing X-Rays	<ul style="list-style-type: none"> For a child under 19: 1 time in 12 months Adult: 1 time in 12 months 	Bitewing X-Rays	<ul style="list-style-type: none"> For a child under 19: 1 time in 12 months Adult: 1 time in 12 months
Labs & Other Tests		Labs & Other Tests	
Periapical X-Rays		Periapical X-Rays	
Other X-Rays		Other X-Rays	
Type B – Basic Restorative	How Many/How Often	Type B – Basic Restorative	How Many/How Often
Consultations	<ul style="list-style-type: none"> No Limit 	Consultations	<ul style="list-style-type: none"> No Limit
Amalgam Fillings	<ul style="list-style-type: none"> 1 replacement per surface in 24 Months 	Amalgam Fillings	<ul style="list-style-type: none"> 1 replacement per surface in 24 Months
Root Canal	<ul style="list-style-type: none"> 1 in 24 months 	Root Canal	<ul style="list-style-type: none"> 1 in 24 months
Periodontal Maintenance	<ul style="list-style-type: none"> 4 perio. Treatments in 1 calendar yr, includes 2 cleanings (total comb: 4) 	Periodontal Maintenance	<ul style="list-style-type: none"> 4 perio. Treatments in 1 calendar yr, includes 2 cleanings (total comb: 4)
Periodontal Surgery	<ul style="list-style-type: none"> 1 per quadrant in any 36 month period 	Periodontal Surgery	<ul style="list-style-type: none"> 1 per quadrant in any 36 month period
Scaling & Root Planing	<ul style="list-style-type: none"> 1 per quadrant in any 24 month period 	Scaling & Root Planing	<ul style="list-style-type: none"> 1 per quadrant in any 24 month period
Prefabricated Crowns	<ul style="list-style-type: none"> 1 per tooth in 3 Years 	Prefabricated Crowns	<ul style="list-style-type: none"> 1 per tooth in 3 Years
Emergency Palliative Treatment		Emergency Palliative Treatment	
General Anesthesia		General Anesthesia	
Resin Composite Fillings (excludes coverage for composite fillings on molars)		Resin Composite Fillings (excludes coverage for composite fillings on molars)	
Pulpotomy		Pulpotomy	
Pulp Capping		Pulp Capping	
Pulp Therapy		Pulp Therapy	
Apexification & Recalcification		Apexification & Recalcification	
Periodontal Surgery – Soft & Connective Tissue Grafts		Periodontal Surgery – Soft & Connective Tissue Grafts	
Periodontics – Non-Surgical		Periodontics – Non-Surgical	

Oral Surgery: Simple Extractions		Oral Surgery: Simple Extractions	
Oral Surgery: Surgical Extractions		Oral Surgery: Surgical Extractions	
Other Oral Surgery		Other Oral Surgery	
General Services		General Services	
Type C – Major Restorative	How Many/How Often	Type C – Major Restorative	How Many/How Often
Crown Buildups / Post Core	<ul style="list-style-type: none"> ▪ 1 per tooth in 5 calendar years 	Crown Buildups / Post Core	<ul style="list-style-type: none"> ▪ 1 per tooth in 10 calendar years
Repairs	<ul style="list-style-type: none"> ▪ 1 in 12 months 	Repairs	<ul style="list-style-type: none"> ▪ 1 in 12 months
Recementations	<ul style="list-style-type: none"> ▪ 1 in 12 months 	Recementations	<ul style="list-style-type: none"> ▪ 1 in 12 months
Dentures	<ul style="list-style-type: none"> ▪ 1 in 5 calendar years 	Dentures	<ul style="list-style-type: none"> ▪ 1 in 10 calendar years
Dentures – Rebases / Relines	<ul style="list-style-type: none"> ▪ 1 in 36 months 	Dentures – Rebases / Relines	<ul style="list-style-type: none"> ▪ 1 in 36 months
Denture Adjustments	<ul style="list-style-type: none"> ▪ 1 in 12 months 	Denture Adjustments	<ul style="list-style-type: none"> ▪ 1 in 12 months
Fixed Bridges	<ul style="list-style-type: none"> ▪ 1 in 5 calendar years 	Fixed Bridges	<ul style="list-style-type: none"> ▪ 1 in 10 calendar years
Inlays / Onlays /Crowns	<ul style="list-style-type: none"> ▪ 1 replacement per tooth in 5 calendar years 	Inlays / Onlays /Crowns	<ul style="list-style-type: none"> ▪ 1 replacement per tooth in 10 calendar years
Implant Services	<ul style="list-style-type: none"> ▪ 1 per tooth position in 5 calendar years 	Implant Services	<ul style="list-style-type: none"> ▪ 1 per tooth position in 10 calendar years
Implant Repairs	<ul style="list-style-type: none"> ▪ 1 per tooth in 12 months 	Implant Repairs	<ul style="list-style-type: none"> ▪ 1 per tooth in 12 months
Implant Supported Prosthetic	<ul style="list-style-type: none"> ▪ 1 per tooth in 5 calendar years 	Implant Supported Prosthetic	<ul style="list-style-type: none"> ▪ 1 per tooth in 10 calendar years
Tissue Conditioning	<ul style="list-style-type: none"> ▪ 1 in 36 months 	Tissue Conditioning	<ul style="list-style-type: none"> ▪ 1 in 36 months
Occlusal Adjustments	<ul style="list-style-type: none"> ▪ 1 in 12 months 	Occlusal Adjustments	<ul style="list-style-type: none"> ▪ 1 in 12 months
Harmful Habit Appliances		Harmful Habit Appliances	
Type D – Orthodontia	How Many/How Often	Type D – Orthodontia	How Many/How Often
Orthodontic Diagnostics Orthodontic Treatment	<ul style="list-style-type: none"> ▪ You, your spouse and your children, up to age 19, are covered while Dental insurance is in effect 	Orthodontic Diagnostics Orthodontic Treatment	<ul style="list-style-type: none"> ▪ You, your spouse and your children, up to age 19, are covered while Dental insurance is in effect ▪

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.[†]

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-GET-MET8 (1-800-438-6388) to have a list faxed or mailed to you.

What services are covered under this plan?

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.

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-GET-MET8 (1-800-438-6388)

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
Enhanced Plan Employees
<ul style="list-style-type: none"> ▪ 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 a covered person would not be required to pay in the absence of dental insurance. ▪ Services or supplies received by a covered person before the insurance starts for that person. ▪ 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 or polishing of teeth or fluoride treatment. ▪ Services which are primarily cosmetic. (For residents of Texas: Services which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a newborn child). ▪ Services or appliances which restore or alter occlusion or vertical dimension. ▪ Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease. ▪ 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 piks, toothbrushes, or dental floss. ▪ Initial installation of a Denture to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth. ▪ Decoration or inscription of any tooth, device, appliance, crown or other dental work. ▪ Missed appointments. ▪ Services covered under any workers' compensation or occupational disease law. ▪ Services covered under any employer liability law. ▪ Services for which the employer of the person receiving such services is not required to pay. ▪ Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital. ▪ Services covered under other coverage provided by the Policyholder. ▪ Temporary or provisional restorations. ▪ Temporary or provisional appliances. ▪ Prescription drugs. ▪ Services for which the submitted documentation indicates a poor prognosis. ▪ Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first. ▪ 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 and biting of food. ▪ Caries susceptibility tests. ▪ Precision attachments associated with fixed and removable prostheses. ▪ Adjustment of a denture made within 6 months after installation by the same dentist who installed it. ▪ Duplicate prosthetic devices or appliances. ▪ Replacement of a lost or stolen appliance, cast restoration or denture. ▪ Intra and extraoral photographic images. ▪ Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards. ▪ Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota. ▪ Implants supported prosthetics to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.

Exclusions

Basic Plan Employees

- 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 a covered person would not be required to pay in the absence of dental insurance.
- Services or supplies received by a covered person before the insurance starts for that person.
- 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 or polishing of teeth or fluoride treatment.
- Services which are primarily cosmetic. (For residents of Texas: Services which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a newborn child).
- Services or appliances which restore or alter occlusion or vertical dimension.
- Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease.
- 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 piks, toothbrushes, or dental floss.
- Initial installation of a Denture to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
- Decoration or inscription of any tooth, device, appliance, crown or other dental work.
- Missed appointments.
- Services covered under any workers' compensation or occupational disease law.
- Services covered under any employer liability law.
- Services for which the employer of the person receiving such services is not required to pay.
- Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital.
- Services covered under other coverage provided by the Policyholder.
- Temporary or provisional restorations.
- Temporary or provisional appliances.
- Prescription drugs.
- Services for which the submitted documentation indicates a poor prognosis.
- Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first.
- 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 and biting of food.
- Caries susceptibility tests.
- Precision attachments associated with fixed and removable prostheses.
- Adjustment of a denture made within 6 months after installation by the same dentist who installed it.
- Duplicate prosthetic devices or appliances.
- Replacement of a lost or stolen appliance, cast restoration or denture.
- Intra and extraoral photographic images.
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
- Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.
- Implants supported prosthetics to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.

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.

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.

