

Understanding Your Group Dental PPO Benefits Plan



MetLife

Your group dental benefits are an important part of your personal benefits plan that protects you and your family – understanding how your plan works is just as important, so you can make informed benefits and oral health decisions.

Services¹. This means your out-of-pocket costs are typically 15-45% less than average charges in the same community.¹ Plus, you have the flexibility to visit any dentist whether he or she is in our network or not, just remember that your out-of-pocket costs may be higher since negotiated fees do not apply.

MetLife’s Preferred Dentist Program is a dental preferred provider organization that provides benefits for a range of covered services. Your MetLife dental benefits plan is designed to help you save on your out-of-pocket costs. Participating dentists have agreed to accept negotiated fees as payment in full for covered and non-covered

A closer look at your plan: Your dental benefits plan includes several components that, when clearly understood, can help you more effectively use your benefits. While reviewing this information, you may find it helpful to have your current Dental Plan Benefits Summary on hand.

1. Coverage Types. Dental procedures are grouped into the following categories: Preventive (Type A), Basic Restorative (Type B), Major Restorative (Type C), and Orthodontia (Type D). How each procedure is categorized (Type A, B, C, D) is determined by your group’s plan. Generally, benefits for Type A procedures pay at the highest benefits level because they prevent and diagnose dental disease. It’s important to review and understand the Services & Limitations and Exclusions for your plan to understand what is covered, how covered procedures are categorized and any limitations and exclusions that apply.

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Benefit Summary		
Coverage Type	In-Network (PDP):	Out-of-Network:
Type A – cleanings, oral examinations	XX% of PDP Fee	XX% of R&C Fee or XX% of PDP Fee
Type B – fillings	XX% of PDP Fee	XX% of R&C Fee or XX% of PDP Fee
Type C – bridges and dentures	XX% of PDP Fee	XX% of R&C Fee or XX% of PDP Fee
Type D – orthodontia	XX% of PDP Fee	XX% of R&C Fee or XX% of PDP Fee
Deductible:	In-Network	Out-of-Network
Individual	\$XX.XX	\$XX.XX
Family	\$XXX.XX	\$XXX.XX
Annual Maximum Benefit:	In-Network	Out-of-Network
Per Person	\$X,XXX	\$X,XXX
Orthodontia Lifetime Maximum:	In-Network	Out-of-Network
Per Person	\$X,XXX	\$X,XXX

2. **Co-insurance.** The co-insurance percentage helps determine what your out-of-pocket costs will be for each coverage type. Each Type – A, B, C, and D – has a pre-set percentage that represents what your plan will reimburse for the services in each category. Your total out-of-pocket responsibility is subject to any deductibles, benefit maximums, plan provisions, if you receive services out-of-network, and your plan's basis for reimbursement. Please see your Dental Plan Benefits Summary for more information.
3. **Deductible.** This is the amount a covered person must incur in out-of-pocket costs during a benefit period before benefit payments will be made. For most plans, the deductible amounts for in-network services are less than the amount for out-of-network services. Many plans do not require a deductible be met for Type A services.
4. **Annual Maximum Benefit.** This is the total amount the plan will pay in the plan year. Once this amount is reached, no further benefits will be paid, however, you are still eligible to receive services at the negotiated fees when visiting a participating dentist.
5. **Orthodontia Lifetime Maximum.** Not all plans cover Orthodontia Treatment. If your plan covers Orthodontia there is a Lifetime Maximum that is applicable only to Orthodontia. This does not affect your Annual Maximum Benefit for Types A, B and C coverages. The Lifetime Maximum is the total amount the plan will pay for orthodontic services for each covered person (subject to any plan age limitations). Once this amount is reached, no further benefits will be paid, however, you are still eligible to receive services at the negotiated fees when visiting a participating dentist.

Putting it all together – maximizing the value of your dental benefits.

- Take advantage of the in-network benefits by visiting a participating dentist to reduce your out-of-pocket costs. The negotiated fees for in-network services extend to services not covered by your plan and even those provided after you've exceeded your annual benefits maximum.
- Keep a healthy dental regimen by getting routine exams and cleanings – the cost of preventive services (Type A) is usually less than the cost for fillings, root canals, extractions, etc. – and can help to prevent the incidence of these higher-cost treatments.
- Use the Dental Procedure Fee Tool, to look up the average charges for in-network and out-of-network services such as exams, cleanings, fillings, crowns, and more. This tool is accessible via the MyBenefits website.²
- It is recommended that you request a pre-treatment estimate for services that cost more than \$300., The estimate will give you an idea of what your out-of-pocket costs will be. To receive a benefit estimate, have your dentist submit a request online at www.metdental.com or by calling call 1-877-MET-DDS9 (phone number and website for dental professionals only).

Visit the dental education website at www.oralhealthlibrary.com for important tools and resources to help you become more informed about dental care.

Like most group benefit programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your MetLife group representative for costs and complete details.

1. Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the ———dentist and the cost of services rendered. Negotiated fees on non-covered services may not apply in all states.

2.. The Dental Procedure Fee Tool application is provided by go2dental.com. Inc., an independent vendor. Network fee information is supplied to go2dental.com by MetLife and is not available for providers who participate with MetLife through a vendor. Out-of-network fee information is provided by go2dental.com. This tool does not provide the payment information used by MetLife when processing your claims. Prior to receiving services, pretreatment estimates through your dentist will provide the most accurate fee and payment information.