

Find Out How You Can Save More on Your Dental Costs

MetLife



As a MetLife Preferred Dentist Program member, you have options to help you and your family achieve your oral health goals and save¹ money.

When you visit a general dentist or a specialist who is in the network, your out-of-pocket costs are usually lower. That's because participating dentists have agreed to accept negotiated fees² that are usually 15% to 45% less than the average charges in the same community. Lower fees can help you cut your final costs and stretch your annual maximums.

In particular, the cost of specialty care like implants, root canals and crowns can really add up. That's why it's good to know the network is there to help you manage your out-of-pocket costs. Take a look at how much you could save just by going to a participating specialist.

Average charge in the New York, NY area for an implant specialty service is \$1,700-\$2,100

	In network	Out of network
Specialist Average Charge ³		\$1,700-\$2,100
MetLife Negotiated Fee	\$1,459	NA
MetLife Pays ⁴	\$729.50	\$850-\$1,050
Your out-of-pocket cost⁴	\$729.50	\$850-\$1,050
Approximate savings by visiting a participating dentist \$120.50-\$329.50⁵		

The chart above is a typical example of average in-network savings in your area. It shows that you usually save more when you stay in the network. So the next time you need dental care, find out what your plan covers and what you could save by going to a participating general dentist or specialist.

To check your coverage or find a general dentist or specialist, log on to www.metlife.com/mybenefits or call 1-800-942-0854. You can also ask your dentist to recommend a network specialist in your community.

Best of all, participating dentists and specialists have undergone a careful selection process.⁶ And you'll never need a referral. So you get convenient access to quality care and support for better savings.

Check out what you could save on in-network and out-of-network fees, just log on to www.metlife.com/mybenefits and try the Dental Procedure Fee Tool.⁷

Stay in the network and save!

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 for non-covered services may not apply in all states.
2. Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for services rendered by them. Negotiated fees are subject to change. Negotiated fees for non-covered services may not apply in all states.
3. Approximate costs provided by go2dental.com, Inc., an industry source independent of MetLife.
4. This example reflects an in network coinsurance amount of 50 percent and an out of network coinsurance amount of 50 percent for major services.
5. The potential savings is based on the average charges. Actual savings for services rendered by an out-of-network dentist will vary depending on the dentist's actual charge for the service.
6. Certain providers may participate with MetLife through an agreement that MetLife has with a vendor. Providers available through a vendor are subject to the vendor's credentialing process and requirements, rather than MetLife's. If you should have any questions, contact MetLife Customer Service.
7. 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.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details.

Instructions for customizing Find Out How You Can Save More on Your Dental Costs

This article focuses on in-network savings for general dentistry and specialty care and includes a specialty care savings example (Type B and C services) which can be customized with one of the following specialty care procedure codes.

Extraction - submitted by a specialist

- Surgical removal of erupted tooth - D7210, or
- Surgical removal of impacted tooth - D7220

Crown - submitted by a general dentist

- Porcelain/ceramic substrate - D2740, or
- Porcelain fused to a high noble metal - D2750

Implant Procedure - submitted by a specialist; the sum of the cost for the following codes should be used.

- Surgical placement of implant body: endosteal implant - 6010 and
- Custom fabricated abutment - includes placement – 6057

To customize the example, you'll need to access the Dental Fee Procedure Tool available from MyBenefits.

- enter zip code of the city
- enter the procedure codes from the above list

NOTE the following:

- Specialist Average Charge is the same as the Out-of-Network Fee**
- MetLife Negotiated Fee is the same as In-Network Fee*
- Out-of pocket cost for in-network is the MetLife Negotiated Fee minus what MetLife Pays
- Out-of pocket cost for out-of-network is the Specialist Average Charge* minus what MetLife Pays
- Approximate savings is the out-of pocket cost for in-network minus the out-of pocket cost for out-of-network

To calculate what MetLife Pays you will need to refer to the plan design. In most cases, the above procedure codes will fall under Type C (Major services). Based on the coinsurance for Type C, you can calculate what MetLife pays.

Example: If the coinsurance for in-network is 50% and out-of-network is 40%, then MetLife pays 50% of the MetLife Negotiated Fee for in-network and 40% of the Specialist Average Charge* for out-of-network