

Understanding Your Dental Plan

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network.

The goal is to deliver affordable protection for a healthier smile and a healthier you. You also get great service and educational support to help you stay on top of your care.

Freedom of choice to go to any dentist.

You have the flexibility to visit any dentist — your dentist — and receive coverage under the plan. Just remember that non-participating dentists haven't agreed to charge negotiated fees. That means you usually save more dental dollars when you go to a participating dentist.

If you prefer to stay in the network, there are thousands of general dentists and specialists to choose from nationwide — so you are sure to find one who meets your needs. Plus, all participating dentists go through a rigorous selection and review process.¹ This way you don't need to worry about quality. You also don't need any referrals.

To check out the general dentists and specialists in the **PDP network**, visit www.metlife.com/dental.

Additional savings when you visit participating dentists.

Your out-of-pocket costs are usually lower when you visit network dentists. That's because they have agreed to accept negotiated fees that are typically 15 to 45% less than average dental charges in the same community. This may help lower your final costs and stretch your plan maximum. Negotiated fees may even extend to non-covered services and services provided after you've reached the plan maximum.²

Service where and when you want it.

MyBenefits, your secure self-service website, is available 24/7.³ You can use the site to get estimates on care or check coverage and claim status. Plus, if you are on the go and need to find an in-network provider, view a claim or see your ID card, there's an app for that.⁴ Search "MetLife" at iTunes App Store or Google Play to download the app.⁵

Educational tools and resources.

The right dental care is an essential part of good overall health. That's why you and your dentist get resources to help make informed decisions about your oral health. You'll find a range of topics on our online dental education website, www.oralhealthlibrary.com. Read up on the link between dental and overall health, kid's dental health and more. You can also put your oral health to the test by taking an online risk assessment.

IMPORTANT INFORMATION

Your Network: PDP

Customer Service Number: 1-800-942-0854

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

Understanding Your Dental Plan (continued)

International Dental Travel Assistance Number: 1-312-356-5970 (collect)

The information below explains certain terms to make it easier for you to understand and use your benefits.

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). Your group's plan determines how each procedure is categorized (Type A, B, C, D). Generally, benefits for Type A procedures pay at the highest benefits level because they prevent and diagnose dental disease.

Network: XYZ		
Benefit Summary		
Coverage Type	In-Network	Out-of-Network
Type A – cleanings, oral examinations	XX% of Negotiated Fee	XX% of R&C Fee or XX% of Negotiated Fee
Type B – fillings	XX% of Negotiated Fee	XX% of R&C Fee or XX% of Negotiated Fee
Type C – bridges and dentures	XX% of Negotiated Fee	XX% of R&C Fee or XX% of Negotiated Fee
Type D – orthodontia	XX% of Negotiated Fee	XX% of R&C Fee or XX% of Negotiated Fee
Deductible	In-Network	Out-of-Network
Individual	\$XX,XXX	\$XX,XXX
Family	\$XXX,XXX	\$XXX,XXX
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 out-of-network services, and your plan's basis for reimbursement. Please see your Dental Plan Benefits Summary for more information.

3. Deductible. This is the amount you must pay out-of-pocket before benefit payments will be made by the plan. 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 that 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 fee amounts when visiting a participating dentist.

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

- Make the most of your benefits — visit a participating dentist to reduce your out-of-pocket costs.

Understanding Your Dental Plan (continued)

- 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 need for 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.⁶
- 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 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.

Remember, dental coverage can be an important part of protecting your health and finances.. By using the educational tools and benefits made available to you through this plan, you'll be better prepared to protect your oral health and your budget.

1. 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, not MetLife's. If you should have any questions, contact MetLife Customer Service.
2. 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.
3. With the exception of scheduled or unscheduled systems maintenance or interruptions, the MyBenefits website is typically available 24 hours a day, 7 days a week.
4. The features of the MetLife Dental Mobile App are not available for all MetLife Dental Plans.
5. Before using the MetLife Dental Mobile App, you must register at www.metlife.com/mybenefits from a computer. Registration cannot be done from your mobile device.
6. 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 benefits programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.