



# Understanding Your Group Dental PPO Benefits Plan

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.

**MetLife’s Preferred Dentist Program** is a Dental Preferred Provider Organization (PPO) 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 because In-network dentists have agreed to accept negotiated fees as payment in full for covered

services. This means your out-of-pocket costs are typically 15-45% less than the average fees charged by dentists in the same community.<sup>1</sup> Plus, you have the flexibility to visit any dentist whether he or she is in our network or not. However your out-of-pocket costs may be higher out-of-network since the negotiated fees do not apply.

**Dissecting your dental 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). 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.

Coverage Type	In-Network:	Out-of-Network:
Preventive – cleanings, oral examinations	100% of Negotiated Fee*	100% of R&C Fee**
Basic – fillings, oral surgery	70% of Negotiated Fee*	70% of R&C Fee**
Major – bridges and dentures	50% of Negotiated Fee*	50% of R&C Fee**
Orthodontia	50% of Negotiated Fee*	50% of R&C Fee**
<b>Deductible<sup>†</sup>:</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Individual	\$60.00	\$60.00
<b>Annual Maximum Benefit:</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Per Person	\$2,000	\$2,000
<b>Orthodontia Lifetime Maximum:</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Per Person	\$2,500	\$2,500

\* Negotiated Fee refers to the fees that in-network dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums.

\*\* 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 Basic, Major and Orthodontic services.

2. **Co-insurance.** The co-insurance percentage helps you 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, whether you receive services in- or 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. Deductible does not apply to 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, where permitted by state law you may still be eligible to receive services at the negotiated fees when visiting an in-network dentist.
5. **Orthodontia Lifetime Maximum.** 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. Once this amount is reached, no further benefits will be paid. However, where permitted by state law you may still be eligible to receive services at the negotiated fees when visiting an in-network dentist.

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

- Take advantage of the in-network benefits by visiting a network dentist to reduce your out-of-pocket costs. Where permitted by state law, the negotiated fees for in-network services may 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 occurrence of these higher-cost treatments.
- Learn more about typical fees for services such as exams, cleanings, fillings, crowns, and more through the **Dental Procedure Fee Tool** provided by go2dental.com. This tool is accessible via the MyBenefits website and helps you approximate the in-network and out-of-network fees<sup>2</sup> for dental services in your area.
- It is recommended that you request a pre-treatment estimate for more costly services (those over \$300), so you will know what your out-of-pocket costs will be. To receive a benefit estimate, have your dentist submit a request online at [www.metdental.com](http://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.metlife.com/mybenefits](http://www.metlife.com/mybenefits) for important tools and resources to help you become more informed about dental care. The site contains Periodontal Disease and Decay Risk Assessments and information on many oral health topics.

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. Out-of-network fee information is provided by go2dental.com, Inc., an industry source independent of MetLife. This site does not provide the benefit payment information used by MetLife when processing your claims. Prior to receiving services, pre-treatment estimates through your dentist will provide the most accurate fee and payment information.

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