

Dental Benefits from MetLife

Dental coverage designed for the real world.



MetLife®

Network Primary Dental
Plan Design for: Lubbock Cooper ISD
Effective Date: October 1

Choice, Service, Savings.

To help you enroll, this overview includes rate information and a Q&A so you can make the most informed decision possible.

Coverage Type:	In-Network ¹	Out-of-Network ¹
Type A – Preventive	100% of PDP Fee ²	100% of R&C Fee ⁴
Type B - Basic Restorative	80% of PDP Fee ²	80% of R&C Fee ⁴
Type C - Major Restorative	50% of PDP Fee ²	50% of R&C Fee ⁴
Type D - Orthodontia	50% of PDP Fee	50% of R&C Fee
Deductible³		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit:		
Per Person	\$1,000	\$1,000
Orthodontia Lifetime Max - Child Only \$1,000 per Person		
<p>¹ “In-Network Benefits” means benefits under this plan for covered dental services that are provided by a Participating PDP Provider. “Out-of-Network Benefits” means benefits under this plan for covered dental services that are not provided by a Participating PDP Provider.</p> <p>² PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full.</p> <p>³ Applies to Type B and C services only.</p> <p>⁴ Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:</p> <ul style="list-style-type: none"> • the dentist’s actual charge (the 'Actual Charge'), • the dentist’s usual charge for the same or similar services (the 'Usual Charge') or • the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards. 		

An Example of Savings When You Visit a Participating PDP Dentist

Take a look at an example* that shows how receiving services from a participating PDP dentist can save you money:

Your Dentist says you need a Crown, a Type C Service
PDP Fee: \$400.00 R&C Fee: \$600.00
Dentist’s Usual Fee: \$600.00

* Please note: this example assumes that your annual deductible has been met.

(IN-NETWORK)		(OUT-OF-NETWORK)	
When you receive care from a Participating PDP dentist...		When you receive care from a Non-Participating PDP dentist...	
The PDP Fee is:	\$400.00	Dentist's Usual Fee is:	\$600.00
Your Plan Pays:		Your Plan Pays:	
(50% x \$400 PDP Fee)	- \$200.00	(50% x \$600 R&C Fee)	- \$300.00
Your Out-of-Pocket Cost:	\$200.00	Your Out-of-Pocket Cost:	\$300.00

IMPORTANT RATE INFORMATION

Monthly (12 months) Premium Payment	
<u>Employee</u>	\$0.00
<u>Employee + 1 Dependent</u>	\$22.61
<u>Employee + 2 or More Dependents</u>	\$45.22

Cancellation/Termination of Benefits:

Coverage is provided under a group insurance policy (Policy form GPN99) issued by Metropolitan Life Insurance Company. In Pennsylvania, coverage is provided under a group insurance policy (Policy form G.2130P-S) issued by Metropolitan Life Insurance Company. Subject to the terms of the group policy, rates are effective for one year from your plan's effective date. Once coverage is issued, the terms of the group policy permit Metropolitan Life Insurance Company to change rates during the year in certain circumstances. Coverage terminates when your full-time employment ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder. The group policy may also terminate if participation requirements are not met, a dependent ceases to be a dependent or on the date of the employee's death, if the Policyholder fails to perform any obligations under the policy, or at MetLife's option. There is a 30-day limit for the following services that are in progress: Completion of a prosthetic device, crown or root canal therapy after individual termination of coverage.

IMPORTANT ENROLLMENT INFORMATION

Benefits Plan Effective Date: Please see the enclosed cover sheet for specifics on your Plan's effective date.

Important Enrollment Provisions:

You may only enroll for dental coverage when you become first eligible or if an open enrollment period is declared. Once your coverage is effective, if it is terminated for any reason, you may not elect to re-enroll at a later date. Metropolitan Life Insurance Company reserves the right not to issue coverage in certain circumstances.

Qualifying Event:

You may change coverage outside of an open enrollment only when you have a Qualifying Event, which changes your family status (e.g. marriage, divorce, the birth or adoption of a child, death of a dependent, etc.). You may enroll or change your enrollment option for coverage within 31 days of the above Qualifying Events. You must currently be enrolled in the Plan in order to be eligible for changes in your Personal Benefits due to a Qualifying Event.

Like most life insurance policies, MetLife group insurance policies contain certain exclusions, waiting periods, reductions and terms for keeping them in force. For costs and complete details of coverage, call or write your MetLife representative. In addition, a full description of your dental benefits will be provided in the certificate of insurance.

MetLife Preferred Dentist Program (PDP) Overview Frequently Asked Questions

How does the MetLife PDP work?

With a dental benefit plan featuring the MetLife PDP, you receive benefits whether or not you and/or each eligible dependent visit a participating PDP dentist. But, when you visit a participating PDP dentist, you have the opportunity to maximize your benefit plan with access to lower, out-of-pocket expenses. The MetLife PDP is a Preferred Provider Organization, wherein you choose a provider at the time of treatment. You do not have to pre-select a primary dentist nor do you need an ID card or referrals for specialty care.

What is a participating PDP dentist?

A general dentist or specialist who meets MetLife's strict credentialing standards and accepts negotiated fees as payment-in-full for services rendered. There are more than 94,000 participating dentist locations nationwide, including more than 21,000 specialist locations. So you should have no problem finding a participating PDP dentist near your home or workplace, while you're away on vacation, or while your covered dependents are away at college.

How do I find a Participating PDP dentist?

You can call the PDP automated Computer Voice Response line to obtain an up-to-date directory of participating dentists in your area. The system prompts you to enter your Social Security Number and a home or work ZIP code. A list of up to 205 participating dentists in the requested ZIP code is then mailed to your home the next business day. To receive your personalized directory, call 1-800-474-PDP1 (7371) Mon.-Fri. 6:00am to 11:00 pm ET or Saturday 7 am to 4:00 pm ET. You can also conduct online provider searches (with direction and mapping capabilities) via MetLife's Dental Internet site at www.metlife.com/dental.

Please Note: Be sure to verify provider participation when you make your appointment.

What is a negotiated fee?

A negotiated fee refers to the PDP fee schedule which participating dentists agree to accept as payment in full. The fee is typically 10% to 35% below average fees of dentists in your area. Your plan may reimburse you for all or part of the PDP fee. When you use a participating PDP dentist, you are responsible only for the difference between MetLife's benefit payment amount and the PDP fee.

Do I need an ID card?

No, you do not need to present an ID card to confirm that you're eligible. You should notify your dentist that you participate in MetLife's PDP. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

Do my dependents have to visit the same dentist that I select?

No, you and your dependents each have the freedom to choose any dentist.

My dentist does not participate in the PDP. Is there anything I can do to encourage my dentist to participate?

The MetLife PDP Network is continually expanding, and new providers may be added if they meet MetLife's credentialing standards. You may ask your dentist to complete a MetLife PDP nomination card or visit the dentist directory online at www.metlife.com/dental, and MetLife will send him or her information on how to apply for participation. The timing depends on how quickly MetLife receives the necessary information. Please note that there may be instances where a dentist chooses not to participate and others where MetLife does not accept the application under their stringent credentialing requirements.

Can I find out how much services will cost and obtain an estimate of what will be covered prior to treatment?

Yes, MetLife recommends that you have your dentist submit a request for a pre-treatment estimate for services in excess of \$300.00. This often applies to services such as: crowns, bridges, inlays, and periodontics. When your dentist suggests treatment, have him or her send an undated claim form, along with the proposed treatment plan, to MetLife. A pre-treatment estimate will be sent to you and the dentist detailing an estimate of what services Your Plan will cover and at what payment level.

How do I file a claim?

Claim forms are available from your human resources department or can be downloaded and printed out from MetLife's dental website at www.metlife.com/dental. Remember to bring one with you to your appointment. Complete the employee portion, and your dentist will assist you with the rest. You can use the same claim form whether or not your dentist is a participating PDP dentist. MetLife will mail you a concise explanation of benefits (EOB) statement after each claim submission. If you have a claim inquiry or benefit questions, please call MetLife's Dental Customer Service Department at 1-800-ASK - 4 - MET after your plan's effective date.

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

If I do not enroll during my initial enrollment period can I still purchase Dental Insurance at a later date?

Yes, employees who do not elect coverage during their 31-day application period may still elect coverage later. Dental coverage would be subject to the following waiting periods.

- 6 months on Basic Restorative (Fillings)
- 12 months on all other Basic Services
- 24 months on Major Services
- 24 months on Orthodontia Services (if applicable)

The MetLife[®] Preferred Dentist Program (PDP) Exclusions

The following expenses are not Covered Dental Expenses

x Services or Supplies...

- related to teeth lost before dental benefits began or for congenitally missing natural teeth;
- received by a covered person before the dental expense benefits start for that person;
- which are covered by any worker's compensation laws or occupational disease laws;
- which are covered by any employer's liability laws;
- which an employer is required by law to furnish in whole or in part;
- received through the medical department or similar facility which is maintained by the covered person's employer;
- received by a covered person for which no charge would have been made in the absence of dental expense benefits for that covered person;²
- for which a covered person is not required to pay;¹
- which are not necessary, according to generally accepted dental standards, or which are not recommended or approved by a dentist;
- which do not meet generally accepted dental standards, including experimental treatment;
- received as a result of dental disease, defect, or injury due to an act of war, or warlike act in time of peace, which occurs while the dental expense benefits for the covered person are in effect;
- which are provided by any other plan which the employer (or an affiliate) contributes to or sponsors.²

x Services not performed by a dentist except for those of a licensed dental hygienist which are supervised and billed by a dentist and which are for cleaning and scaling of teeth or fluoride treatments.

x Cosmetic surgery or supplies. However, any such surgery or supply will be covered if it otherwise is a covered dental expense; it is required for reconstructive surgery that is incidental to or follows surgery that results from a trauma, an infection or other disease of the involved part; or is required for re-constructive surgery because of a congenital disease or anomaly of a dependent child that has resulted in a functional defect.

x Replacement of a lost, missing or stolen crown, bridge or denture.

x Repair or replacement of an orthodontic appliance.

x Adjustment of a denture or a bridgework which is made within six months after it is installed by the same dentist who installed it.

x Any duplicate appliance or prosthetic device.

x Use of materials or home health aids, to prevent decay, such as toothpaste or fluoride gels, other than the topical application of fluorides.

x Instruction for oral care such as hygiene or diet.

x Periodontal splinting.

x Myofunctional therapy or correction of harmful habits.

x Charges by a dentist for completing dental forms.²

x Charges for broken appointments.³

x Temporary or provisional restorations.

x Temporary or provisional appliances.

x Sterilization supplies.³

x Services or supplies furnished by a family member.³

x Treatment of temporomandibular joint disorders.

x Myofunctional therapy or correction of harmful habits.

x Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.

In Maryland:

x Services or supplies furnished as a result of a Referral prohibited by Section 1-302 of the Maryland Health Occupations Article. A prohibited Referral is one in which a Health Care Practitioner:

a. refers a covered person to; or

b. directs an employee or a person under contract with the Health Care Practitioner to refer a covered person to a Health Care Entity in which:

a. the Health Care Practitioner; or

b. the Health Care Practitioner's immediate family; or

c. both own a Beneficial Interest or have a Compensation Agreement.

For the purposes of this provision, the terms "Referral," "Health Care Practitioner," "Health Care Entity," "Beneficial Interest," and "Compensation Agreement" have the same meaning as provided in Section 1-301 of the Maryland Health Occupations

¹ In policies situated in **MD**, these exclusions do not apply to Medicaid.

² Not applicable in **MD**.

³ Not applicable in **FL, MD, NJ** and **TN**.