

Dental Benefits from MetLife

Dental coverage designed for the real world.



MetLife

Plan Design for: Lancaster ISD Effective Date: October 1st, 2012

Choice, Service, Savings.

To help you enroll, the following pages outline your company's dental plan and address any questions you may have.

High Plan Benefit Highlights:

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	80% of R&C Fee
Type C - Major Restorative	50% of PDP Fee	50% of R&C Fee
Type D - Orthodontia	50% of PDP Fee	50% of R&C Fee

Low Plan Benefit Highlights:

Coverage Type	In-Network ¹	Out-of-Network ¹
Type A - Preventive	100% of PDP Fee ²	100% of R&C Fee ⁵
Type B - Basic Restorative	80% of PDP Fee	80% of R&C Fee
Type C - Major Restorative	0% of PDP Fee	0% of R&C Fee

Deductible	In-Network ^{3a}	Out-of-Network ^{3b}	Deductible	In-Network ^{3c}	Out-of-Network ^{3d}
Individual	\$50	\$50	Individual	\$50	\$50
Family	\$50	\$50	Family	\$50	\$50

Annual Maximum	In-Network	Out-of-Network	Annual Maximum	In-Network	Out-of-Network
Per Person	\$1,500	\$1,500	Per Person	\$750	\$750

Type D Maximum	In-Network	Out-of-Network	Type D Maximum	In-Network	Out-of-Network
Ortho Applies to Adult & Child Up to dependent age limit	\$1,000	\$1,000	Not Covered	N/A	N/A

TMJ	In-Network	Out-of-Network	TMJ	In-Network	Out-of-Network
Not Covered	N/A	N/A	Not Covered	N/A	N/A

¹ "In-Network Benefits" means benefits under this plan for covered dental services that are provided by a MetLife PDP Dentist. "Out-of-Network Benefits" means benefits under this plan for covered dental services that are not provided by a MetLife PDP Dentist.

² PDP Fee refers to the fees that MetLife PDP dentists have agreed to accept as payment in full.

^{3a} Applies to Type B and C services only. ^{3b} Applies to Type B and C services only. ^{3c} Applies to Type B and C services only. ^{3d} Applies to Type B and C services only.

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:

- 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'). For your plan, the Customary Charge is based on the 90th percentile. Services must be necessary in terms of generally accepted dental standards.

⁵ 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:

- The dentist's actual charge (the 'Actual Charge'),
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An Example of Savings When You Visit a MetLife PDP Dentist

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

High Plan Option:	
Your Dentist says you need a Crown, Type C Service * PDP Fee: \$200.00 R&C Fee: \$250.00 Dentist's Usual Fee: \$300.00	
*Please note: this example assumes that your annual deductible has been met.	
(IN-NETWORK) When you receive care from a MetLife PDP dentist...	(OUT-OF-NETWORK) When you receive care from a Non-Participating dentist...
The PDP Fee is: \$200.00 Your Plan Pays: (50% x \$200 PDP Fee) -\$100.00 Your Out-of-Pocket Cost: \$100.00	Dentist's Usual Fee is: \$300.00 Your Plan Pays: (50% x \$250 R&C Fee) -\$125.00 Your Out-of-Pocket Cost: \$175.00
In this example, YOU SAVE \$75.00 (\$175.00 minus \$100.00)... by using a MetLife PDP dentist! <i>Please note, this is only an example and may not match your plan design.</i>	

High Plan

Monthly (12 months) Premium Payment	
Employee	\$28.44
Employee + Spouse	\$59.79
Employee + Child(ren)	\$65.01
Employee + Spouse + Child(ren)	\$96.06

Low Plan

Monthly (12 months) Premium Payment	
Employee	\$18.55
Employee + Spouse	\$38.78
Employee + Child(ren)	\$42.54
Employee + Spouse + Child(ren)	\$62.78

MetLife Dual Option Dental - List of Covered Services & Limitations

High Plan: Standard Offering

Type A – Preventive

How Many/How Often

Topical Fluoride Applications	• 1 fluoride treatment in 12 months for dependent children up to 13th birthday.
Sealants	• 1 sealant per permanent 1st & 2nd non-restored non-decayed molar in 60 months of a dependent child up to 13th birthday.
Prophylaxis (Cleanings)	• 1 cleaning in 6 months.
Oral Examinations	• 1 oral exam in 6 months.
Full Mouth X-rays	• 1 full mouth X-ray in 5 years.
Bitewing X-rays	• Adult - 1 time in 12 months / Child - 1 time in 12 months up to 14th birthday.

Type B - Basic Restorative

How Many/How Often

Space Maintainers	• Space Maintainers for dependent children up to 19th birthday.
Periodontics	• Periodontal maintenance: 4 periodontal treatments in 1 year, includes 2 cleanings.
Oral Surgery: Simple Extractions	
General Anesthesia	• When dentally necessary in connection with oral surgery, extractions or other covered dental services.
Amalgam and Composite Fillings	• 1 in 24 months. Composite fillings covered on all teeth.
Crown, Denture and Bridge Repairs	• 1 per 12 Months.
Emergency Palliative Treatment	
Oral Surgery: Surgical Extractions	
Other Oral Surgery	

Type C - Major Restorative

How Many/How Often

Implants	• Services: 1 per tooth position in 10 years. Repairs: 1 per 84 months.
Crowns/Inlays/Onlays	• 1 replacement per 10 years.
Bridges	• 1 in 10 years.
Periodontics	• Periodontal scaling & root planing: 1 per quadrant in any 60 month period.
Periodontics	• Periodontal surgery: 1 per quadrant in any 60 month period.
Endodontics	• Root Canal treatment limited to 1 in 24 Months.
Dentures	• 1 in 10 years.
Consultations	• 1 per 12 months
Harmful Habits Appliances	
Prefabricated Stainless Steel & Resin	• 1 replacement per 10 years
Crowns	
Bruxism Appliances	

Type D - Orthodontia

- Dependent children are covered until the end of the month of their 19th birthday or until their 23rd birthday if unmarried, full-time students. Age limitations may vary by state.
- All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia.
- Payments are on a repetitive basis.
- Benefit for initial placement of the appliance will be made representing 20% of the total benefit.
- Orthodontic benefits end at cancellation of coverage.

* Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plans reimbursement for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents many services within each category, but is not a complete description of the Plan. Please see your Plan description for complete details. In the event of a conflict with this summary, the terms of the certificate will govern.

Like most group dental insurance policies, MetLife group policies contain certain exclusions, limitations and waiting periods and terms for keeping them in force. Please contact MetLife for details.

MetLife Dual Option Dental - List of Covered Services & Limitations

Low Plan: – Standard Offering

Type A – Preventive

How Many/How Often:

Oral Examinations Full Mouth X-rays Bitewing X-rays Prophylaxis (Cleanings) Topical Fluoride Applications Sealants	<ul style="list-style-type: none"> • 1 oral exam in 6 months. • 1 full mouth X-ray in 5 years. • Adult - 1 time in 12 months / Child - 1 time in 12 months up to 14th birthday. • 1 cleaning in 6 months. • 1 fluoride treatment in 12 months for dependent children up to 13th birthday. • 1 sealant per permanent 1st & 2nd non-restored non-decayed molar in 60 months of a dependent child up to 13th birthday.
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Type B - Basic Restorative

How Many/How Often:

Space Maintainers Crown, Denture and Bridge Repairs Periodontics General Anesthesia Oral Surgery: Simple Extractions Amalgam and Composite Fillings Emergency Palliative Treatment Oral Surgery: Surgical Extractions Other Oral Surgery	<ul style="list-style-type: none"> • Space Maintainers for dependent children up to 19th birthday. • 1 per 12 Months. • Periodontal maintenance: 4 periodontal treatments in 1 year, includes 2 cleanings. • When dentally necessary in connection with oral surgery, extractions or other covered dental services. • 1 in 24 months. Composite fillings covered on all teeth.
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Type C - Major Restorative

How Many/How Often:

Type C Services Not Covered

* Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plans reimbursement for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents many services within each category, but is not a complete description of the Plan. Please see your Plan description for complete details. In the event of a conflict with this summary, the terms of the certificate will govern.

Like most group dental insurance policies, MetLife group policies contain certain exclusions, limitations and waiting periods and terms for keeping them in force. Please contact MetLife for details.

We will not pay Dental Insurance benefits for charges incurred for:

1. Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which We deem experimental in nature;
 2. Services for which You would not be required to pay in the absence of Dental Insurance;
 3. Services or supplies received by You or Your Dependent before the Dental Insurance starts for that person;
 4. Services which are primarily cosmetic (For residents of Texas, see notice page section in your certificate).
 5. Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
 - scaling and polishing of teeth; or
 - fluoride treatments.
- For NY Sitused Groups, this exclusion does not apply.**
6. Services or appliances which restore or alter occlusion or vertical dimension.
 7. Restoration of tooth structure damaged by attrition, abrasion or erosion.
 8. Restorations or appliances used for the purpose of periodontal splinting.
 9. Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
 10. Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.
 11. Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work.
 12. Missed appointments.
 13. Services
 - covered under any workers' compensation or occupational disease law;
 - covered under any employer liability law;
 - for which the employer of the person receiving such services is not required to pay; or
 - received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
- For North Carolina and Virginia Sitused Groups, this exclusion does not apply.**
14. Services paid under any worker's compensation, occupational disease or employer liability law as follows:
 - for persons who are covered in North Carolina for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' compensation Act;
 - or for persons who are not covered in North Carolina, services paid or payable under any workers compensation or occupational disease law.
- This exclusion only applies for North Carolina Sitused Groups.**
15. Services:
 - for which the employer of the person receiving such services is not required to pay; or
 - received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
- This exclusion only applies for North Carolina Sitused Groups.**
16. Services covered under any workers' compensation, occupational disease or employer liability law for which the employee/or Dependent received benefits under that law.
- This exclusion only applies for Virginia Sitused Groups.**
17. Services:
 - for which the employer of the person receiving such services is not required to pay; or
 - received at a facility maintained by the policyholder, labor union, mutual benefit association, or VA hospital.
- This exclusion only applies for Virginia Sitused Groups.**
18. Services covered under other coverage provided by the Employer.
 19. Temporary or provisional restorations.
 20. Temporary or provisional appliances.
 21. Prescription drugs.
 22. Services for which the submitted documentation indicates a poor prognosis.
 23. Services, to the extent such services, or benefits for such services, are available under a Government Plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Dental Insurance under the Group Policy be paid first.

Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government.

The term does not include:

- any plan, program or coverage provided by a government as an employer; or
- Medicare (**For Oregon, Maryland or Missouri Sitused Groups, this exclusion does not apply.**)
- Medicaid (**This exclusion only applies for Oregon, Maryland or Missouri Sitused Groups**)

24. The following when charged by the Dentist on a separate basis:

- claim form completion;
- infection control such as gloves, masks, and sterilization of supplies; or
- local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.

25. Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food.

For NY Sitused Groups, this exclusion does not apply.

26. Caries susceptibility tests.

27. Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.

28. Other fixed Denture prosthetic services not described elsewhere in this certificate.

29. Precision attachments, except when the precision attachment is related to implant prosthetics.

30. Initial installation or replacement of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.

31. Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.

32. Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it.

33. Implants to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.

34. Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.

35. Fixed and removable appliances for correction of harmful habits.¹

36. Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.¹

37. Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of Minnesota.¹

38. Orthodontic services or appliances.¹

39. Repair or replacement of an orthodontic device.¹

40. Duplicate prosthetic devices or appliances.

41. Replacement of a lost or stolen appliance, Cast Restoration, or Denture.

42. Intra and extraoral photographic images.

43. 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 refers You to a Health Care Entity in which the Health Care Practitioner or Health Care Practitioner's immediate family or both own a Beneficial Interest or have a Compensation Agreement. For the purposes of this exclusion, 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 Article.

This exclusion only applies for Maryland Sitused Groups

¹ Some of these exclusions may not apply. Please see your plan design and certificate for details.

Like most group dental insurance policies, MetLife group insurance policies contain certain exclusions, waiting periods, reductions and terms for keeping them in force. Please contact MetLife for details.

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, out-of-pocket expenses will generally be lower. 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 MetLife PDP dentist?

A general dentist or specialist who meets MetLife's strict credentialing standards and agrees to accept negotiated fees as payment-in-full for services rendered. There are over 110,000 participating dentist locations nationwide, including more than 26,000 specialist locations. This makes it easier to find 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 MetLife 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. 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 www.metlife.com/dental.

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

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 MetLife will cover and at what payment level.

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 MetLife PDP dentist, you are responsible only for the difference between MetLife's benefit payment amount and the PDP fee.

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.

- No waiting period on Preventive Services
- 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)

How do I file a claim?

Claim forms may be 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. 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

Can I switch between the low and high plans?

Yes. At policy anniversary participating employees have the option to change their coverage between high and low plan options.