

## Dental Plan Benefits 2022

*For the savings you need, the flexibility you want and service you can trust.*



### Network: PDP Benefit Summary

Plan Option 1 Basic Plan			Plan Option 2 Standard Plan		
Coverage Type	In-Network	Out-of-Network	Coverage Type	In-Network	Out-of-Network
Type A – cleanings, oral examinations	75% of Negotiated Fee*	75% of R&C Fee**	Type A – cleanings, oral examinations	100% of Negotiated Fee*	100% of R&C Fee**
Type B – fillings, extractions, periodontal	75% of Negotiated Fee*	75% of R&C Fee**	Type B – fillings, extractions, periodontal	80% of Negotiated Fee*	80% of R&C Fee**
Type C –oral Surgery, crowns, bridges, and dentures	50% of Negotiated Fee*	50% of R&C Fee**	Type C –oral surgery, crowns, bridges, dentures and implants	50% of Negotiated Fee*	50% of R&C Fee**
Type D – orthodontia	50% of Negotiated Fee*	50% of R&C Fee**	Type D – orthodontia	50% of Negotiated Fee*	50% of R&C Fee**
Deductible†	In-Network	Out-of-Network	Deductible†	In-Network	Out-of-Network
Individual	\$50	\$50	Individual	\$50	\$50
Annual Maximum Benefit	In-Network	Out-of-Network	Annual Maximum Benefit	In-Network	Out-of-Network
Per Person	\$1,500	\$1,500	Per Person	\$2,000	\$2,000
Orthodontia Lifetime Maximum	In-Network	Out-of-Network	Orthodontia Lifetime Maximum	In-Network	Out-of-Network
Per Person	\$1,000	\$1,000	Per Person	\$1,000	\$1,000
<p>*Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated Fee fees are subject to change.</p> <p>**R&amp;C Fee refers to the Reasonable and Customary (R&amp;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.</p> <p>† Applies only to Type B &amp; C Services.</p>			<p>*Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated Fee fees are subject to change.</p> <p>**R&amp;C Fee refers to the Reasonable and Customary (R&amp;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.</p> <p>† Applies only to Type B &amp; C Services.</p>		

## List of Primary Covered Services & Limitations

Plan Option 1 Basic Plan		Plan Option 2 Standard Plan	
Type A – Preventive	How Many/How Often	Type A – Preventive	How Many/How Often:
Prophylaxis (cleanings)	• One in 6 months	Prophylaxis (cleanings)	• One in 6 months
Oral Examinations	• One in 6 months	Oral Examinations	• One in 6 months
Topical Fluoride Applications	• One fluoride treatment per calendar year for dependent children up to 19 <sup>th</sup> birthday.	Topical Fluoride Applications	• One fluoride treatment per calendar year for dependent children up to 19 <sup>th</sup> birthday.
X-rays	• Full mouth X-rays: one per 60 months. • Bitewing X-rays: One per year	X-rays	• Full mouth X-rays: one per 60 months. • Bitewing X-rays: One per year
Space Maintainers	• Space Maintainers for dependent children up to 14 <sup>th</sup> birthday.	Space Maintainers	• Space Maintainers for dependent children up to 14 <sup>th</sup> birthday.
Sealants	• One application of sealant material every 60 months for each non-restored, non-decayed 1 <sup>st</sup> and 2 <sup>nd</sup> molar of a dependent child up to 19 <sup>th</sup> birthday.	Sealants	• One application of sealant material every 60 months for each non-restored, non-decayed 1 <sup>st</sup> and 2 <sup>nd</sup> molar of a dependent child up to 19 <sup>th</sup> birthday.
Type B - Basic Restorative	How Many/How Often	Type B - Basic Restorative	How Many/How Often
Fillings	• No limitation	Fillings	• No limitation
Simple Extractions	• No limitation	Simple Extractions	• No limitation
Crown, Denture, and Bridge Repair/Recementations	• No limitation	Crown, Denture, and Bridge Repair / Recementations	• No limitation
Endodontics	• No limitation	Endodontics	• No limitation
General Anesthesia	• When dentally necessary in connection with oral surgery, extractions or other covered dental services.	General Anesthesia	• When dentally necessary in connection with oral surgery, extractions or other covered dental services.
Periodontics	• Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year.	Periodontics	• Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year.
Type C - Major Restorative	How Many/How Often	Type C - Major Restorative	How Many/How Often
Oral Surgery	• No limitation	Oral Surgery	• No limitation
Implants	• Not Covered	Implants	• Replacement: once every 7 years
Bridges and Dentures	• Initial placement to replace one or more natural teeth, which are lost while covered by the Plan. • Dentures and bridgework replacement: one every 7 years. • Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed.	Bridges and Dentures	• Initial placement to replace one or more natural teeth, which are lost while covered by the Plan. • Dentures and bridgework replacement: one every 7 years. • Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed.
Crowns/Inlays/Onlays	• Replacement: once every 7 years.	Crowns/Inlays/Onlays	• Replacement: once every 7 years.
Type D – Orthodontia	How Many/How Often	Type D – Orthodontia	How Many/How Often
	• Your Children, up to age 26, are covered while Dental Insurance is in effect. • All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia. • Payments are on a repetitive basis. • 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the Plan Summary. • Orthodontic benefits end at cancellation of coverage.		• You, Your Spouse, and Your Children, up to age 26, are covered while Dental Insurance is in effect. • All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia. • Payments are on a repetitive basis. • 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the Plan Summary. • Orthodontic benefits end at cancellation of coverage.

The service categories and plan limitations shown above represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.

**Alternate Benefits:** Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement, and the associated procedure charge, on the least costly treatment alternative. If you and your dentist have agreed on a treatment which is more costly than the treatment upon which the plan benefit is based, your actual out-of-pocket expense will be: the procedure charge for the treatment upon which the plan benefit is based, plus the full difference in cost between the Negotiated Fee or, for out-of-network care, the actual charge, for the service rendered and the Negotiated Fee or R&C fee (if out-of-network care) for the service upon which the plan benefit is based. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment 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. Procedure charge schedules are subject to change each plan year. You can obtain an updated procedure charge schedule for your area via fax by calling 1-800-942-0854 and using the MetLife Dental Automated Information Service.

**Cancellation/Termination of Benefits:** Coverage is provided under a group insurance policy (Policy form GPNP99 / G.2130-S) issued by MetLife. Coverage terminates when your membership ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

Like most group benefit 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.

This dental benefits plan is made available through a self-funded arrangement. MetLife administers this dental benefits plan, but has not provided insurance to fund benefits.