

MetLife® Preferred Dentist Program Benefit Summary

Coverage Type:	<u>In-Network</u>	<u>Out-of-Network</u>
Type A – Preventive	100% of PDP Fee*	100%
Type B - Basic Restorative	100% of PDP Fee*	100%
Type C - Major Restorative	60% of PDP Fee*	60%
Type D- Orthodontia	60% of PDP Fee*	60%

Deductible***	<u>In-Network</u>	<u>Out-of-Network</u>
Individual	\$50	\$50
Family	\$150	\$150

Annual Maximum Benefit:	<u>In-Network</u>	<u>Out-of-Network</u>
Per Person	\$1,500	\$1,500

Orthodontia Lifetime Maximum:	<u>In-Network</u>	<u>Out-of-Network</u>
Per Person	\$1,500	\$1,500

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

*** Applies only to Type B & C Services.

An Example of Savings When You Visit a Participating PDP Dentist

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

Your Dentist says you need a Crown, a Type C service:

PDP Fee: \$375.00

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:	\$375.00	Dentist's Usual Fee is:	\$600.00
Your Plan Pays:		Your Plan Pays:	
(60% x \$375 PDP Fee)	- \$225.00	(60% x \$600 Fee)	- \$360.00
Your Out-of-Pocket Cost:	\$150.00	Your Out-of-Pocket Cost:	\$240.00

**In this example, YOU SAVE \$90.00 (240.00 minus \$150.00)...
by using a participating PDP dentist!**

We strongly encourage you to consider using a participating PDP Dentist in order to get the maximum value from your plan. There is additional information in this package concerning participating PDP dentists.

MetLife® Preferred Dentist Program (PDP)

List of Primary Covered Services & Limitations

Type A - Preventive

Prophylaxis (cleanings)
 Oral Examinations
 Topical Fluoride Applications
 X-rays
 Space Maintainers

How Many/How Often:

- Two cleanings each benefit period.
- Two examinations every benefit period.
- Two fluoride treatment per benefit period for dependent children up to 19th birthday.
- Limited to one full mouth X-ray series and additional bitewing X-rays every twelve months.
- Space Maintainers are only available to dependent children under age 19 and not when part of orthodontic treatment

Type B – Basic Restorative

Fillings
 Simple Extractions
 Endodontics
 General Anesthesia
 Oral Surgery
 Periodontics

How Many/How Often:

- When Medically Necessary and administered with a covered dental procedure.
- Gingivectomy and gingivoplasty; gingival curettage; periodontal scaling and root planing, Osseous Surgery, and Mucogingival Surgery are limited to one full mouth treatment per benefit period.
- Total number of periodontal maintenance treatments and prophylaxis are limited to four treatments within in the benefit period. In addition, you must have received periodontal therapy before benefits for these procedures will be provided.

Type C – Major Restorative

Bridges and Dentures

How Many/How Often:

- Once benefits are received for a crown, inlay, only, bridge or denture, replacements are not covered until 5 years have elapsed
- Benefits are not available for the replacement of a bridge or denture which could have been made serviceable.
- Denture Adjustments, Rebasing and Relining- During the first six months after obtaining dentures or having them relined, adjustments are covered only if they are done by someone other than the Dentist or his in-office associates who provided or relined the dentures.

Crowns/Inlays/Onlays

Type D- Orthodontia

- Benefits are available for Dependent children under the age 19 and will end on their birthday.
- 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.

How Many/How Often:

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan. A summary plan description will be made available following your plan's effective date, and will govern if any discrepancies exist between this overview and the actual summary plan description.

Employee Name:
 Social Security #:

Group Name: SWCCCASE
 Group Number: 303341

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 Social Security #:

Group Name: SWCCCASE
 Group Number: 303341

The MetLife® Preferred Dentist Program (PDP) Gives You:

Multiple self-servicing channels to get the information you need when you need it.

Visit us online anytime at www.metlife.com/mybenefits to:

- Locate a participating dentist online or over the phone.
- Verify your eligibility and download a copy of your plan design.
- View a list of your covered dependents and have quick links to their coverage description, so you know what procedures are covered before going to your dentist.
- Get real-time benefit estimates in your dentist's office.
- Get treatment faster because your dentist can submit your claim form electronically.
- Access pending claim status or review claim history online or over the phone.
- Track claims online and receive email alerts when a claim has been processed.

Or call us at 1-800-942-0854.

4 Easy Steps to Optimize Your Dental Benefit

1. Consider using one of more than 67,000 participating PDP dentists to realize even greater savings on your out-of-pocket expenses.
2. Avoid surprises by asking your dentist to submit a pre-treatment estimate. *While you wait*, your dentist can get a real-time pre-treatment estimate online or over the phone in minutes detailing what your plan will cover and at what payment level.
3. Take advantage of your plan's preventive care benefit (Type A) to help avoid more costly procedures later.
4. Keep the plan overview for future reference and provide a copy to your dentist when you visit.

"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."

MetLife®

Metropolitan Life Insurance Company, NY, NY 10166
L0405LA80(exp0506)MLIC-LD

Mail completed claim forms to:

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

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P.O. Box 981282
El Paso, TX 79998-1282

Call 1-800-942-0854:

- Monday- Friday, 6 a.m. to 11 p.m., Saturday, 6 a.m. to 4 p.m., Eastern time, to confirm eligibility, order claim forms or request dentist directories
- Monday-Friday, 8 a.m. to 11 p.m., Eastern time, to speak with a live customer service representative

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