

# MetLife PPO Dental Plan

Employees and eligible family members who elect dental coverage are enrolled in MetLife's PPO dental plan. Dental services are billed differently than medical services. Each dental procedure has a separate code and payment, unlike medical where one copayment is typically due per visit. Multiple procedures usually occur during a standard dental appointment. It's always advisable to request a pre-treatment estimate for dental services whenever possible so that you know exactly what a course of treatment will cost.

You can access the list of MetLife dental providers on their website, [www.metlife.com/dental](http://www.metlife.com/dental). The level of coverage is the same whether you choose an in network or out of network provider. However, your out-of-pocket costs may be higher with an out of network provider as they may bill you for any costs in excess of the reimbursement amount MetLife has negotiated with their network providers.

**Please note: MetLife does not send out dental ID cards; your user ID is your social security number, and you can find a list of providers on the MetLife website or by calling customer service at 1-800-942-0854.**

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| Annual Deductible   | \$50 per member (\$150 family max)            |
| Preventive Services   | Covered 100% (deductible does not apply)      |
| Basic Services (ex. extractions, fillings, endodontic treatment)                      | Covered 80% after deductible                  |
| Major Services (ex. porcelain crown, fixed or removable appliances, partial dentures) | Covered 50% after deductible                  |
| Orthodontic Services (Adults and Children)  | Covered 50% (\$1,000 Lifetime Max per member) |
| Annual Benefit Maximum (Excluding Orthodontic Services)                               | \$1,000 per member                            |

## **PPO Dental Plan: Description of Covered Services**

### **Type A Covered Services - Preventive**

Oral exams twice in a year.

Full mouth or panoramic X-rays once every three years.

Bitewing X-rays two sets in a year.

Intraoral-periapical and extraoral X-rays.

Pulp vitality and bacteriological studies for determination of bacteriologic agents.

Diagnostic casts.

Cleaning of teeth (oral prophylaxis) twice in a year.

Emergency palliative treatment to relieve tooth pain.

Topical fluoride treatment for a child under age 19, once in a year.

Space maintainers for a child under age 19.

Sealants for a child under age 14, which are applied to non-restored, non-decayed first and second molars, once per tooth every three years.

Periodontal maintenance where periodontal treatment (including scaling, root planing, and periodontal surgery, such as osseous surgery) has been performed.

### **Type B Covered Services - Basic**

Amalgam or resin fillings.

Sedative fillings.

Oral surgery except as mentioned elsewhere in this Certificate.

Consultations, but not more than twice in a 12-month period.

Root canal treatment.

Periodontal scaling and root planing.

Periodontal surgery, including gingivectomy, gingivoplasty, gingival curettage, and osseous surgery.

Simple extractions.

Surgical extractions.

Pulp capping (excluding final restoration) and therapeutic pulpotomy (excluding final restoration).

Pulp therapy and apexification/recalcification.

Local chemotherapeutic agents.

General anesthesia or intravenous sedation in connection with oral surgery, extractions, or other covered services, when MetLife determines such anesthesia is necessary in accordance with generally accepted dental standards.

Injections of therapeutic drugs.

Relinings and rebasings of existing removable dentures:

- If at least six months have passed since the installation of the existing removable denture; and
- Not more than once in any 36-month period.
  - Re-cementing of cast restorations or dentures.
  - Adjustments of dentures, if at least six months have passed since the installation of the denture.
  - Other removable prosthetic services not described elsewhere.
  - Tissue conditioning, but not more than once in a 36-month period.
  - Simple repairs of cast restorations or dentures.

Prefabricated stainless steel crown or prefabricated resin crown, but no more than one replacement for the same tooth surface within five years.

Application of desensitizing medications where periodontal treatment (including scaling, root planing, and periodontal surgery such as osseous surgery) has been performed.

Occlusal adjustments.

### **Type C Covered Services - Major**

Initial installation of full or removable dentures:

- When needed to replace congenitally missing teeth; or
- When needed to replace natural teeth that are lost while the person receiving such benefits was insured for dental insurance under this Certificate.

Addition of teeth to a partial removable denture to replace natural teeth removed while this dental insurance was in effect for the person receiving such services.

Replacement of a non-serviceable denture if such denture was installed more than five years prior to replacement.

Replacement of an immediate, temporary full denture with a permanent full denture if the immediate, temporary full denture cannot be made permanent and such replacement is done within 12 months of the installation of the immediate, temporary full denture.

Other fixed denture prosthetic services not described elsewhere.

Initial installation of cast restorations.

Replacement of any cast restoration with the same or a different type of cast restoration but no more than one replacement for the same tooth surface within five years of a prior replacement.

Core buildup, but no more than once per tooth in a period of five years.

Posts and cores, but no more than once per tooth in a period of five years.

Fixed and removable appliances for correction of harmful habits.

Implants but no more than once for the same tooth position in a 60-month period.

Repair of implants, but not more than once in a 12-month period.

Implant supported prosthetics but no more than once for the same tooth position in a five-year period.

Labial veneers, but no more than once per tooth in a period of five years.

### **Orthodontic Covered Services**

Orthodontia, if the orthodontic appliance is initially installed while dental coverage is in effect for you, your spouse, and your children up to age 19 or age 25 if a full-time student. There is a lifetime orthodontic benefit maximum of \$1,000.