2017 MetLife Gold
Dental PPO Schedule of Benefits

Savings, flexibility and service for healthier smiles.

MetLife

Coverage Type	In network	Out of Network
Type A – Preventive Care (For example, cleanings, oral examinations and sealants)	100% of the negotiated fee* *Not subject to deductible.*	100% of the R&C fee** *Not subject to deductible.*
Type B – Basic Restorative (For example, fillings and other standard dental procedures)	80% of the negotiated fee*†	80% of the R&C fee**†
Type C – Major Restorative (For example, crowns, bridges and dentures and other complex procedures)	80% of the negotiated fee*†	80% of the R&C fee**†
Type D – Orthodontia (Braces)	50% of the negotiated fee* *Not subject to deductible.*	50% of the R&C fee** *Not subject to deductible.*
Deductible†:	**In Network**	**Out of Network**
Individual	$50.00	$50.00
Family	$150.00	$150.00
Annual Maximum Benefit:	**In Network**	**Out of Network**
Per Person for a plan year	$2,000.00	$2,000.00
Orthodontia Lifetime Maximum:	**In Network**	**Out of Network**
Per Person	$2,000.00	$2,000.00

* Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

** R&C fee refers to the Reasonable and Customary (R&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.

† The Deductible applies to type B and C services. The Deductible must be met before benefits are paid.

List of Primary Covered Services and Limitations

Type A – Preventive Care	**How Many/How Often:**
Prophylaxis (cleanings)	• Two per plan year
Oral examinations	• Two exams per plan year
Topical fluoride applications	• One fluoride treatment per plan year for dependent children up to 14th birthday
X-rays	• Full mouth & Panoramic X-rays: One every 5 years combined • Bitewing X-rays: One set per plan year for adults and dependent children
Space maintainers	• One space maintainer per lifetime per area for dependent children up to 16th birthday
Sealants	• Limited to first and second permanent molars; one treatment per tooth every three years for dependent children up to the 14th birthday
Type B - Basic Restorative	**How Many/How Often:**
Fillings	• Amalgam and resin-composite fillings - one per tooth surface every 24 months
Simple extractions, surgical extractions	• Not subject to frequency or age limits
Endodontics	• Root canal treatment limited to once per tooth per lifetime • Retreatments limited to once per lifetime
Periodontal services	• Periodontal scaling and root planing once per quadrant, or area, every 24 months • Periodontal surgery once per quadrant, or area every 36 months • Periodontal maintenance treatments: 2 per plan year
Debridement	• Once per lifetime
General Anesthesia & IV Sedation	• When dentally necessary in connection with oral surgery, extractions or other covered dental services
Type C - Major Restorative	**How Many/How Often:**
Dentures, bridges, recementation	• Denture - complete/partial/overdenture are eligible for replacement once every five years. • Denture adjustments and rebases/relines are eligible for benefits if performed more than six months after installation; adjustments are limited to one every 12 months and rebases/relines are limited to one every 36 months. • Fixed bridges are eligible for replacement once every five years. • Recementation is available once every 12 months.

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.

List of Primary Covered Services and Limitations – continued

Crowns/inlays/onlays	• Recementation is available once every 12 months. • Crowns (including pre-fabricated) are eligible for replacement once every seven years • Inlays/Onlays are eligible for replacement once every five years
Implants	• One every five years • Implant service repairs are limited to one every 12 months. • Replacement of implant supported prosthetics limited to one every 5 years.
Occlusal Guards	• Occlusal guards are eligible for replacement once every 24 months

Type D – Orthodontia	**How Many/How Often:**
	• Adults and Dependent children are covered while Dental Insurance is in effect. • All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia. • Benefits are paid quarterly. • 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 of Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.

Common Questions… Important Answers

Who is a participating dentist? A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees typically range from 15-45% below the average fees charged in a dentist's community for the same or substantially similar services.*

* Based on internal analysis by MetLife. Negotiated fees are subject to change.

How do I find a participating dentist? More than 70% of dental offices in the United States are in the PDP Plus network — so you are sure to find one who meets your needs.* Prior to enrollment, you can find a list of participating dentists at www.metlife.com\aonhewitt. After enrollment, you can visit either www.metlife.com/mybenefits or www.metlife.com/dental. You can also call 1-888-309-5526.

*Based on MetLife claims data.

What services are covered under the plan? All services defined under your group dental benefits plan are covered.

May I choose a non-participating dentist? Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist, your out-of-pocket costs may be higher. He or she hasn't agreed to accept negotiated fees. So you may be responsible for any difference in cost between the dentist's fee and your plan's benefit payment.

Can my dentist apply for participation in the network? Yes. If your current dentist does not participate in the network and you would like to encourage him or her to apply, ask your dentist to visit www.metdental.com, or call 1-866-PDP-NTWK for an application.* The website and phone number are for use by dental professionals only.

* Due to contractual requirements, MetLife is prevented from soliciting certain providers.

How are claims processed? Dentists may submit your claims for you, which means you have little or no paperwork. You can track your claims online, and even receive e-mail alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/mybenefits or www.metlife.com/dental or call 1-888-309-5526.

Can I find out what my out-of-pocket expenses will be before receiving a service?
Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of $300. Simply have your dentist submit a request online at www.metdental.com or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

How can I learn about what dentists in my area charge for different procedures? Once you are enrolled, you can access the Dental Procedure Fee Tool through MyBenefits, your secure member website. You can use the tool to look up average in- and out-of-network fees for dental services in your area.* You'll find fees for services such as exams, cleanings, fillings, crowns, and more. Just log in at www.metlife.com/mybenefits.

* The Dental Procedure Fee Tool application is provided by Verifpoint, an independent vendor. This tool does not provide the payment information used by MetLife when processing your claims. Prior to receiving services, pretreatment estimates through your dentist will provide the most accurate fee and payment information.

Exclusions

This plan does not cover the following services, treatments and supplies:

- 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;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate)
- 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;
- Services or appliances which restore or alter occlusion or vertical dimension;
- 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;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- 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;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- 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;
- Caries susceptibility tests;
- 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;
- Other fixed Denture prosthetic services not described elsewhere in the certificate;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- 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;
- 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;
- Fixed and removable appliances for correction of harmful habits;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders and cone beam imaging associated with the treatment of temporomandibular joint disorders; not applicable to plans sitused in Minnesota;
- Repair or replacement of an orthodontic device;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images.

The metallic names of the group plans offered have no connection to similar terms used to describe benefit offerings in any public state exchange or the federal health insurance marketplace.