

Dental Benefits

Savings, flexibility and service. For healthier smiles.



MetLife

Overview of Benefits for: LAKEWOOD BOARD OF EDUCATION

Date Prepared: 08-19-2016

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver affordable protection for a healthier smile and a healthier you.

Coverage Type	In-Network: % of Negotiated Fee	Out-of-Network: % of R&C Fee ¹
Type A	100%	100%
Type B	85%	85%
Type C	50%	50%
Orthodontia	50%	50%
Deductible: Individual/Family*	\$25 (Type B & C)	\$25 (Type B & C)
Annual Maximum Benefit: Per Individual	\$2000	\$2000
Orthodontia Lifetime Maximum: Per Individual	\$1500	\$1500
Ortho applies to Adult and Child (Up to dependent age limit)		

Understanding Your Dental Benefits Plan

The Preferred Dentist Program is designed to provide the dental coverage you need with the features you want. Like the freedom to visit the dentist of your choice —in or out of the network.

- Plan benefits for in-network services are based on the percentage of the negotiated fee — the fee that participating dentists have agreed to accept as payment in full for covered services
- Plan benefits for out-of-network services are based on a percentage of the Reasonable and Customary (R&C) charge. If you choose a dentist who does not participate in the network, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist's fee and your plan's payment for the approved service.

Take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating PDP dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits online

If you are not already registered, just go to www.metlife.com/mybenefits and follow the easy registration instructions.

Certain plan benefits are based on a percentage of the negotiated fee. This is the amount that participating dentists have agreed to accept as payment in full. If your plan benefits are based on a percentage of the Reasonable and Customary (R&C) charges, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist's fee and your plan's payment for the approved service.

* If you are enrolled for dependent coverage, a maximum family deductible may apply.

Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.

Selected Covered Services and Frequency Limitations*

Type A	
• Oral Examinations	3 in 1 year.
• Cleanings	3 in 1 year.
• Fluoride	Children to age 19 / 2 in 1 year.
• Bitewing X-rays	Adult - 2 in 1 year / Children - 2 in 1 year.
• Full Mouth X-rays	1 in 12 months.
• Space Maintainers	
• Sealants (1st & 2nd permanent molars)	1 per tooth in 3 years of a dependent child up to 16 th birthday.
Type B	
• Periodontal Maintenance	4 in 1 year less the number of teeth cleanings.
• Emergency Palliative Treatment	
• Crowns	1 in 5 years.
• Periodontal Root Planing & Scaling	1 per quadrant in any 24 months period.
• Periodontal Surgery	1 in 36 months.
• Amalgam & Composite Fillings	1 per surface in 24 months.
• Simple Extractions	
• Root Canal	1 in 24 months.
• Surgical Extractions	
• Deep Sedation/General Anesthesia	each 15 minutes
• Repairs (Crowns)	1 in 24 months.
• Bruxism Appliances	
Type C	
• Dentures	1 in 5 years.
• Bridges	1 in 5 years.
• Implants	1 in 5 years.
Orthodontia	
<ul style="list-style-type: none"> Dependent children are covered up to their 23rd birthday. All procedures performed in connection with orthodontic treatment are payable as Orthodontia. Payments are on a repetitive basis. Benefits for the initial placement will not exceed 20% of the Lifetime Maximum Benefit Amount for Orthodontia. Periodic follow-up visits will be payable on a monthly basis during the scheduled course of the orthodontic treatment. Allowable expenses for the initial placement, periodic follow-up visits and procedures performed in connection with the orthodontic treatment, are all subject to the Orthodontia coinsurance level and Lifetime Maximum Benefit Amount as defined in the Plan Summary. Orthodontic benefits end at cancellation of coverage. 	

The service categories and plan limitations shown in this document represent an overview of your plan benefits, but are not a complete description of the plan. Before making any purchase or enrollment decision you should review the certificate of insurance which is available through MetLife or your employer. In the event of a conflict between this overview and your certificate of insurance, your certificate of insurance governs. Like most group dental insurance policies, MetLife group policies contain certain exclusions, limitations and waiting periods and terms for keeping them in force. The certificate of insurance sets forth all plan terms and provisions, including all exclusions and limitations.

***Alternate Benefits:** Your dental plan provides that if there are two or more professionally acceptable dental treatment alternatives for a dental condition, your plan bases reimbursement, and the associated procedure charge, on the least costly treatment alternative. If you receive a more costly treatment alternative, your dentist may charge you or your dependent for the difference between the cost of the service that was performed and the least costly treatment alternative.