

# Dental Benefits

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



**MetLife**

Plan Design for: INTRAEDGE, INC.

Original Plan Effective Date: 11/01/2009

**Choice, Service, Savings.**

To help you enroll, the following pages outline your company's dental plan and address any questions you may have.

Coverage Type	In-Network <sup>1</sup>	Out-of-Network <sup>1</sup>
Type A - Preventive	100% of PDP Fee <sup>2</sup>	80% of PDP Fee <sup>2</sup>
Type B - Basic Restorative	80% of PDP Fee	60% of PDP Fee
Type C - Major Restorative	50% of PDP Fee	40% of PDP Fee
Type D - Orthodontia	50% of PDP Fee	50% of PDP Fee
Deductible	In-Network <sup>3a</sup>	Out-of-Network <sup>3b</sup>
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefits	In-Network	Out-of-Network
Per Person	\$1500	\$1000
Orthodontia Lifetime Maximum	\$1000	\$1000
Ortho Applies to Child Only	Child to Age 19	

- 1. "In-Network Benefits" means benefits under this plan for covered dental services that are provided by a MetLife PDP Dentist. "Out-of-Network Benefits" means benefits under this plan for covered dental services that are not provided by a MetLife PDP Dentist.
- 2. PDP Fee refers to the fees that MetLife PDP dentists have agreed to accept as payment in full.
- 3a. Applies to Type B & C services only
- 3b. Applies to Type B & C services only

## AN EXAMPLE OF SAVINGS

### An Example of Savings When You Visit a MetLife PDP Dentist

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

Your Dentist says you need a Crown, Type C Service \*

PDP Fee: \$575.00

Dentist's Usual Fee: \$975.00

\* Please note: this example assumes that your annual deductible has been met.

(IN-NETWORK) When you receive care from a MetLife PDP dentist . . .		(OUT-OF-NETWORK) When you receive care from a Non-Participating dentist . . .	
The PDP Fee is:	\$575.00	Dentist's Usual Fee is:	\$975.00
Your Plan Pays: (50% x \$575.00 PDP Fee)	- \$287.50	Your Plan Pays: (40% x \$575.00 PDP Fee)	-\$230.00
Your Out-of-Pocket Cost:	\$287.50	Your Out-of-Pocket Cost:	\$745.00

**In this example, YOU SAVE \$457.50 (\$745.00 minus \$287.50) . . . by using a MetLife PDP dentist! Visiting a MetLife PDP Dentist gives you the opportunity to maximize the value of your plan. There is additional information in this overview concerning MetLife PDP dentists.**

**Please note, this is only an example and may not match your plan design.**

**LIST OF COVERED SERVICES AND LIMITATIONS\***

<b>Type A - Preventive</b>	<b>How Many / How Often</b>
Prophylaxis - Cleanings Oral Examinations Topical Fluoride Applications Full Mouth X-Rays Bitewing X-Rays (Adult/Child)	<ul style="list-style-type: none"> <li>• 1 cleaning in 6 months.</li> <li>• 1 oral exam in 6 months.</li> <li>• 1 fluoride treatment in 12 months for dependent children up to 14th birthday.</li> <li>• 1 full mouth x-ray in 60 months.</li> <li>• Adult - 1 time in 12 months / Child - 2 times in 12 months up to 14th birthday.</li> </ul>
<b>Type B - Basic Restorative</b>	<b>How Many / How Often</b>
Space Maintainers Sealants Endodontics - Root Canal Oral Surgery (Simple Extractions) Periodontal Surgery Periodontal Scaling & Root Planing Periodontal Maintenance Amalgam & Composite Fillings Emergency Palliative Treatment	<ul style="list-style-type: none"> <li>• Space Maintainers for dependent children up to 14th birthday. Limited to 1 per lifetime per area.</li> <li>• 1 sealant per permanent 1st &amp; 2nd non-restored molar in Lifetime of a dependent child up to 14th birthday.</li> <li>• Root Canal treatment limited to 1 per 24 months.</li> <li>• 1 per quadrant in any 36 month period.</li> <li>• 1 per quadrant in any 24 month period.</li> <li>• 2 periodontal treatments in 1 year, includes 2 cleanings.</li> <li>• 1 per 24 months.</li> </ul>
<b>Type C - Major Restorative</b>	<b>How Many / How Often</b>
Repairs General Anesthesia Oral Surgery (Surgical Extractions) Other Oral Surgery Implants Bridges Dentures  Crowns/Inlays/Onlays  Consultations Prefabricated Stainless Steel & Resin Crowns	<ul style="list-style-type: none"> <li>• 1 per 12 months.</li> <li>• When dentally necessary in connection with oral surgery, extractions or other covered dental Services.</li> <li>• Services: 1 per tooth position in 10 years Repairs: 1 per 84 months.</li> <li>• Replacement of non-serviceable fixed bridgework if installed more than 10 years prior to replacement.</li> <li>• Replacement of a non-serviceable removable partial denture or removable full denture if installed more than 10 years prior to replacement.</li> <li>• Replacement of any cast restorations with the same or a different type of cast restoration but not more than one replacement the same tooth surface within 10 years of a prior replacement.</li> <li>• 1 per 12 months.</li> <li>• Not more than one replacement the same tooth surface within 10 years of a prior replacement.</li> </ul>
<b>Type D - Orthodontia</b>	<b>How Many / How Often</b>
	<ul style="list-style-type: none"> <li>• Dependent children are covered up to 19th birthday.</li> <li>• All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia.</li> <li>• Payments are on a repetitive basis.</li> <li>• Benefit for initial placement of the appliance will be made representing 20% of the total benefit.</li> <li>• Orthodontic benefits end at cancellation of coverage.</li> </ul>

\* **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 scheduled PDP fee or, if non PDP, the actual charge, for the service actually rendered and the scheduled PDP fee or R&C fee (if non PDP) 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.

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents many services within each category, but is not a complete description of the Plan. Please see your Plan description for complete details. In the event of a conflict with this summary, the terms of the certificate will govern.

Like most group dental insurance policies, MetLife group policies contain certain exclusions, limitations and waiting periods and terms for keeping them in force. Please contact MetLife for details.

**We will not pay Dental Insurance benefits for charges incurred for:**

1. 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;
2. Services for which You would not be required to pay in the absence of Dental Insurance;
3. Services or supplies received by You or Your Dependent before the Dental Insurance starts for that person;
4. Services which are primarily cosmetic (For residents of Texas, see notice page section in your certificate).
5. 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.

**For NY Sitused Groups, this exclusion does not apply.**

6. Services or appliances which restore or alter occlusion or vertical dimension.
7. Restoration of tooth structure damaged by attrition, abrasion or erosion.
8. Restorations or appliances used for the purpose of periodontal splinting.
9. Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
10. Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.
11. Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work.
12. Missed appointments.
13. 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.

**For North Carolina and Virginia Sitused Groups, this exclusion does not apply.**

14. Services paid under any worker's compensation, occupational disease or employer liability law as follows:
  - for persons who are covered in North Carolina for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' compensation Act;
  - or for persons who are not covered in North Carolina, services paid or payable under any workers' compensation or occupational disease law.

**This exclusion only applies for North Carolina Sitused Groups.**

15. Services:
  - 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.

**This exclusion only applies for North Carolina Sitused Groups.**

16. Services covered under any workers' compensation, occupational disease or employer liability law for which the employee/or Dependent received benefits under that law.

**This exclusion only applies for Virginia Sitused Groups.**

17. Services:
  - for which the employer of the person receiving such services is not required to pay; or
  - received at a facility maintained by the policyholder, labor union, mutual benefit association, or VA hospital.

**This exclusion only applies for Virginia Sitused Groups.**

18. Services covered under other coverage provided by the Employer.

19. Temporary or provisional restorations.

20. Temporary or provisional appliances.

21. Prescription drugs.

22. Services for which the submitted documentation indicates a poor prognosis.

23. Services, to the extent such services, or benefits for such services, are available under a Government Plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Dental Insurance under the Group Policy be paid first.

**Government Plan** means any plan, program, or coverage which is established under the laws or regulations of any government.

**The term does not include:**

- any plan, program or coverage provided by a government as an employer; or
- Medicare (**For Oregon, Maryland or Missouri Sitused Groups, this exclusion does not apply.**)
- Medicaid (**This exclusion only applies for Oregon, Maryland or Missouri Sitused Groups**)

24. 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.

25. 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.

**For NY Sitused Groups, this exclusion does not apply.**

26. Caries susceptibility tests.

27. 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.

28. Other fixed Denture prosthetic services not described elsewhere in this certificate.

29. Precision attachments, except when the precision attachment is related to implant prosthetics.

30. 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.

31. 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.

32. Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it.

33. Implants to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.

34. Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.

35. Fixed and removable appliances for correction of harmful habits.<sup>1</sup>

36. Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.<sup>1</sup>

37. Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of Minnesota.<sup>1</sup>

38. Duplicate prosthetic devices or appliances.

39. Replacement of a lost or stolen appliance, Cast Restoration, or Denture.

40. Intra and extraoral photographic images.

41. Services or supplies furnished as a result of a referral prohibited by Section 1-302 of the Maryland Health Occupations Article.

A prohibited referral is one in which a Health Care Practitioner refers You to a Health Care Entity in which the Health Care Practitioner or Health Care Practitioner's immediate family or both own a Beneficial Interest or have a Compensation Agreement. For the purposes of this exclusion, the terms "Referral", "Health Care Practitioner", "Health Care Entity", "Beneficial Interest" and Compensation Agreement have the same meaning as provided in Section 1-301 of the Maryland Health Occupations Article.

**This exclusion only applies for Maryland Sitused Groups**

<sup>1</sup> Some of these exclusions may not apply. Please see your plan design and certificate for details.

Like most group dental insurance policies, MetLife group insurance policies contain certain exclusions, waiting periods, reductions and terms for keeping them in force. Please contact MetLife for details.

## FREQUENTLY ASKED QUESTIONS

### **What services are covered by my plan?**

All services defined under your group dental benefits plan are covered. Please review the enclosed plan benefits to learn more.

### **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, you can find one online at [www.metlife.com/dental](http://www.metlife.com/dental) or request one by calling 800-942-0854. MetLife will mail you a concise explanation of benefits (EOB) after each claim submission. If you have a claim inquiry or benefit questions, please call MetLife's Dental Customer Service Department at 1-800-ASK-4-MET after your plan's effective date.

Dental Claims Address: MetLife Dental Claims, P.O. BOX 981282, El Paso, TX 79998-1282

### **Can I find out what my out-of-pocket expenses will be before receiving a service?**

Yes. With pre-treatment estimates, you never have to wonder what your out-of-pocket expense will be. MetLife recommends that you request a pre-treatment estimate for services in excess of \$300 (This often applies to services such as crowns, bridges, inlays, and periodontics.) To receive a benefit estimate, simply have your dentist submit a request for a pre-treatment estimate online at [www.metdental.com](http://www.metdental.com) or call 1-877-MET-DDS9 (638-3379). You and your dentist will receive a benefit estimate (online or by fax) for most procedures while you're still in the office, so you can discuss treatment and payment options, and have the procedure scheduled on the spot. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

### **Do I need an ID card?**

**No**, you do not need to present an ID card to confirm that you're eligible. You should notify your dentist that you participate in MetLife's PDP. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

### **Do my dependents have to visit the same dentist that I select?**

**No**, you and your dependents each have the freedom to choose any dentist.

### **If I do not enroll during my initial enrollment period can I still purchase Dental Insurance at a later date?**

**Yes**, employees who do not elect coverage during their 31-day application period may still elect coverage later. Dental coverage would be subject to the following waiting periods.

- There is no waiting period for Preventive Services
- 6 months on Basic Restorative (Fillings)
- 12 months on all other Basic Services
- 24 months on Major Services
- 24 months on Orthodontia Services (if applicable)

### **How can I learn about what dentists in my area charge different procedures?**

If you have MyBenefits you can access the Dental Procedure Fee Tool provided by [go2dental.com](http://go2dental.com) where you can learn more about fees services such as exams, cleanings, fillings, crowns and more. Simply visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) and use the Dental Procedure Fee Tool to help you approximate the in-network (PDP fees) and out-of-network fees<sup>1</sup> dental services in your area.

### **Can MetLife help me find a dentist outside of the U.S. if I am traveling?**

Yes. Through MetLife's International Dental Travel Assistance program<sup>2</sup> you can obtain a referral to a local dentist by calling 1-312-356-5970 (collect) to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network<sup>3</sup> benefits. Please remember to hold on to all receipts to submit a dental claim.

<sup>1</sup> Out-of-network fee information is provided by [go2dental.com](http://go2dental.com), Inc., an industry source independent of MetLife. This site does not provide the benefit payment information used by MetLife when processing your claims. Prior to receiving services, pre-treatment estimates through your dentist will provide the most accurate fee and payment information.

<sup>2</sup> International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. AXA Assistance is not affiliated with MetLife, and the services provided are separate and apart from the benefits provided by MetLife.

<sup>3</sup> Refer to your dental benefits plan summary your out-of-network dental coverage.