

Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Gregory Portland ISD

Network: PDP Plus

	Plan option 1 High Plan Dental		Plan option 2 Low Plan Dental	
	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of R&C Fee ^{**}	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of R&C Fee ^{**}
Coverage Type				
Type A : Preventive (cleanings, exams, X-rays)	100%	100%	80%	80%
Type B : Basic Restorative (fillings, extractions)	80%	80%	50%	50%
Type C : Major Restorative (bridges, dentures)	50%	50%	25%	25%
Type D: Orthodontia	50%	50%	50%	50%
Deductible[†]				
Individual	\$50	\$50	\$50	\$50
Family	No Limit	No Limit	No Limit	No Limit
Annual Maximum Benefit				
Per Person	\$1,500	\$1,500	\$1,000	\$1,000
Orthodontia Lifetime Maximum				
Per Person ^{***}	\$1,000	\$1,000	\$1,000	\$1,000

Child(ren)'s eligibility for dental coverage is from birth up to age 26, age 26 if a full-time student.

¹ "InNetwork Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

² Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for certain services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Negotiated fees do not apply to non-covered services in states that prohibit limitations for services not covered under a plan. Participating providers in these states may charge their non-negotiated fees for non-covered services.

^{**} 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.

[†] Applies only to Type B & C Services.

^{***} Available for dependent children up to age 26.

List of Primary Covered Services & Limitations*

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.

Plan Type	Plan Option 1: High Plan How Many/How Often	Plan Option 2: Low Plan How Many/How Often
Type A — Preventive		
Prophylaxis (cleanings)	Two per calendar year	Two per calendar year
Oral Examinations	Two exams per calendar year	Two exams per calendar year

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Topical Fluoride Applications	One fluoride treatment per calendar year for dependent children up to his/her 19th birthday	One fluoride treatment per calendar year for dependent children up to his/her 19th birthday
X-rays	- Full mouth X-rays; once in 3 calendar years - Bitewings X-rays; For a child under 14; 2 times in 1 calendar year; Adult: 2 times in 1 calendar year	- Full mouth X-rays; one in 3 calendar years - Bitewing X-rays; For a child under 14; 2 times in 1 calendar year; Adult 2 times in 1 calendar year
Sealants	One application of sealant material every 60 months for each non-restored, non-decayed 1 st and 2 nd molar of a dependent child up to his/her 14 th birthday	One application of sealant material every 60 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 14th birthday
Type B — Basic Restorative		
Fillings		
Simple Extractions		
Oral Surgery		
Endodontics	Root canal treatment limited to once per tooth per lifetime	Root canal treatment limited to once per tooth per lifetime
Periodontics	- Periodontal scaling and root planning once per quadrant, every 24 months - Periodontal surgery once per quadrant, every 36 months - Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year	- Periodontal scaling and root planning once per quadrant, every 24 months - Periodontal surgery once per quadrant, every 36 months - Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year
Type C — Major Restorative		
Crown, Denture and Bridge Repair/ Recementations		
Space Maintainers	Space maintainers for dependent children up to his/her 14th birthday. Once per tooth area, per lifetime	Space maintainers for dependent children up to his/her 14th birthday. Once per tooth area, per lifetime
Implants	Replacement once every 5 calendar years	Replacement once every 5 years
Bridges and Dentures	- Initial placement to replace one or more natural teeth, which are lost while covered by the plan - Dentures and bridgework replacement; one every 5 years - Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed	- Initial placement to replace one or more natural teeth, which are lost while covered by the plan - Dentures and bridgework replacement; one every 5 years - Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed
Crowns, Inlays and Onlays	Replacement once every 5 years	Replacement once every 5 years

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General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Type D — Orthodontia		
	.You, your spouse and your children, up to age 26, are covered while Dental insurance is in effect - All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia - Payments are on a repetitive basis 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	.You, your spouse and your children, up to age 26, are covered while Dental insurance is in effect - All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia - Payments are on a repetitive basis 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 benefits. This document presents the majority of services within each category, but is not a complete description of the plan.



PDP Plus Network

Employee Name

Gregory Portland ISD

Employee ID

279491

Group Name

Group Number

metlife.com/mybenefits

- Locate a participating dentist.
- Verify eligibility and plan design information.
- Review claim status and claim history for your entire family.
- View and print processed claims with one click.
- Obtain claims forms and educational information (including interactive risk assessment).
- Get instant answers to Frequently Asked Questions.
- Access trained customer service representatives.

1-800-942-0854

- Virtually 24 hours a day, 7 days a week 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
- MetLife Dental Claims P.O. Box 981282 El Paso, TX 79998-1282
- For International Dental Travel Assistance call 1-312-356-5970 (collect)

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This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.