



Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

Network: PDP Plus

Benefit Summary – Plan Option 2 – Low Plan (Schedule Plan)

Benefit Summary	
Deductible†	
Individual	\$50
Family	\$150
Annual Maximum Benefit	
Per Person	\$1,000
Orthodontia Lifetime Maximum	
Per Person	\$1,000

Monthly Cost

Your premium will be paid through convenient payroll deduction. The costs shown below for “Employee + Spouse + Child(ren)” and “Employee + Family” include the cost for all eligible children.

Employee Only	\$18.41	Employee + Child(ren)	\$37.57
Employee + Spouse	\$36.84	Employee + Family	\$56.01

Code Service

Maximum We Will Pay

Diagnostic Treatment

Procedures identified with an asterisk () are limited to two per plan year.*

D0120 Periodic oral evaluation – established patient*	\$30
D0140 Limited oral evaluation – problem focused	\$50
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$50
D0150 Comprehensive oral evaluation – new or established patient	\$51
D0180 Comprehensive periodontal evaluation – new or established patient	\$51
D0190 Screening of a patient	\$13
D0191 Assessment of a patient	\$13

Radiographs/Diagnostic Imaging (X-rays)

Procedures identified with an asterisk () are limited to two per plan year.*

D0210 Intraoral – complete series (including bitewings) (once every 3 years)	\$77
D0220 Intraoral – periapical first film	\$15
D0230 Intraoral – periapical each additional film	\$12
D0240 Intraoral – occlusal film	\$22
D0250 Extraoral – first film	\$29
D0260 Extraoral – each additional film	\$28
D0270 Bitewing – single film*	\$16
D0272 Bitewings – two films*	\$25





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Code Service	Maximum We Will Pay
Radiographs/Diagnostic Imaging (X-rays) continued	
D0273 Bitewings – three films*	\$30
D0274 Bitewings – four films*	\$35
D0330 Panoramic	\$59
D0364 Cone Beam less than whole jaw	\$235
D0365 Cone Beam full arch mandible	\$235
D0366 Cone Beam full arch maxilla	\$235
D0367 Cone Beam both jaws	\$235
D0380 Cone Beam capture less than one jaw	\$235
D0381 Cone Beam capture mandible	\$235
D0382 Cone Beam capture maxilla	\$235
D0383 Cone Beam capture both jaws	\$235
Tests and Examinations	
D0460 Pulp vitality tests	\$27
D0470 Diagnostic casts	\$57
Preventive Services	
<i>Procedures identified with an asterisk (*) are limited to two per plan year.</i>	
D1110 Prophylaxis – adult*	\$50
D1120 Prophylaxis – child*	\$35
D1206 Topical fluoride varnish	\$19
D1208 Topical application – fluoride	\$19
D1330 Oral hygiene instructions	\$42
D1351 Sealant – per tooth	\$32
D1352 Preventative Resin Restoration	\$32
D1510 Space maintainer – fixed – unilateral	\$206
D1515 Space maintainer – fixed – bilateral	\$272
D1520 Space maintainer – removable – unilateral	\$255
D1525 Space maintainer – removable – bilateral	\$350
D1550 Recementation of space maintainer	\$44
D1555 Removal of fixed space maintainer	\$44
Restorative Treatment	
D2140 Amalgam – one surface, primary or permanent	\$47
D2150 Amalgam – two surfaces, primary or permanent	\$60
D2160 Amalgam – three surfaces, primary or permanent	\$73
D2161 Amalgam – four or more surfaces, primary or permanent	89
D2330 Resin-based composite – one surface, anterior	\$55
D2331 Resin-based composite – two surfaces, anterior	\$71
D2332 Resin-based composite – three surfaces, anterior	\$86
D2335 Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$102



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Code Service	Maximum We Will Pay
Restorative Treatment continued	
D2390 Resin-based composite crown	\$62
D2391 Resin-based composite – one surface	\$86
D2392 Resin-based composite – two surfaces	\$107
D2393 Resin-based composite – three surfaces	\$128
D2394 Resin-based composite – four or more surfaces	\$154
Crowns	
<i>Replacement limit 1 every 5 years.</i>	
D2510 Inlay – one surface	\$182
D2520 Inlay – two surfaces	\$207
D2530 Inlay – three or more surfaces	\$238
D2740 Crown	\$275
D2750 Crown	\$271
D2751 Crown	\$253
D2752 Crown	\$259
D2790 Gold Crown	\$260
D2791 Crown	\$248
D2792 Crown	\$253
D2794 Crown – titanium	\$260
D2910 Recement inlay, onlay, or partial coverage restoration	\$25
D2915 Recement cast or prefabricated post and core	\$25
D2920 Recement crown	\$27
D2930 Prefabricated stainless steel crown – child	\$72
D2931 Prefabricated stainless steel crown – adult	\$82
D2933 Prefabricated stainless steel crown with resin window	\$100
D2940 Sedative filling	\$28
D2950 Core buildup	\$69
D2951 Pin retention – per tooth, in addition to restoration	\$15
D2952 Post and core in addition to crown, indirectly fabricated	\$105
D2954 Crown buildup – steel post	\$87
D2955 Post removal	\$65
D2990 Resin Infiltration/Smooth Surface	\$32
Endodontics	
<i>All procedures exclude final restoration.</i>	
D3110 Pulp treatment	\$19
D3120 Pulp treatment	\$15
D3220 Pulpotomy	\$44
D3230 Pulpal therapy– anterior, primary tooth (excluding final restoration)	\$47
D3240 Pulpal therapy – posterior, primary tooth (excluding final restoration)	\$51
D3310 Root Canal Therapy Anterior (excluding final restoration) - per tooth	\$188
D3320 Root Canal Therapy Bicuspid (excluding final restoration) - per tooth	\$230
D3330 Root Canal Therapy Molar (excluding final restoration) - per tooth	\$297



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Code Service	Maximum We Will Pay
Endodontics continued	
<i>All procedures exclude final restoration.</i>	
D3346 Retreatment of previous root canal therapy – anterior - per tooth	\$253
D3347 Retreatment of previous root canal therapy – bicuspid - per tooth	\$298
D3348 Retreatment of previous root canal therapy – molar - per tooth	\$359
D3351 Apexification/recalcification – initial visit	\$107
D3352 Apexification/recalcification – interim visit	\$47
D3353 Apexification/recalcification – final visit	\$157
D3354 Pulpal regeneration – completion	\$47
D3410 Root surgery – anterior	\$215
D3421 Root surgery – bicuspid	\$235
D3425 Root surgery – molar	\$266
D3426 Tooth root surgery (each additional root)	\$89
D3430 Retrograde filling – first root	\$65
D3450 Root amputation – per root	\$132
D3920 Hemisection	\$103
Periodontics	
· <i>Periodontal scaling and root planing limited to once per a 12 month period in each quadrant.</i>	
· <i>Periodontal maintenance covered only following active periodontal therapy.</i>	
D4210 Gingivectomy or gingivoplasty – full quadrant	\$167
D4211 Gingivectomy or gingivoplasty – one to three teeth	\$125
D4212 Gingivectomy or gingivoplasty – to allow access for restorative procedure, per tooth	\$38
D4240 Gingival flap procedure – full quadrant	\$196
D4241 Gingival flap procedure - one to three teeth	\$147
D4249 Crown lengthening – hard tissue	\$224
D4260 Osseous surgery– four or more teeth	\$317
D4261 Osseous surgery – one to three	\$238
D4263 Bone replacement graft – first site in quadrant	\$96
D4270 Pedicle soft tissue graft	\$234
D4273 Subepithelial connective tissue graft procedures, per tooth	\$64
D4277 Free soft tissue graft – first tooth	\$241
D4278 Free soft tissue graft – additional tooth	\$121
D4341 Periodontal scaling and root planing – per quadrant	\$56
D4342 Periodontal scaling and root planing – one to three teeth	\$42
D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis	\$37
D4910 Periodontal maintenance (2 in a 12 month period)	\$33



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Code Service	Maximum We Will Pay
Removable Prosthodontics	
• <i>Replacement limit 1 every 5 years.</i>	
• <i>Relines or rebase limited to 1 in 12 months.</i>	
D5110 Complete upper denture	\$394
D5120 Complete lower denture	\$384
D5130 Immediate upper denture	\$429
D5140 Immediate lower denture	\$429
D5211 Upper partial denture	\$332
D5212 Lower partial denture	\$386
D5213 Upper partial denture	\$435
D5214 Lower partial denture	\$435
D5281 Unilateral partial denture	\$254
D5410 Adjust upper complete denture	\$22
D5411 Adjust lower complete denture	\$22
D5421 Adjust upper partial denture	\$22
D5422 Adjust lower partial denture	\$22
D5510 Repair denture	\$43
D5520 Replace teeth on denture (each tooth)	\$36
D5610 Repair denture	\$47
D5620 Repair denture cast framework	\$50
D5630 Repair denture	\$61
D5640 Replace tooth on denture	\$40
D5650 Add tooth to denture	\$54
D5660 Add clasp to denture	\$65
D5710 Rebase complete upper denture	\$160
D5711 Rebase complete lower denture	\$153
D5720 Rebase upper partial denture	\$151
D5721 Rebase lower partial denture	\$151
D5730 Reline complete maxillary denture (chairside)	\$90
D5731 Reline complete mandibular denture (chairside)	\$90
D5740 Reline upper partial denture (chairside)	\$83
D5741 Reline lower partial denture (chairside)	\$83
D5750 Reline complete upper denture (laboratory)	\$120
D5751 Reline complete lower denture (laboratory)	\$120
D5760 Reline upper partial denture (laboratory)	\$119
D5761 Reline lower partial denture (laboratory)	\$119
D5810 Temporary complete denture	\$190
D5811 Temporary complete denture	\$205
D5820 Interim partial denture (upper)	\$147
D5821 Interim partial denture (lower)	\$156
D5850 Tissue conditioning, upper	\$38
D5851 Tissue conditioning, lower	\$38



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Code Service	Maximum We Will Pay
Implants	
D6010 Surgical placement of implant body	\$235
D6065 Implant crown	\$373
D6066 Implant crown	\$363
D6067 Implant crown	\$352
D6092 Recement Implant/abutment supported crown	\$27
D6101 Debridment of periimplant defect	\$71
D6102 Debridment of periimplant defect	\$71
D6103 Bone Graft for repair of periimplant defect	\$235
D6104 Bone Graft at time of implant placement	\$235
Crowns/Fixed Bridges – Per Unit	
D6210 False tooth	\$284
D6211 False tooth	\$237
D6212 False tooth	\$222
D6214 Pontic - titanium	\$284
D6240 Pontic – porcelain fused to high noble metal	\$231
D6241 False tooth	\$216
D6242 False tooth	\$228
D6245 False tooth	\$241
D6740 Bridge crown	\$274
D6750 Bridge crown	\$267
D6751 Bridge crown	\$249
D6752 Bridge crown	\$255
D6790 Bridge crown	\$258
D6791 Full cast crown	\$244
D6792 Full cast crown	\$253
D6794 Crown - titanium	\$258
D6930 Recement bridge	\$31
Oral Surgery	
<ul style="list-style-type: none"> • Includes routine - post operative visits/treatment. • Surgical removal of impacted teeth - (not covered unless pathology [disease] exists). • Surgical removal of wisdom tooth/third molar for orthodontic reasons only is not covered. 	
D7140 Extraction, erupted tooth or exposed root	\$42
D7210 Extraction, erupted tooth or exposed root , surgical	\$62
D7220 Extract impacted tooth	\$78
D7230 Extract impacted tooth	\$104
D7240 Extract impacted tooth	\$122
D7241 Extract impacted tooth	\$153
D7250 Remove residual tooth roots	\$65
D7251 Coronectomy	\$122
D7270 Tooth reimplantation	\$134
D7280 Unerupted tooth access	\$146
D7285 Hard tissue biopsy	\$259
D7286 Soft tissue biopsy	\$106



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Code Service	Maximum We Will Pay
D7310 Alveoloplasty with extractions	\$72
D7311 Alveoloplasty with extractions	\$24
D7320 Alveoloplasty without extractions	\$323
D7321 Alveoloplasty without extractions	\$107
D7510 Abscess – intraoral incision	\$69
D7511 Incision and drainage of abscess – intraoral soft tissue	\$69
D7952 Sinus augmentation – vertical	\$235
D7960 Frenulectomy (frenectomy or frenotomy) – separate procedure	\$152
D7971 Excision of pericoronal gingiva	\$50
Adjunctive General Services	
D9110 Emergency relief of pain	\$36
D9951 Adjust Occlusion – limited	\$40
D9952 Adjust Occlusion – complete	\$224

How orthodontic benefits are paid: For You, Your Spouse, and Your Children, up to age 26, once treatment has begun and the patient has been banded, an initial payment of \$250 is paid upon receipt of submitted claim. Deductibles must be met prior to payment. The balance of \$750 is paid out in monthly increments over a 24-month course of treatment. Payments will stop if coverage or treatment ends.

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.



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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;
- 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;
- 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.
- 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;
- 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 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;
- Labial veneers;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Guided tissue regeneration;
- Local chemotherapeutic agents;
- Modification of removable prosthodontic and other removable prosthetic services;
- General anesthesia or intravenous sedation;



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- Consultations;
- Injections of therapeutic drugs;
- Application of desensitizing agents;
- Bacteriological studies for determination of bacteriologic agents;
- Fixed and removable appliances for correction of harmful habits;
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders;
- Repair or replacement of an orthodontic device;
- Duplicate prosthetic devices or appliances;
- Repair of implants;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images

Limitations

Alternate Benefits: Where two or more professionally acceptable dental treatments for a dental condition exist, payment is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. 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 plan's payment for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

Cancellation/Termination of Benefits: Coverage is provided under a group insurance policy (Policy form GPNP99 / G.2130-S) issued by Metropolitan Life Insurance Company (MetLife). Coverage terminates when your participation ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. For complete details of coverage and availability, please refer to the certificate of insurance or contact MetLife.

Questions & Answers

Q. Who is a participating dentist?

A. 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. Negotiated fees typically range from 30% – 45% below the average fees charged in a dentist's community for the same or substantially similar services.[†]

Q. How do I find a participating dentist?

A. There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at www.metlife.com/mybenefits or call 1-800 GET-MET8 (1-800-438-6388) to have a list faxed or mailed to you.





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Q. What services are covered under this plan?

A. The Plan documents set forth the services covered by your plan. The List of Primary Covered Services & Limitations herein contains a summary of covered services. In the event of a conflict between the Plan documents and this summary, the terms of the Plan documents shall govern.

Q. May I choose a non-participating dentist?

A. 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.

Q. Can my dentist apply for participation in the network?

A. Yes. If your current dentist does not participate in the network and you would like to encourage him/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.

Q. How are claims processed?

A. Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/mybenefits or request one by calling 1-800-GET-MET8 (1-800-438-6388).

Q. Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?

A. 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.

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

A. Yes. Through international dental travel assistance services^{*} you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.^{**} Please remember to hold on to all receipts to submit a dental claim.

Q. How does MetLife coordinate benefits with other insurance plans?

A. Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan, subject to applicable law. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan, subject to applicable law.

Q. Do I need an ID card?

A. No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

[†]Based on internal analysis by MetLife. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

^{††}Due to contractual requirements, MetLife is prevented from soliciting certain providers.

^{*}AXA Assistance USA, Inc. provides Dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations.

^{**}Refer to your dental benefits plan summary for your out-of-network dental coverage.