

# Visit a dentist. Any dentist.

You chose a dental plan that can help you save<sup>1</sup> and get the care you need.

No matter who your dentist may be, with the MetLife Preferred Dentist Program, the power to choose and save is yours.

## Here are the facts:

- You can go to any licensed dentist, in or out of the network.
- If you choose to visit an out-of-network dentist, reimbursement for your out-of-network dental care is based on 90th percentile of “reasonable and customary” charges.<sup>2</sup> This means that the reasonable and customary value for a given procedure will be set so that **90% of dentists in your area charge that amount or less.**
- So, aside from your deductible, coinsurance amount and plan maximum, you are likely to pay less out of pocket with a 90th percentile plan.

## Take charge of your dental care

### Talk to your dentist

Before you get any major dental work, you should talk to your dentist about getting a pre-treatment estimate.<sup>3</sup> That’s when your dentist sends the plan for your care to MetLife.

For most procedures, you and your dentist will receive the estimate — online or by fax — during your visit. The statement shows amounts for what your plan covers. Then you and your dentist can talk about your care and costs before your treatment. It’s a great way to be prepared and plan ahead.

### Get your plan information — fast!

Managing your dental benefits has never been easier. You’ve got MyBenefits — your secure member website. Just log on at [metlife.com/mybenefits](https://metlife.com/mybenefits). With the 24/7 website you can:<sup>4</sup>

- Review your plan information, including what’s covered and coinsurance
- Track your deductible and plan maximums
- Find a dentist or view your claim history
- Read up on the oral health information you need to make informed decisions about your care

### Savings example

This hypothetical example shows that whether you get a cleaning from a participating or non-participating dentist, you can still save money.<sup>5</sup>

	Participating Dentist	Non-participating Dentist <sup>6</sup>
Dentist's Usual Charge <sup>2</sup>	\$122	\$122
Negotiated Fee <sup>7</sup>	\$59	N/A
90th Percentile R&C Fee	N/A	\$129
MetLife Pays	\$59	\$122
<b>Your out-of-pocket cost<sup>8</sup></b>	<b>\$0</b>	<b>\$7</b>

**Visit any licensed dentist. The choice is all yours!**

1. Savings from enrolling in a dental benefits plan featuring the MetLife Preferred Dentist Program will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.
2. 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 usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.
3. MetLife strongly recommends that you have your dentist submit a pretreatment estimate to MetLife if the cost is expected to exceed \$300. When your dentist suggests treatment, have him or her send a claim form, along with the proposed treatment plans and supporting documentation, to MetLife. An explanation of benefits (EOB) will be sent to you and the dentist detailing an estimate of what services MetLife will cover and at what payment level. Actual payments may vary from the pretreatment estimate depending upon annual maximums, deductibles, plan frequency limits and other plan provisions at time of payment.
4. With the exception of scheduled or unscheduled systems maintenance or interruptions, the MyBenefits website is typically available 24 hours a day, 7 days a week.
5. Please note: This is a hypothetical example that reviews an adult teeth cleaning (D1110) in the Chicago area, zip 60601. It assumes that the annual deductible has been met.
6. This example excludes non-participating dentists who charge more than what 90% of what other dentists in the area charge. Please note that if you receive care from a dentist that falls into this category, your out-of-pocket costs may be higher.
7. 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.
8. Depending on your plan, you may be responsible for deductibles, coinsurance and amounts above plan maximums.

---

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, waiting periods, reductions of benefits, limitations and terms for keeping them in force. Please contact MetLife or your Plan Administrator for complete details.

