

Retirement Dental Benefits Overview



MetLife[®]

Benefit Summary

	In-Network: What will your dentist charge you?		Out-of-Network: What will your dentist charge you?	
	MetLife's negotiated fee ¹ with participating dentists, typically 10-35% below the community average charge.		A fee set by each individual dentist, which is typically higher than MetLife's negotiated fee.	
	MetLife's negotiated fees ¹ apply to services covered by the plan, as well as those your plan does not cover or those rendered after you've reached your annual plan maximum.		You will be responsible for the difference between your dentist's charge and the covered percentage of the Reasonable and Customary fee ² for a given service. ³	
	What will your plan cover? % of PDP fee¹		What will your plan cover? % of R&C fee²	
Coverage Type See reverse side for a list of commonly used Covered Services.	Plan Option 1	Plan Option 2	Plan Option 1	Plan Option 2
Preventive —cleanings and oral examinations	100%	100%	100%	100%
Basic —x-rays, fillings and periodontal maintenance	70%	70%	70%	70%
Major —crowns, bridges, root canal treatment and dentures	0% negotiated fees still apply	50%	0%	50%
	Plan Year Deductibles (Applies only to Basic and Major Services)		Plan Year Deductibles (Applies only to Basic and Major Services)	
Self	\$75.00	\$75.00	\$75.00	\$75.00
Self + 1 Dependent (Spouse/Domestic Partner/Child)	\$150.00	\$150.00	\$150.00	\$150.00
Self + 2 or more Dependents (Spouse/Domestic Partner/Children)	\$225.00	\$225.00	\$225.00	\$225.00
	Plan Year Maximum per Person:		Plan Year Maximum per Person:	
	\$750.00	\$1,500.00	\$750.00	\$1,500.00

Dental coverage from MetLife is less expensive than you might expect.

Please refer to the enclosed letter for the rates associated with Plan Options 1 & 2.

See reverse side for a savings example.

Policy Form# GPNP99

Savings Example

By enrolling in MetLife's Retirement Dental Benefits Program, you can save money on your dental costs.⁴ We've provided an illustrative example to show you how.

Mr. Smith, a retiree living in the Chicago area (three-digit ZIP code 607), has dental needs, including treatment for gum disease. He receives dental services in the same area. He is also the only individual in his family that is enrolled in the MetLife Retirement Dental Benefits Plan, and he is not eligible for any other dental benefit plan.

During his first visit he received a comprehensive exam, cleaning, bitewing x-rays and a filling. During this visit his dentist also found some moderate gum disease. Mr. Smith then had three additional visits which included an exam, additional x-rays, scaling/root planing, and a periodontal maintenance visit all rendered to treat his gum disease.

PLAN OPTION 1:		<input type="checkbox"/> Benefits from Plan <input type="checkbox"/> Your Cost <input type="checkbox"/> How You Save	
+ Dentist's Charge:	\$1,462.00	+ Dentist's Charge:	\$1,462.00
IN-NETWORK — When he receives care from a network dentist		OUT-OF-NETWORK — When he receives care from a non-network dentist	
MetLife Negotiated Fee:	\$794.00	R&C Charge: ²	\$1,462.00
Plan Pays:	– \$289.80	Plan Pays:	– \$490.00
Out-of-Pocket Cost:	= \$504.20	Out-of-Pocket Cost:	= \$972.00
Yearly Premium:	+ \$252.00	Yearly Premium:	+ \$252.00
– Total Cost to You:	= \$756.20	– Total Cost to You:	= \$1,224.00
= Savings by having dental benefits from MetLife: ⁴	\$705.80	= Savings by having dental benefits from MetLife: ⁴	\$238.00

• Please note: the benefits amount will vary by plan design, location where services are provided and whether you visit a Participating PDP Dentist or out-of-network dentist. Out-of-network dentists can charge more for the same or similar service than others in the same geographic area.

For illustrative purposes, savings in the example were calculated as follows:

• Procedures delivered to the patient: Comprehensive oral evaluation, 4-bitewing x-rays, 4-surface filling, 1 cleaning, periodic exam, 2 periapical x-rays, 4 quadrant scaling and root planing, periodontal maintenance.

• Savings represent the difference between (x) the dentist's charge (assuming the amount is equal to the Reasonable and Customary charge²) and (y) the total cost which is a sum of the difference between MetLife's negotiated fee or the R&C charge, as the case may be, and what the Plan pays (taking into account the deductible, coinsurance, plan maximum and non-covered services), plus the yearly premium.

The example assumes that the in-network charge amount is equal to the Reasonable and Customary (R&C) charge,² the in-network provider reimbursement is equal to MetLife's negotiated fees,¹ and the out-of-network charge and reimbursement level are the R&C charge.

PLAN OPTION 2:		<input type="checkbox"/> Benefits from Plan <input type="checkbox"/> Your Cost <input type="checkbox"/> How You Save	
+ Dentist's Charge:	\$1,462.00	+ Dentist's Charge:	\$1,462.00
IN-NETWORK — When he receives care from a network dentist		OUT-OF-NETWORK — When he receives care from a non-network dentist	
MetLife Negotiated Fee:	\$794.00	R&C Charge: ²	\$1,462.00
Plan Pays:	– \$509.80	Plan Pays:	– \$922.00
Out-of-Pocket Cost:	= \$284.20	Out-of-Pocket Cost:	= \$540.00
Yearly Premium:	+ \$516.00	Yearly Premium:	+ \$516.00
– Total Cost to You:	= \$800.20	– Total Cost to You:	= \$1,056.00
= Savings by having dental benefits from MetLife: ⁴	\$661.80	= Savings by having dental benefits from MetLife: ⁴	\$406.00

COMMONLY USED COVERED SERVICES

Preventive	How Many/How Often	Basic	How Many/How Often	Major Plan Option 2 Only	How Many/How Often
Prophylaxis (cleanings)	Once every 6 months.	Intraoral-periapical and extraoral x-rays	No limitation	Simple extractions / Surgical extractions	No limitation
Oral Examinations	Once every 6 months.	Initial placement of amalgam or resin fillings	No limitation	Initial installation or replacement of any inlay, onlay, or crown	No more than one replacement for the same tooth surface within 10 years of a prior replacement.
X-rays	<ul style="list-style-type: none"> Full mouth (panoramic) X-rays: once every 60 months. Bitewing X-rays: 1 set every year for adults; 1 set every 6 months for a Child. 	Replacement of an existing amalgam or resin fillings	Only if (1) at least 24 months have passed since the existing filling was placed; or (2) a new surface of decay is identified on that tooth.	Core buildup	No more than once per tooth in a period of 10 years.
				Periodontal scaling and root planing	No more than once per quadrant in any 24 month period.

1. MetLife's negotiated or PDP fees refer to the fees that dentists participating in MetLife's Preferred Dentist Program (PDP) have agreed to accept as payment in full, for services rendered by them. MetLife's negotiated fees are subject to change.

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 charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

3. Subject to any deductibles, cost sharing, benefit maximum and terms of the plan.

4. Savings from enrolling in the Retirement Dental Benefits Program will depend on various factors, including how often participants visit the dentist and the costs for services received.

Like most group health insurance policies, MetLife group policies contain certain exclusions, limitations, waiting periods and terms for keeping them in force. Please refer to the enclosed Important Benefit Information document, visit www.metlife.com/mybenefits or contact MetLife for complete details.

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