

## Atkins Dental Plan Benefits

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

### Benefit Summary

Coverage Type	PDP In-Network	Out-of-Network
Type A – cleanings, oral examinations full mouth x-rays, bitewing x-rays and other maintenance type procedures	MetLife pays 100% of PDP Fee*	MetLife pays 100% of R & C Fee**
Type B – fillings, periodontics, endodontics, oral surgery, extractions and other standard dental procedures	MetLife pays 80% of PDP Fee*	MetLife pays 70% of R & C Fee**
Type C –bridges, crowns, dentures, implants and other complex procedures	MetLife pays 50% of PDP Fee*	MetLife pays 40% of R & C Fee**
Type D – orthodontia (Children up to age 19 only)	MetLife pays 50% of PDP Fee*	MetLife pays 50% of R & C Fee**
Deductible <sup>†</sup>	In-Network	Out-of-Network
Individual	\$50.00	\$50.00
Family	\$150.00	\$150.00
Annual Maximum Benefit	In-Network	Out-of-Network
Per Person	\$2,000	\$2,000
Orthodontia Lifetime Maximum	In-Network	Out-of-Network
Per Person	\$2,000	\$2,000

\*PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full, subject to any co-payments, deductibles, cost sharing and benefits maximums.

\*\*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.

<sup>†</sup> Applies only to Type B & C Services.

Get More Out of Your Dental Benefits by  
Visiting a MetLife PDP Dentist.

**MetLife**<sup>®</sup>



## PDP Savings\* Example

This hypothetical example\*\* shows how receiving services from a PDP (in-network) dentist can save you money.

### **Your Dentist says you need a Crown, a Type C service —**

- PDP Fee: \$375.00
- R&C Fee: \$500.00
- Dentist's Usual Fee: \$600.00

<b>IN-NETWORK</b> When you receive care from a participating PDP dentist		<b>OUT-OF-NETWORK</b> When you receive care from a non-participating dentist	
Dentist's Usual Fee is:	\$600.00	Dentist's Usual Fee is:	\$600.00
The PDP Fee is:	\$375.00	R&C Fee is:	\$500.00
<b>Your Plan Pays:</b>		<b>Your Plan Pays:</b>	
50% X \$375 PDP Fee:	-\$187.50	50% X \$500 R&C Fee:	-\$250.00
Your Out-of-Pocket Cost:	\$187.50	Your Out-of-Pocket Cost:	\$350.00

In this example, you save \$162.50 (\$350.00 minus \$187.50)...  
by using a participating PDP dentist.

\*Savings from enrolling in the MetLife PDP Program will depend on various factors, including how often participants visit the dentist and the cost for services rendered.

\*\*Please note: These examples assume that your annual deductible has been met.

## Common Questions... Important Answers

**Who is a participating Preferred Dentist Program (PDP) dentist?** A participating dentist is a general dentist or specialist who has agreed to accept MetLife's negotiated fees as payment in-full for services provided to plan participants. PDP fees typically range from 15-45% below the average fees charged in a dentist's community for the same or substantially similar services.

\*Based on internal analysis by MetLife.

**How do I find a participating PDP dentist?** There are more than 145,000 participating PDP dentist locations nationwide, including over 35,000 specialist locations. You can receive a list of these participating PDP dentists online at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call 1-800-942-0854 to have a list faxed or mailed to you.

**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.

**Does the Preferred Dentist Program (PDP) offer any discounts on non-covered services?** MetLife's negotiated fees with PDP (in-network) dentists may extend to services not covered under your plan and services received after your plan maximum has been met, where permitted by applicable state law. If you receive services from a PDP dentist that are not covered under your plan or where the maximum has been met, in those states where permitted by law, you may only be responsible for the PDP (in-network) fee.

**May I choose a non-participating dentist?** Yes. You are always free to select the dentist of your choice. However, if you choose a dentist who does not participate in the MetLife PDP, your out-of-pocket expenses may be more, since you will be responsible to pay for any difference between the dentist's fee and your plan's payment for the approved service. If you receive services from a participating PDP dentist, you are only responsible for the difference between the PDP in-network fee for the service provided and your plan's payment for the approved service. Please note: any plan deductibles must be met before benefits are paid.

**Can my dentist apply for PDP participation?** Yes. If your current dentist does not participate in the PDP and you'd like to encourage him or her to apply, tell your dentist to visit [www.metdental.com](http://www.metdental.com), or call 1-877-MET-DDS9 for an application. The website and phone number are designed for use by dental professionals only.

**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, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or request one by calling 1-800-942-0854.

**Can I find out what my out-of-pocket expenses will be before receiving a service?** Yes. MetLife recommends 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](http://www.metdental.com) or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you're still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

**How can I learn about what dentists in my area charge for 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 approximate fees for 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 estimate the in-network (PDP fees) and out-of-network fees\* for dental services in your area.

\* 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, we recommend that you obtain pre-treatment estimates through your dentist.

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

\*International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. AXA Assistance is not affiliated with MetLife, and the services they provide are separate and apart from the benefits provided by MetLife.

\*\* Refer to your dental benefits plan summary for your out-of-network dental coverage.

**How does MetLife coordinate benefits with other insurance plans?** Coordination of benefits provision 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. 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.

**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.

**Cancellation/Termination of Benefits:** Coverage is provided under a group insurance policy (Policy form GPNP99 / G.2130-S) issued by MetLife. Coverage terminates when your membership 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.

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. Please contact MetLife or your plan administrator for costs and complete details.

This dental benefits plan is made available through a self-funded arrangement. MetLife administers this dental benefits plan, but has not provided insurance to fund benefits.

Metropolitan Life Insurance Company, New York, NY

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