

Dental Insurance

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



Benefits at a Glance

The following is an overview of the Assurant Dental Plan. For a thorough explanation, please see the contents of your Assurant Summary Plan Description.

The Dental Plan offers a broad range of coverage to plan participants, which includes Preventive care, Basic services, certain Restorative services, and Orthodontic care.

Each time you receive care, the Dental Plan allows you to choose whether to use dentists participating in the MetLife Preferred Dentist Program or non-participating dentists. If you use participating dentists, you will have a lower deductible and co-insurance on benefits paid by the Plan.

Dental Plan feature	IF YOU USE:		Maximum benefits
Choice of Dental High & Dental Low Plans			Dental <u>High</u> Plan Annual Maximum: \$2,000 per person. Dental <u>Low</u> Plan Annual Maximum: \$1,000 per person. Some restrictions may apply. For details, call MetLife at 1-800-942-0854.
	MetLife PDP Plus Dentist	Any dentist	
Deductible	\$50 person / \$100 family	\$75 person / \$150 family	
	Deductibles for participating and non-participating dentists apply toward each other.		
Preventive care (check-ups, cleanings, sealants**)	<ul style="list-style-type: none"> 2 check-ups/plan year no deductible plan pays 100% of Negotiated Fee you pay nothing 	<ul style="list-style-type: none"> 2 check-ups/plan year no deductible plan pays 100% of R&C Fee* 	
Basic services (fillings, extractions, root canals)	<ul style="list-style-type: none"> deductible applies plan pays 80% of Negotiated Fee you pay 20% 	<ul style="list-style-type: none"> deductible applies plan pays 70% of R&C Fee* you pay 30% 	
Major services (dentures ,bridges, inlays/onlays, crowns, dental implants)	<ul style="list-style-type: none"> deductible applies plan pays 50% of Negotiated Fee you pay 50% 	<ul style="list-style-type: none"> deductible applies plan pays 40% of R&C Fee* you pay 60% 	
Periodontics (treatment of gums & bones of mouth)	<ul style="list-style-type: none"> deductible applies plan pays 80% of Negotiated Fee you pay 20% 	<ul style="list-style-type: none"> deductible applies plan pays 70% of R&C Fee* you pay 30% 	
Applicable to Dental High Plan Only			
Orthodontics (available to plan participants, spouse and children under age 26 when treatment begins)	<ul style="list-style-type: none"> no deductible plan pays 50% of Negotiated Fee you pay 50% 	<ul style="list-style-type: none"> no deductible plan pays 50% of R&C Fee* you pay 50% 	Separate lifetime maximum: \$1,500 (does NOT count toward plan year maximum)

* Subject to reasonable and customary (also called usual and prevailing) fee limits. You also pay all charges over reasonable and customary fees. The Reasonable and Customary fee 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.

** For sealants, only one application of sealant material every 36 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to 16th birthday

If you have any questions or would like to have a provider listing sent to you, you can call one of knowledgeable customer service representatives at 1-800-942-0854, or visit us on the web at: www.metlife.com/mybenefits



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Frequently Asked Questions

Who is a participating dentist?

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.[†]

How do I find a participating dentist?

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- 800-942-0854 to have a list faxed or mailed to you.

What services are covered under this plan?

All services defined under the group dental benefits plan are covered.

May I choose a non-participating dentist?

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. He/she hasn't agreed to accept negotiated fees. So, you may be responsible for any difference in cost between the dentist's fee and your plan's benefit payment.

Can my dentist apply for participation in the network?

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.

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 email alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/mybenefits or request one by calling 1-800-942-0854.

Can I find out what my out-of-pocket expenses will be before receiving a service?

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.

How does MetLife coordinate benefits with other insurance plans?

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.

Do I need an ID card?

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.

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