

## MetLife Dental Coverage Explained

### High Dental Plan

**In-Network (MetLife PDP Plus) Benefits** are paid according to the Schedule of Benefits with the employee, or dependent, paying the deductible and coinsurance amount, when applicable, and MetLife paying benefits based upon the agreed negotiated fee, up to **\$2,000** per covered member.

#### Out-of-Network - 90<sup>th</sup> R&C (Reasonable & Customary)

- Reimbursement for your out-of-network dental care is based on the 90th percentile of “reasonable and customary” charges. We look at what dentists in your area actually charge for services, and we calculate reimbursement based on the 90th percentile of those charges.
- The way we determine allowable charges for the 90th R&C means your eligible benefit amount for out-of-network care is high relative to average dental charges in the community. This helps you pay less out of pocket.
- Sometimes when you visit an out-of-network dentist you may have to pay part of the bill. This is called balance billing. But with a 90th percentile R&C plan, in most cases you won’t be balance billed above your typical out-of-pocket costs — your deductible, coinsurance amount and your plan maximum.

### Low Dental Plan – **UPGRADED PLAN BENEFITS**

**In-Network (MetLife PDP Plus) Benefits** are paid according to the Schedule of Benefits with the employee, or dependent, paying the deductible and coinsurance amount, when applicable, and MetLife paying benefits based upon the agreed negotiated fee, up to **\$1,000** per covered member.

#### Out-of-Network – Upgraded from Maximum Allowable Charge to 90<sup>th</sup> R&C (Reasonable & Customary)

- **Out-of-Network Major Services will be upgraded from 40% to 50%**
- Reimbursement for your out-of-network dental care is based on the 90th percentile of “reasonable and customary” charges. We look at what dentists in your area actually charge for services, and we calculate reimbursement based on the 90th percentile of those charges.
- The way we determine allowable charges for the 90th R&C means your eligible benefit amount for out-of-network care is high relative to average dental charges in the community. This helps you pay less out of pocket.
- Sometimes when you visit an out-of-network dentist you may have to pay part of the bill. This is called balance billing. But with a 90th percentile R&C plan, in most cases you won’t be balance billed above your typical out-of-pocket costs — your deductible, coinsurance amount and your plan maximum.

### Dental Definitions

**Negotiated fees** — 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. Depending on the plan, payment may be made for all or part of the negotiated fee for different types of services.

**Reasonable & Customary (R&C) charge** — plan pays out-of-network claims based on Reasonable & Customary (R&C) charges determined for your area. The R&C charge 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. Payment may be made for all or part of the R&C charge for different types of services.

### What do these definitions mean in real life?

Let’s look at a hypothetical example of the different reimbursements in action for two employees — Robyn and Kelly — who each need a crown. Based on the dentist they choose to visit, each will be responsible for paying different portions of the costs.

If you need a crown...	Robyn chose to go to an in-network who agrees to accept MetLife’s negotiated fees	Kelly goes to an out-of-network dentist (out-of-network payment based on R&C charge)
Dentist’s Charge	\$1,113	\$1,113
Negotiated Fee	\$681	N/A
R&C Fee	N/A	\$1,325
Plan Coverage % for Crowns	50%	50%
MetLife pays	\$340.50	\$556.50
Member pays	\$340.50	\$556.50

This is a hypothetical example that reviews a crown – porcelain fused to high noble metal (D2750) in the Jefferson City, MO area, zip 65101. It assumes that the annual deductible has been met and the annual maximum benefit has not been reached. Actual negotiated fees, R&C amounts, and out-of-pocket expenses may differ.

### Take charge of your dental care

- **Talk to your dentist**  
Before you get any major dental work done, talk to your dentist about getting a pre-treatment estimate.<sup>1</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](http://metlife.com/mybenefits). With the 24/7 website you can:<sup>2</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

1. Actual benefit determinations are made when services are rendered and are subject to the following as applicable on the date of service: patient eligibility; plan and frequency limitations; maximums and deductibles; and other coverages.
2. 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.