Health Options Program

The MetLife Dental Plan

You and your spouse, if he or she is Medicare-eligible, can enroll in the MetLife Dental Plan if you enroll in either the HOP Medical Plan or the Value Medical Plan. The MetLife Dental Plan is not available on a standalone basis or with a Medicare Advantage plan. Besides helping you maintain good oral health at a reasonable cost,* the Dental Plan offers a number of other important advantages.

Dental Plan Highlights

- You don’t need to change dentists when you join. You can visit any dentist you want, but choosing one that’s part of the MetLife network (an in-network dentist) saves you money.
- If you use an in-network dentist, there’s no annual deductible, which means you start saving on dental care the first time you visit a dentist in 2016.

You pay nothing for preventive care (exams and cleanings) from an in-network dentist and less than half the cost for all other services.

Each year, you can receive up to $1,200 in dental benefits.

If you use an in-network dentist after you receive the maximum annual benefit, you’ll continue to pay discounted rates.

The Plan at a Glance

Here’s how much you would pay for in-network and out-of-network dental care in 2016. See “Covered Services and Limitations” on page 3 for additional important information about benefits.

<table>
<thead>
<tr>
<th></th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Oral exams, cleanings, full mouth or panoramic x-rays, bite-wing x-rays, intraoral, periapical and extraoral x-rays, fluoride treatments</td>
<td>$0</td>
<td>20% of MetLife’s discounted rate plus 100% of the difference between the actual and discounted rates</td>
</tr>
<tr>
<td>Basic and Major Restorative Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible</td>
<td>$0</td>
<td>$100</td>
</tr>
<tr>
<td>Basic Services</td>
<td>30% of MetLife’s discounted rate</td>
<td>50% of MetLife’s discounted rate plus 100% of the difference between the actual and discounted rates</td>
</tr>
<tr>
<td>(pulp vitality tests, diagnostic casts, bacteriological studies, sealants, space maintainers, palliative care, sedative fillings, fillings, periodontal maintenance, pulp capping, therapeutic pulpotomy, periodontics—non surgical, simple extractions, surgical extractions/oral surgery)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Services</td>
<td>40% of MetLife’s discounted rate</td>
<td>50% of MetLife’s discounted rate plus 100% of the difference between the actual and discounted rates</td>
</tr>
<tr>
<td>(recementations and repairs, rebases/relines, general anesthesia, consultations, inlays/onlays, crowns, crown build-ups, dentures, bridges, endodontics/root canal, periodontics—surgical, placement of implants)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Savings from enrolling in the MetLife Dental Plan will depend on various factors, including how often you visit the dentist and the costs for services rendered.

** These out-of-network reimbursement levels do not apply in Texas, Mississippi, Louisiana, Montana, Massachusetts or Alaska. If you live in one of these states, call the HOP Administration Unit (1-800-773-7725) for reimbursement levels.
Understanding In-Network and Out-of-Network Dental Benefits

Each time you need dental care, you decide whether to use an in-network dentist or one that is not part of the MetLife network. While you are free to go out of network whenever and as often as you like, using a MetLife dental provider is your lower-cost option.

Here’s why:

- With in-network providers, you never pay a deductible. If you use out-of-network dentists, you must satisfy a $100 deductible before the Plan pays any benefits for basic or major restorative services.

- Your percentage of the cost is always lower with an in-network provider.

- MetLife negotiates discounted rates with in-network dentists. This means they are under contract to accept a specific amount for each service. Out-of-network dentists can charge any amount, but MetLife will pay benefits based only on the amount it has established for in-network providers. This means, if you use an out-of-network dentist, you pay 100% of the difference between what the dentist charges and MetLife’s discounted rate.

Example. You need a periodontal scaling and root planing (a basic restorative service), which has a discounted rate of $117. You have a choice of two equally qualified dentists. One dentist belongs to the MetLife network and charges the discounted rate of $117. You pay $35.10 (30% of $117), and MetLife pays $81.90.

The other dentist is not in the MetLife network and charges $206 for the service. Assuming that you have already met the $100 annual deductible for out-of-network restorative services, your cost consists of two charges:

- $58.50 (50% of the $117 discounted rate), plus
- $89.00 (100% of the difference between the dentist’s actual charge of $206 and the discounted rate of $117).

So you pay $147.50 ($58.50 + $89.00) and MetLife pays $58.50. In this example, you save $112.40 ($147.50-$35.10) by using an in-network dentist.

To Find a MetLife Dentist

There are thousands of general dentists and specialists to choose from nationwide—so you are sure to find one who meets your needs. You can find a list of MetLife dentists online at www.metlife.com/dental. Click on the “Find a Dentist” tool on the right side of the home page, enter your zip code and choose PDP Plus as your network in the drop down list. You can also call MetLife toll-free at 1-855-700-7997 and request that a list of dentists be mailed to you.

If your current dentist does not participate in the network and you would like to encourage him or 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.)

When You Go to the Dentist

You are not required to show an ID card to your dentist as proof of coverage. Just tell your dentist’s office that MetLife is your dental carrier when you schedule an appointment. Dentists may submit 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.

Pre-treatment Estimates

You can find out what your out-of-pocket expenses will be before receiving a service by asking for a pre-treatment estimate. It is recommended 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. (The phone number and website are for use by dental professionals only.) 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.
Maximum Benefits

Once you receive $1,200 in dental benefits (in-network and out-of-network combined), you pay 100% for any additional care you receive for the rest of the calendar year. However, **in-network dentists always accept MetLife’s negotiated rates**—which means you continue to receive discounts on dental services.

**Covered Services and Limitations***

<table>
<thead>
<tr>
<th>Preventive Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral exams</td>
<td>One oral exam every six consecutive months</td>
</tr>
<tr>
<td>Cleanings (prophylaxis)</td>
<td>One cleaning every six consecutive months</td>
</tr>
<tr>
<td>X-rays</td>
<td>One full mouth x-rays and panoramic x-rays per 60 consecutive months</td>
</tr>
<tr>
<td>Bitewing x-rays: one set per calendar year for adults; one set per six consecutive months for children</td>
<td></td>
</tr>
<tr>
<td>Topical fluoride treatments</td>
<td>One fluoride treatment in 12 months for dependent children up to age 14</td>
</tr>
</tbody>
</table>

**Basic and Major Restorative Services**

**Basic Services**

<table>
<thead>
<tr>
<th>Sealants</th>
<th>Limitation of one application of sealant material for each non-restored permanent 1st and 2nd molar tooth of a dependent child to age 19, once every 60 consecutive months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Space maintainers</td>
<td>Space maintainers for dependent children up to age 14</td>
</tr>
<tr>
<td>Fillings</td>
<td>One per tooth surface per 24 consecutive months</td>
</tr>
<tr>
<td>Periodontics-Non Surgical</td>
<td>Periodontal scaling and root planing once per quadrant, every 12 months</td>
</tr>
<tr>
<td></td>
<td>Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year</td>
</tr>
</tbody>
</table>

**Major Services**

<table>
<thead>
<tr>
<th>Crown, denture and bridge repair/recementations</th>
<th>Replacement: once every 84 consecutive months</th>
</tr>
</thead>
<tbody>
<tr>
<td>General anesthesia</td>
<td>When dentally necessary in connection with oral surgery, extractions or other covered dental services</td>
</tr>
<tr>
<td>Inlays/onlays, crowns</td>
<td>Replacement: once every 84 consecutive months</td>
</tr>
<tr>
<td>Bridges and dentures</td>
<td>Initial placement to replace one or more natural teeth, which are lost while covered by the Plan</td>
</tr>
<tr>
<td></td>
<td>Dentures and bridgework replacement: one every 84 consecutive months</td>
</tr>
<tr>
<td></td>
<td>Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 consecutive months after the temporary denture was installed</td>
</tr>
<tr>
<td>Endodontics</td>
<td>Root canal treatment not more than once in any 24 consecutive month period for the same tooth</td>
</tr>
<tr>
<td>Periodontics surgery</td>
<td>Periodontal surgery once per quadrant, every 36 months</td>
</tr>
<tr>
<td></td>
<td>Tissue conditioning, but not more than once in a 36 month period</td>
</tr>
<tr>
<td>Implants</td>
<td>Once in 84 consecutive months</td>
</tr>
</tbody>
</table>

* The service categories and plan limitations shown above represent an overview of Dental Plan benefits. This document presents the majority of services within each category but is not a complete description of the Plan.
What Is Not Covered

The MetLife Dental Plan does not cover the following services, treatments and supplies:

- Services that are not dentally necessary, that do not meet generally accepted standards of care for treating the particular dental condition, or that MetLife deems experimental in nature
- Services that are neither performed nor prescribed by a dentist, except for those services of a licensed dental hygienist that are supervised and billed by a dentist and are for scaling and polishing of teeth or are fluoride treatments
- Services for which you would not be required to pay in the absence of dental insurance
- Services or supplies received by you or your dependent before the MetLife Dental Plan starts for that person
- Services that are primarily cosmetic
- Services or appliances that restore or alter occlusion or vertical dimension
- Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease
- Restorations or appliances used for the purpose of periodontal splinting
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco
- Personal supplies or devices including, but not limited to, water flossers, toothbrushes or dental floss
- Decoration or inscription of any tooth, device, appliance, crown or other dental work
- Missed appointments
- Temporary or provisional restorations
- Temporary or provisional appliances
- Prescription drugs
- Services for which the submitted documentation indicates a poor prognosis

- Services to the extent such services, or benefits for such services, are available under a government plan
- The following when charged by the dentist on a separate basis: claim form completion; infection control such as gloves, mask, and sterilization or supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide
- Dental service arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food
- Caries susceptibility tests
- Appliances or treatment for bruxism including, but not limited to, occlusal guards and night guards
- Orthodontic services or appliances
- Repair or replacement of an orthodontic device
- Intra and extraoral photographic images
- Initial installation of a denture to replace one of more natural teeth that were missing before such person was insured under the MetLife Dental Plan, except for congenitally missing natural teeth
- Precision attachments associated with fixed and removable prostheses
- Adjustment of a denture made within six months after installation by the same dentist who installed it
- Duplicate prosthetic devices or appliances
- Replacement of a lost or stolen appliance or crown, inlay/onlay or denture
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of Minnesota.
- Implants supported prosthetics to replace one or more natural teeth that were missing before such person was insured under the MetLife Dental Plan, except for congenitally missing natural teeth
If You Are Traveling Outside the U.S.

The MetLife Dental Plan includes international dental travel services. If you are traveling abroad and need a dentist, you can obtain a local referral by calling 1-312-356-5970 (collect). This service is available 24/7 and give you access to international dental providers in more than 200 countries. With just one phone call, you will reach a multilingual assistance coordinator who will help you get the care you need. If you submit all receipts and a claim form to MetLife, coverage will be considered under your out-of-network benefits.

Submitting Claims

In most cases, your dentist will submit claims for you. However, if you need to submit a claim yourself (for example, for out-of-network services) you can request a claim form by calling 1-855-700-7997. All claim forms should be mailed to MetLife Dental Claims, P.O. Box 981282, El Paso, TX 79998-1282.

Additional Resources

Visit the dental education website at www.oralfitnesslibrary.com for important tools and resources to help you become more informed about dental care. You can also put your oral health to the test by taking an online risk assessment.

Other Important Information

- **Coordination of benefits.** A coordination of benefits provision is a set of rules that is followed when a patient is covered by more than one benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife Dental Plan is primary, MetLife will pay the full amount of benefits that would normally be available under the Plan. If the MetLife Dental 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.** Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, you should discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits (see page 2) prior to receiving certain high-cost services such as crowns, bridges or dentures.

- **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 PSERS or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if PSERS 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 contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask MetLife or the HOP Administration Unit for costs and complete details.**