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 stand-alone basis or with a Medicare Advantage plan. If you do not enroll when first eligible, or enroll but chose to drop your coverage at a later date, you will not be able to re-enroll unless the PSERS Board declares an Open Enrollment or you experience a Qualifying Event.

**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 2019.
- 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 $1,350 in basic and major restorative services. Preventive services do not count toward the maximum annual benefit.
- 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 2019.

<table>
<thead>
<tr>
<th>Preventive Services</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral exams, cleanings, full mouth or panoramic x-rays, bitewing x-rays, intraoral, periapical and extraoral x-rays, fluoride treatments (for dependent child(ren) up to age 14)</td>
<td>$0</td>
<td>20% of MetLife’s discounted rate plus 100% of the difference between the actual and discounted rates</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Basic and Major Restorative Services</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Services (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>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>Major Services (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>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>
</tbody>
</table>

* Savings from enrolling in the MetLife Preferred Dentist Program will depend on various factors, including how often participants 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 $119. You have a choice of two equally qualified dentists. One dentist belongs to the MetLife network and charges the discounted rate of $119. You pay $35.70 (30% of $119), and MetLife pays $83.30.

The other dentist is not in the MetLife network and charges $235 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:

- $59.50 (50% of the $119 discounted rate), plus
- $116.00 (100% of the difference between the dentist’s actual charge of $235 and the discounted rate of $119).

So you pay $175.50 ($59.50 + $116.00) and MetLife pays $59.50. In this example, you would save $139.80 ($175.50 - $35.70) 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. A complete list of in-network MetLife dentists is online at www.metlife.com/dental. Click on the “Find a participating dentist” tool on 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.

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.

Maximum Benefits

Once you receive $1,350 in dental benefits (in-network and out-of-network combined; this doesn’t include preventive and diagnostic care), you pay 100% for any additional care you receive for the rest of the calendar year. However, in-network dentists accept MetLife’s negotiated rates even after the maximum has been reached—which means you continue to receive discounts on dental services.

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.

* Discounted rates refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Discounted rates are subject to change.

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