

Dental

Unmatched Product Suite



MetLife



Balancing the unique needs of your employees with your benefit cost objectives is easy with MetLife's Dental Preferred Provider Organization (PPO) plans. The variety of fully insured options and flexible solutions can help you meet your goals, plus you and your employees will benefit from the latest research and industry best practices.

GET MORE WITH METLIFE DENTAL

Network Stability: Dentists who join our network stay in our network. Turnover is consistently less than 1.7% per year, and only 1.28% in 2012.¹

Cost Control: Negotiated fees resulted in combined savings on plan payments and employees' out-of-pocket costs of more than \$1.8 billion in 2012.²

Quick and Accurate Claims: In 2012, 98.48% were processed within 10 business days with 99.88% accuracy.¹

THE ADDED ADVANTAGE...

MetLife's Dental PPO plans also offer:

Graduating Dental Benefits³: As long as participants remain members of our dental PPO plan, their maximum⁴ will increase every year for up three years—a great way to help all participants maintain good oral health.^{5,6}

Discount Vision: Employees and their families can receive substantial discounts—as often as they need—on eye exams, glasses, frames, lenses, lens options and laser vision correction.^{7,8}

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COVERAGE OPTIONS

COINSURANCE CHOOSE THE OPTION THAT FITS YOUR EMPLOYEES' NEEDS.	STANDARD PLANS —offer coinsurance for preventive and basic services; or preventive, basic and major services TRANSITION PLANS —administered at the employer level, offer coinsurance for preventive and basic; and phase in coinsurance for major services GRADED PLANS —administered at the employee level, offer coinsurance for preventive and basic; and phase in coinsurance for major services
ANNUAL MAXIMUMS	Choices range from \$250 to \$5,000 (in \$50 increments) ⁹
DEDUCTIBLES	Choices range from \$0 to \$300 (in \$5 increments) ⁹
ORTHODONTIA (OPTIONAL)	Choose coverage for: • Child Only (up to age 19, state restrictions apply), or • Adult & Child Choose: • Coinsurance levels ranging from 20% to 80% (in 5% increments) ⁹ • Orthodontia maximums ranging from \$250 to \$5,000 • No deductible for orthodontia treatment
REIMBURSEMENTS OUT-OF-NETWORK	There are two options for out-of-network reimbursement: <ul style="list-style-type: none"> • R&C—Reimbursements are based on reasonable and customary charges.¹⁰ Multiple options available. • MAC—Reimbursements are based on the maximum allowable charge, which is the in-network negotiated fee¹¹
ALLOCATION OF SERVICES	Two standard allocation of service options available: <ul style="list-style-type: none"> • Comprehensive Coverage (Oral surgery/Periodontics in Basic) • Primary Coverage (Oral surgery/Periodontics in Major) Additional flexible plan designs are available.
EMPLOYER CONTRIBUTIONS	<ul style="list-style-type: none"> • Employer-Sponsored Plans—Employer's contribution is between 50% and 100% of the employees' premium. • Voluntary Plans—Employer's contribution is between 0% and 49% of the employees' premium. For MetLife's Dual Option plan, employers must pay a minimum of 50% of the premium for the low plan option for each employee.
MINIMUM PARTICIPATION REQUIREMENTS¹²	
EMPLOYER SPONSORED	SINGLE OPTION PLANS —For Standard, Transition and Graded plans: <ul style="list-style-type: none"> • At least 50% of all eligible employees must participate, with a minimum of 10 enrolled DUAL OPTION PLANS —At least 65% of all eligible employees must participate with a minimum of 25 enrolled
VOLUNTARY	SINGLE OPTION PLANS For Standard (preventive and basic services), Transition and Graded plans: <ul style="list-style-type: none"> • At least 35% of all eligible employees must participate, with a minimum of 10 enrolled For Standard (preventive, basic and major services) plans: <ul style="list-style-type: none"> • At least 35% of all eligible employees must participate, with a minimum of 10 enrolled; or • 25%–34% of all eligible employees must participate, with a minimum of 10 enrolled if the plan includes a Benefit Waiting Period DUAL OPTION PLANS —At least 50% of all eligible employees must participate with a minimum of 100 eligible

FOR MORE INFORMATION, CONTACT YOUR METLIFE SALES REPRESENTATIVE TODAY.

Availability of products and features are based on MetLife's guidelines, group size, underwriting and state requirements.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, limitations, reductions of benefits and terms for keeping them in force. Please contact MetLife for complete details.

1. MetLife data as of year-end 2012.
2. Savings calculations based on analysis of 2012 claims information, comparing participating dentists' reported usual charges for services to negotiated fees for those same services.
3. Available for groups with 10 or more eligible employees, excluding Copay plans and Full Service Dental for Retirees.
4. At this time, each increment to the annual maximum can be \$250 for in-network and out-of-network or \$500 for in-network only.
5. Exact time frames are determined by the employer. Assuming no gap in MetLife dental coverage with the same employer, the annual maximum will graduate (increase) for employees and their covered dependents until reaching the maximum annual benefit. The increase occurs on the anniversary (12 months of coverage) of when the participant's coverage became effective under the plan. MetLife dental coverage refers to dental plans underwritten or administered by MetLife.
6. The highest annual maximum level is capped at three years or \$3,000.
7. Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Laser vision care discounts are only available from in-network contracted facilities.
8. MetLife VisionAccess is a discount program and not an insured benefit. The program is available at no charge regardless of enrollment in other MetLife benefits as long as the plan sponsor has an active MetLife group product. It is provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with Metropolitan Life Insurance Company or its affiliates.
9. For additional flexibility, contact your MetLife representative. State and underwriting restrictions apply.
10. The R&C charge is 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 other dentists or other providers in the same geographic area equal to one of the following percentile of charges as determined by MetLife based on charge information for the same or similar services or supplies maintained in MetLife's Reasonable and Customary Charge records: 90th, 80th, 99th, 70th and 51st. The percentile of charges will depend on the plan design chosen.
11. Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for services rendered by them. Negotiated fees are subject to change.
12. Minimum participation requirements may be greater in certain states.