



Three dental options available through MetLife

Dental

Why Employees Should Consider Dental Coverage

Maintaining good oral health matters. When preventive care is covered, an employee is more likely to go for cleanings and checkups — this can help the employee avoid problems before they become too costly or complicated. Plus, going to the dentist regularly can help prevent problems that have been linked to diabetes or heart disease.¹ That’s where a good dental plan comes in.

Through MetLife, we offer three Dental Plan options that cover routine checkups and other dental care: the High Option, the Classic Option and the Low Option. These plans differ in how much an employee pays per pay period and at time of service. Refer to the *Summary of Benefits* section on [page 25](#) to review the services covered under each plan.

1. *Dentists: Doctors of Oral Health, American Dental Association, Chicago, IL., ada.org/en/about-the-ada/dentists-doctors-of-oral-health*

Save When Using a Network Provider

No matter which Dental Plan option an employee elects, they can visit any licensed dentist, in or out of the MetLife Preferred Dental Provider (PDP) Plus Network, and still receive benefits. When employees go to a participating dentist, they can save even more since in-network dentists accept negotiated fees that are typically 30-45% less than the average charges in the same area².

2. *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 benefit maximums. Negotiated fees are subject to change.*

To find a participating dentist, go to metlife.com/dental, enter the zip code, and select the PDP Plus Network. Employees can also call **855-676-9441** to request a provider list.

Changing Dental Plan Options

Once an employee chooses a Dental Plan (High Option, Classic Option or Low Option), they must keep that option for the entire plan year, even if they have a qualified life event. An employee may only change their Dental Plan option during the annual enrollment period. (For example, an employee cannot switch from the Low Option to the High Option, or vice versa.)

Monthly Cost

Coverage Level	High Option	Classic Option	Low Option
Employee Only	\$58.76	\$37.94	\$25.64
Employee and Spouse	\$117.88	\$76.06	\$51.70
Employee and Child(ren)	\$127.12	\$82.40	\$55.54
Employee and Family	\$208.12	\$130.22	\$88.50

Dental Claims Processing

MetLife encourages employees to discuss their treatment plan with their provider and submit a pre-estimate **before the work begins** if the estimated charge for a particular dental service is expected to be \$300 or more.

To submit a pre-estimate, an employee should have their dentist submit a request online at metdental.com or call **877-MET-DDS9**. The dentist will need to provide the proposed treatment plan, applicable x-rays, supporting documents, and estimated charges to MetLife. This provides an opportunity to review the proposed course of treatment and estimated fees.

Need More Information?

Visit...	Look Under...	Find...
ncflex.org	Dental	<ul style="list-style-type: none"> MetLife MyBenefits website link Dental Forms Online Tools Plan Certificates
metlife.com/mybenefits	Enter “NCFlex” as the company name and create a unique User ID and password. Click on the <i>Register Now</i> button and enter the required information.	<ul style="list-style-type: none"> Dental Benefits information, claims history, etc. <i>Find a Dentist</i> Oral Health Library Mobile Application

The Dental Plan is administered and underwritten by Metropolitan Life Insurance Company. For information regarding claim payment, refer to the Certificate of Coverage found at ncflex.org.

Summary of Dental Benefits

Important Note: This is only a summary of the benefits under the Dental Plans. Employees may review and/or obtain a copy of the Certificate of Coverage on the NCFlex website at ncflex.org. Employees may register on *MyBenefits* at metlife.com/mybenefits to get information about what is and is not covered on the Dental Plan. Payments for services are subject to **maximum amounts allowed** by the plan.

Benefit Category	High Option*	Classic Option*	Low Option*
Type I — Diagnostic and Preventive			
Oral Examination (two per calendar year)	100%	100%	100% after deductible
Cleaning (two per calendar year)			
X-rays (bitewing x-rays — one per calendar year; full-mouth radiograph series or panoramic series — one every five years)			
Topical Fluoride (two per calendar year under age 19)			
Sealants for Permanent First and Second Molars (under age 16; see certificate for frequencies)			
Space Maintainers (under age 19)			
Type II — Basic Services			
Fillings (amalgam, synthetic, or composite; replacements limited to once every 24 months)	80% after deductible	60% after deductible	50% after deductible
Simple Extractions			
Endodontics (root canal treatment)			
Re-Cement Crowns, Inlays, Bridges			
Repair of Removable Dentures	50% after deductible		
Periodontal Services (gingivectomy, gingivoplasty, osseous surgery, scaling, and root planing)			
Periodontal Maintenance after Therapy (two per consecutive 12 months)			
Oral Surgery (wisdom teeth extractions)			
General Anesthesia			
Type III — Major Services (Not covered under the Low Option)			
Crowns, including Single Implant Crowns (Not eligible for dependent children under age 14; replacements limited to every seven years. Single prosthetic procedures are considered completed on the date they are inserted, not the date of impression.)	50% after deductible	50% after deductible	Not Covered
Dentures (replacements limited to every seven years)			
Bridges (replacements limited to every seven years)			
Fixed Bridge Repairs			
Denture Adjustments/Relining (within six months of initial denture placement)			
Implants			
Type IV — Orthodontics (High Option and Classic Option — dependent children up to age 19)			
Orthodontic Treatment in Progress (Treatment plans not started under the High Option or Classic Option Plans will be prorated based on the date the benefit is eligible on the Dental Plans. Reimbursement will not be paid beyond the date the child turns the age of 19).	50%	50%	Not Covered
Maximums/Deductibles			
Calendar-Year Maximum (Per covered person; excludes orthodontic services under the High Option and Classic Option Plans)	\$5,000	\$1,500	\$1,000
Lifetime Orthodontic Maximum (per covered person) The lifetime maximum will include any reimbursement received from the prior carrier.	\$1,500	\$1,500	N/A
Calendar-Year Deductible (per person/per family)	\$50/\$150	\$25/\$75	\$25/\$75

* Benefits are subject to the Maximum Allowable Charge (MAC). The MAC for in-network dental providers is the negotiated in-network fee. Reimbursement for out-of-network services is based on reasonable and customary (R&C) charge for the area. R&C 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 charge of most dentists in the same geographic area. The employee may be responsible for the difference between the R&C charge and what an out-of-network dentist charges

Exclusions and Limitations

This is a partial listing of the exclusions listed with the plan policy. Please refer to the plan certificate for a complete listing. If there are any discrepancies, the plan policy certificate and/or contract shall govern. The policy will not pay for the following dental expenses and services:

- Services which are not dentally necessary, or those which do not meet generally accepted standards of care for treating the particular dental condition.
- Services or supplies received by the employee or their dependent before the dental insurance starts for that person.
- Services which are primarily cosmetic.
- Restoration of tooth structure damaged by attrition, abrasion or erosion, unless caused by disease.
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
- Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.
- Missed appointments.
- Prescription drugs.
- Services for which the submitted documentation indicates a poor prognosis.
- Pulp vitality, diagnostic photographs and bacteriological studies for determination of bacteriologic agents.
- Labial veneers.
- Local chemotherapeutic agents.
- Fixed and removable appliances for correction of harmful habits.
- Appliances or treatment for bruxism (grinding teeth).
- Replacement of a lost or stolen appliance, Cast Restoration or Denture.
- Replacement of an orthodontic device.
- Diagnosis and treatment of temporomandibular joint disorders and cone beam imaging associated with treatment of temporomandibular joint disorders.

The Dental Plan certificate can be found on the NCFlex website at ncflex.org.

Orthodontia coverage is for covered children only to age 19. Employees/spouses are not covered for orthodontia.

Continuation of Coverage

Employees who terminate employment may continue their MetLife dental coverage by paying their monthly premiums directly to the COBRA vendor. COBRA enrollment materials will be sent to the employee's last known address.

