

Dental Benefits

Savings, flexibility and service. For healthier smiles.



MetLife

Overview of Benefits for: **Charlton County Schools**

Original Plan Effective Date: **07/01/2012**

With all of the emphasis on healthy living, it may be refreshing to know you have access to a group dental plan that helps you maintain an oral health regimen with the savings you need, the flexibility you want and service you can count on.

Coverage Type	Low Plan		High Plan	
	In-Network % of PDP Fee	Out-of-Network % of R&C Fee ¹	In-Network % of PDP Fee	Out-of-Network % of R&C Fee ²
Type A - Preventive	100%	100%	100%	100%
Type B - Basic Restorative	50%	50%	80%	80%
Type C - Major Restorative	50%	50%	50%	50%
Type D - Orthodontia			50%	50%
Deductible: Per Individual	\$50 Applies to Type B & C services only	\$50 Applies to Type B & C services only	\$50 Applies to Type B & C services only	\$50 Applies to Type B & C services only
Deductible: Per Family	\$150 Applies to Type B & C services only	\$150 Applies to Type B & C services only	\$150 Applies to Type B & C services only	\$150 Applies to Type B & C services only
Annual Maximum Benefits: Per Individual	\$1000	\$1000	\$1500	\$1500
Orthodontia Lifetime Maximum: Per Individual	N/A	N/A	\$1000	\$1000
	Ortho applies to Adult and Child Up to Dependent Age Limit			

1. The Reasonable and Customary charge is based on the lowest of the: "Actual Charge" (the dentist's actual charge); or "Usual Charge" (the dentist's usual charge for the same or similar services); or "Customary Charge" (the 90th Percentile charge of most dentists in the same geographic area for the same or similar services as determined by MetLife).
2. The Reasonable and Customary charge is based on the lowest of the: "Actual Charge" (the dentist's actual charge); or "Usual Charge" (the dentist's usual charge for the same or similar services); or "Customary Charge" (the 90th Percentile charge of most dentists in the same geographic area for the same or similar services as determined by MetLife).

Understanding Your Dental Plans

The MetLife Preferred Dentist Program (PDP) is designed to provide the dental coverage you need with the features you want. Take advantage of what this plan has to offer without compromising what matters most - including the freedom to visit the dentist of your choice - an "in-network" dentist or an "out-of-network" dentist.

If you receive in-network services, you will be responsible for any applicable cost sharing, PDP charges in excess of the benefit maximums, and for non-covered services. If you receive out-of-network services, you will be responsible for any applicable cost sharing, charges in excess of the benefit maximum, charges in excess of the PDP fee schedule amount, and charges for non-covered services.

Plan benefits for in-network services are based on the percentage of the PDP fee - MetLife's negotiated fees that PDP dentists have agreed to accept as payment in full.

Plan benefits for out-of-network services are based on the percentage of the Reasonable and Customary (R&C) charges. If you choose a dentist who does not participate in the MetLife PDP, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist's fee and your plan's payment for the approved service.

Take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating PDP dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits online

To register, just go to www.metlife.com/mybenefits and follow the easy registration instructions.

Selected Covered Services and Frequency Limitations

Low Plan: Standard Offering

Type A - Preventive	How Many / How Often
<ul style="list-style-type: none"> • Prophylaxis - Cleanings • Oral Examinations • Topical Fluoride Applications • Full Mouth X-Rays • Bitewing X-Rays (Adult/Child) • Sealants 	1 in 6 months. 1 in 6 months. 1 in 12 months for children up to 14th birthday. 1 in 60 months. Adult 1 in 12 months / Child 1 in 12 months up to 14th birthday. 1 per tooth in 60 months (per permanent 1st & 2nd non-restored molar) children up to 14th birthday.
Type B - Basic Restorative	How Many / How Often
<ul style="list-style-type: none"> • Space Maintainers • Oral Surgery (Simple Extractions) • Periodontal Surgery • Periodontal Scaling & Root Planing • Periodontal Maintenance • Amalgam & Composite Fillings • Emergency Palliative Treatment 	Children up to 14th birthday. Limited to 1 per lifetime per area. 1 per tooth in 36 months. 1 per tooth in 24 months. 2 in 1 year, includes 2 cleanings. 1 in 24 months.
Type C - Major Restorative	How Many / How Often
<ul style="list-style-type: none"> • Repairs • Endodontics - Root Canal • General Anesthesia • Oral Surgery (Surgical Extractions) • Other Oral Surgery • Implants • Bridges • Dentures • Crowns/Inlays/Onlays • Consultations • Prefabricated Stainless Steel & Resin Crowns 	1 per tooth in 12 months. 1 per tooth per lifetime. For oral surgery, extractions or other covered services. Services: 1 per tooth in 10 years Repairs: 1 per tooth in 10 years. 1 per tooth in 10 years. 1 per tooth in 10 years. 1 per tooth in 10 years. 1 in 12 months. 1 per tooth in 10 Years.

The service categories and plan limitations shown in this document represent an overview of your plan benefits, but are not a complete description of the plan. Before making any purchase or enrollment decision you should review the certificate of insurance which is available through MetLife or your employer. In the event of a conflict between this overview and your certificate of insurance, your certificate of insurance governs. Like most group dental insurance policies, MetLife group policies contain certain exclusions, limitations and waiting periods and terms for keeping them in force. The certificate of insurance sets forth all plan terms and provisions, including all exclusions and limitations.

***Alternate Benefits:** Your dental plan provides that if there are two or more professionally acceptable dental treatment alternatives for a dental condition, your plan bases reimbursement, and the associated procedure charge, on the least costly treatment alternative. If you receive a more costly treatment alternative, your dentist may charge you or your dependent for the difference between the cost of the service that was performed and the least costly treatment alternative.

Selected Covered Services and Frequency Limitations

High Plan: Standard Offering

Type A - Preventive	How Many / How Often
<ul style="list-style-type: none"> • Prophylaxis - Cleanings • Oral Examinations • Topical Fluoride Applications • Full Mouth X-Rays • Bitewing X-Rays (Adult/Child) • Sealants 	1 in 6 months. 1 in 6 months. 1 in 12 months for children up to 14th birthday. 1 in 60 months. Adult 1 in 12 months / Child 1 in 12 months up to 14th birthday. 1 per tooth in 60 months (per permanent 1st & 2nd non-restored molar) children up to 14th birthday.
Type B - Basic Restorative	How Many / How Often
<ul style="list-style-type: none"> • Space Maintainers • Oral Surgery (Simple Extractions) • Periodontal Surgery • Periodontal Scaling & Root Planing • Periodontal Maintenance • Amalgam & Composite Fillings • Emergency Palliative Treatment 	Children up to 14th birthday. Limited to 1 per lifetime per area. 1 per tooth in 36 months. 1 per tooth in 24 months. 2 in 1 year, includes 2 cleanings. 1 in 24 months.
Type C - Major Restorative	How Many / How Often
<ul style="list-style-type: none"> • Repairs • Endodontics - Root Canal • General Anesthesia • Oral Surgery (Surgical Extractions) • Other Oral Surgery • Implants • Bridges • Dentures • Crowns/Inlays/Onlays • Consultations • Prefabricated Stainless Steel & Resin Crowns 	1 per tooth in 12 months. 1 per tooth per lifetime. For oral surgery, extractions or other covered services. Services: 1 per tooth in 10 years Repairs: 1 per tooth in 10 years. 1 per tooth in 10 years. 1 per tooth in 10 years. 1 per tooth in 10 years. 1 in 12 months. 1 per tooth in 10 Years.
Type D - Orthodontia	
<p>Dependent children are covered until the end of the month of their 19th birthday or up to dependent age limit. Age limitations may vary by state. Please see your Plan description for complete details. In the event of a conflict with this summary, the terms of the certificate will govern.</p> <ul style="list-style-type: none"> • All procedures performed in connection with orthodontic treatment are payable as Orthodontia. • Benefits for the initial placement will not exceed 20% of the Lifetime Maximum Benefit Amount for Orthodontia. Periodic follow-up visits will be payable on a monthly basis during the scheduled course of the orthodontic treatment. Allowable expenses for the initial placement, periodic follow-up visits and procedures performed in connection with the orthodontic treatment, are all subject to the Orthodontia coinsurance level and Lifetime Maximum Benefit Amount as defined in the Plan Summary. • Orthodontic benefits end at cancellation of coverage. 	

The service categories and plan limitations shown in this document represent an overview of your plan benefits, but are not a complete description of the plan. Before making any purchase or enrollment decision you should review the certificate of insurance which is available through MetLife or your employer. In the event of a conflict between this overview and your certificate of insurance, your certificate of insurance governs. Like most group dental insurance policies, MetLife group policies contain certain exclusions, limitations and waiting periods and terms for keeping them in force. The certificate of insurance sets forth all plan terms and provisions, including all exclusions and limitations.

* **Alternate Benefits:** Your dental plan provides that if there are two or more professionally acceptable dental treatment alternatives for a dental condition, your plan bases reimbursement, and the associated procedure charge, on the least costly treatment alternative. If you receive a more costly treatment alternative, your dentist may charge you or your dependent for the difference between the cost of the service that was performed and the least costly treatment alternative.

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents many services within each category, but is not a complete description of the Plan. Please see your Plan description for complete details. In the event of a conflict with this summary, the terms of the certificate will govern.

Like most group dental insurance policies, MetLife group policies contain certain exclusions, limitations and waiting periods and terms for keeping them in force. Please contact MetLife for details.

