

Dental Benefits

Frequently Asked Questions



MetLife

Will I have to change dentists?

You won't!

With MetLife, you can go to the dentist you're most comfortable with. However, your out-of-pocket costs will be lower if your dentist is part of MetLife's Preferred Dentist Program.

Is there a lot of paperwork?

There isn't!

With MetLife, there's little paperwork if your dentist submits your claims for you. Your dentist can even get a pre-treatment estimate over the phone or via the Internet while you're in the dental office.

Will my costs be lower on non-covered services, too?

They may!

All dentists have agreed to MetLife's negotiated fees for in-network services — fees that are 15% to 45% lower than the average fees charged in your area for the same or similar services. That means you could save money on services not covered by your plan (such as teeth whitening), and on covered services after you've exceeded your annual benefits maximum.*

Can I find out what my out-of-pocket expenses will be before receiving a service?

Yes!

With pre-treatment estimates, you never have to wonder what your out-of-pocket expenses will be. MetLife recommends that you and your dentist 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. You and your dentist will receive a benefit estimate for most procedures while you're still in the office. Actual payments may vary depending on plan maximums, deductibles, frequency limits and other conditions at time of payment.

So what does Metropolitan Life Insurance Company know about dental coverage?

PLENTY!

MetLife has been providing comprehensive dental coverage for more than 50 years, and is one of the largest dental benefits plan administrators in the country. Currently, nearly 20 million dental plan members place their trust in MetLife. Now you can, too.

All preventive services (including exams, cleanings and X-rays) are 100% covered with NO deductible when you use a participating dentist. ** Enroll in the MetLife Dental Plan and get in-network routine exams, cleanings and X-rays — for you and all covered dependents — at NO COST TO YOU.

Freedom to use any dentist.

Since you're more likely to go regularly when you trust who you're seeing, you can go to any dentist you're comfortable with, whether they're in the MetLife Dental Plan network or not. However, if you choose a dentist who does not participate in the MetLife Plan (out-of-network), your out-of-pocket expenses may be more than if you saw a participating dentist.

Save more at participating dentist locations.

With thousands of participating dentist locations nationwide, there's a good chance your current dentist is in MetLife's network.[†] All participating dentists have agreed to MetLife's negotiated fees for in-network services — fees that are 15% to 45% lower than the average fees charged in your area for the same or similar services.*

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

*Negotiated fees for non-covered services do not apply in all states. Based on internal analysis by MetLife, savings from enrolling in a dental benefits plan will depend on various factors, including how often members visit participating dentists and the cost for services rendered. Negotiated fees are subject to change.

** In-network preventive services (Type A) are 100% covered, subject to the Plan's exclusions and limitations.

[†] Savings from enrolling in a dental benefits plan will depend on various factors, including how often participants visit the dentist and the cost of services covered. To see if your dentist participates in the network, go to www.metlife.com/dental to use the Find a Dentist tool.

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