



MetLife dental program for Novant Health team members

Service type	Benefit* In-Network: % Negotiated Fee / Out-of-Network: % R&C ¹ Fee
Preventive/diagnostic services (Type A)	100%, no deductible
Basic restorative services (Type B)	80%, no deductible
Major restorative services (Type C)	50%, after \$50 individual / \$150 family calendar year deductible
Orthodontia services (Type D)	50%, after \$100 lifetime deductible
Annual maximum**	\$1,700 for in-network; \$1,300 for out-of-network
Lifetime orthodontia maximum	\$1,500 for team member, spouse, and child(ren) up to age 18*

* MetLife's Preferred Dentist Program allows you to select from a network of participating dentists who have agreed to charge MetLife's negotiated fees for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. You may still elect to receive services from a non-network dentist at the benefit coverage listed above. However, these dentists have not agreed to the negotiated fees, so you may be responsible for any difference in cost between the dentist's fee and your plans benefit payment.

** Benefits paid for in-network Type A services do not apply to the in-network annual maximum.

Understanding the types of care covered

Preventive services (Type A) Oral exams, cleanings, X-rays, space maintainers, sealants. These services help prevent or limit more serious and costly problems in the future, which is why the coinsurance level is 100 percent and there is no deductible.

Basic restorative services (Type B) Fillings, extractions, endodontics (root canal therapy), periodontics (treatment of gums), oral surgery. These services are subject to the 80 percent coinsurance level.

Major restorative services (Type C) Inlays, onlays, crowns, bridges, dentures. These services are subject to the deductible and 50 percent coinsurance.

Orthodontics - Team member, spouse and child coverage (Type D) Straightening of teeth. Orthodontia is covered at a 50 percent coinsurance level and is subject to a \$100 lifetime deductible. A lifetime orthodontia maximum of \$1,500 per covered patient applies. Treatment for a dependent child must begin prior to age 18.

Frequently Asked Questions & Important Information

Who is a participating Preferred Dentist Program dentist?

A participating dentist is a general dentist or specialist who has agreed to accept MetLife's negotiated fees as payment in full for covered services provided to plan participants. Negotiated fees typically range from 30-45%² below the average fees charged in a dentist's community for the same or substantially similar services.

Try visiting a MetLife network dentist for your next visit.

To find a dentist who participates in MetLife's Preferred Dentist Program, visit www.metlife.com/mybenefits or call toll-free 1-855-638-8370, Monday through Friday from 8 a.m. to 11 p.m. ET.

What services are covered by my plan?

All services defined under your group dental benefits plan are covered.

MetLife Dental Plan cont.

May I choose a non-participating dentist?

Yes. You are always free to select the dentist of your choice. However, if you choose a dentist who does not participate in the MetLife Preferred Dentist Program, your out-of-pocket expenses may be more, since you will be responsible to pay for any difference between the dentist's fee and your plan's payment for the approved service. If you receive services from a participating dentist, you are only responsible for the difference between the negotiated, in-network fee for the service provided and your plan's payment for the approved service. Please note: any plan deductibles must be met before benefits are paid.

Can my dentist apply for Preferred Dentist Program participation?³

Yes. If your current dentist does not participate in the Preferred Dentist Program and you'd like to encourage him or her to apply, tell your dentist to visit www.metdental.com, or call toll-free, 1-877-MET-DDS9 for an application. The website and phone number are designed for use by dental professionals only.

How can I learn about what dentists in my area charge for different procedures?

Visit www.metlife.com/mybenefits and use the dental procedure fee tool provided by VerifPoint, Inc.⁴ to learn more about approximate fees for services such as exams, cleanings, fillings, crowns and more. The dental procedure fee tool can help you estimate the in-network, negotiated fees and out-of-network fees for dental services in your area.

¹ R&C fee refers to the Reasonable and Customary charge, which 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 for the same or similar services as determined by MetLife.

² Based on internal analysis by MetLife. Savings from enrolling in the MetLife Preferred Dentist Program will depend on various factors, including how often participants visit and the cost for services rendered.

³ Due to contractual requirements, MetLife is prevented from soliciting certain providers.

⁴ The Dental Procedure Fee Tool application is provided by Verifpoint, Inc., an independent vendor. This tool does not provide the payment information used by MetLife when processing your claims. Prior to receiving services, pretreatment estimates through your dentist will provide the most accurate fee and payment information.

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

Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166.

