



# MetLife dental program for Novant Health team members

Service type	Benefit
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)- child only	50% after \$100 lifetime deductible
Annual maximum**	\$1,700 for in-network; \$1,300 for out-of-network
Lifetime orthodontia maximum	\$1,500

\*MetLife's Preferred Dentist Program allows you to select from a network of participating dentists who have agreed to charge MetLife's negotiated fees. 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 have a higher out of pocket cost.

\*\* Effective 1/1/2019, benefits paid for In-Network, Type A services will 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 - child only 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 dependent child applies, and treatment has to 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 services provided to plan participants. Negotiated fees typically range from 15-45 percent\* below the average fees charged in a dentist's community for the same or substantially similar services.

\*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 the dentist and the cost for services rendered.

### 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](http://www.metlife.com/mybenefits) or call toll-free 1-855-638-8370 Monday through Friday from 8 a.m. to 11 p.m., eastern time.

# Metlife Dental Plan cont.

## **What services are covered by my plan?**

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

## **Does the Preferred Dentist Program offer any discounts on non-covered services?**

MetLife's negotiated fees with in-network dentists may extend to services not covered under your plan and services received after your plan maximum has been met, where permitted by applicable state law. If you receive services from a network dentist that are not covered under your plan or where the maximum has been met, in those states where permitted by law, you may only be responsible for the negotiated, in-network fee.

## **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?**

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](http://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?**

If you have MyBenefits you can access the dental procedure fee tool provided by VerifPoint, Inc. where you can learn more about approximate fees for services such as exams, cleanings, fillings, crowns and more. Simply visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) and use the dental procedure fee tool to help you estimate the in-network, negotiated fees and out-of-network fees\* for dental services in your area.

\*Out-of-network fee information is provided by VerifPoint, Inc., an industry source independent of MetLife. This site does not provide the benefit payment information used by MetLife when processing your claims. Prior to receiving services, we recommend that you obtain pre-treatment estimates through your dentist.

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.

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