



MetLife Dental HMO (DHMO)

Benefits are provided by Safeguard Health Plans, Inc., a MetLife company¹

MetLife Dental HMO benefits are provided according to a Schedule of Benefits, which lists all the plan's covered services and their copayments. You may request a copy of the MetLife DHMO Schedule of Benefits by calling the Engage Benefits Department at 1-888-780-8807 or by emailing benefits@engagepeo.com.

About the (DHMO):

Do I need to select a dentist who participates in the network when I enroll? Yes. At the time of enrollment, you will need to select a participating dentist. You may schedule an appointment with your dentist any time after your plan's effective date and once your participating dentist assignment has been confirmed.

How can I find a list of participating dentists? You can find the names, addresses, languages spoken and telephone numbers of participating dentists in the directory by searching online at www.metlife.com, then click the link for Employee Benefits to use the "Find a Dentist" tool.

Can I change dentists under this program? Yes. You and your enrolled dependents may each select different participating dentists and may change dentists as often as once per month. You can change dentists for you and your enrolled dependents by calling MetLife Customer Service at 1-800-880-1800. Your transfer will be effective the first of the following month if the requests are received by MetLife prior to the 25th of the prior month.

My child is currently in orthodontic treatment. If I enroll in the MetLife Dental HMO plan, will we have to change orthodontists? On-going orthodontic treatment for members who are part of the initial enrollment and have completed the orthodontic banding process can be accomplished through the Continuing Orthodontic Program. If you are eligible for the Continuing Orthodontic Program, you may email the Engage Benefits Department at benefits@engagepeo.com to request a Continuing Orthodontic form. This form must be completed and submitted during the initial open enrollment period in order to be considered for this coverage.

What if I need to see a specialist? Your selected participating dentist will refer you to a participating specialist in your area – there is no need to wait for approval. Any co-payment amount for services is listed on your MetLife Schedule of Benefits (Met 245).

MetLife Dental PPO and Dental PPO Copay Plans

With MetLife Dental PPO plans, you can get care from any dentist, but you receive a discount and pay less out-of-pocket if the dentist you choose is in the provider network

For a list of participating dental providers, visit: www.metlife.com/mybenefits to access the "Find a Dentist" tool.

Or call MetLife directly at:
1-800-438-6388 (GET-MET8)

MAC or R&C? A guide to understanding your dental plan

The best time to dig into the details of your dental insurance coverage is long before you file a claim. When selecting a dental insurance plan, spend a few minutes reviewing your different plan options and how they determine your coverage if you visit an in-network or out-of-network provider.¹

Dental Definitions

Negotiated fees — 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 benefits maximums. Negotiated fees are subject to change. Depending on the plan, payment may be made for all or part of the negotiated fee for different types of services.

Maximum Allowable Charge (MAC) — caps payment for services provided by an out-of-network dentist at a scheduled amount, the Maximum Allowable Charge. Depending on the plan, payment may be made for all or part of the Maximum Allowable Charge for different types of services.

Reasonable & Customary (R&C) charge — plan pays out-of-network claims based on Reasonable & Customary (R&C) charges determined for your area. The R&C charge 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 usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife. Depending on the plan, payment may be made for all or part of the R&C charge for different types of services.

What do these definitions mean in real life?

Let’s look at a hypothetical example of the different plan types in action for three employees — Katie, Joan, and Cindy — who each need a crown. Based on the plan design the employee selected¹ and the dentist they choose to visit, each will be responsible for paying different portions of the costs.

If you need a crown...	Katie chose the High Plan and goes to an in-network dentist who agrees to accept MetLife’s negotiated fees	Joan chose the High Plan and goes to an out-of-network dentist (out-of-network payment based on R&C charge)	Cindy chose the Low Plan and goes to an out-of-network dentist (out-of-network payment based on MAC)
Dentist’s Charge	\$1,535	\$1,535	\$1,535
Negotiated Fee	\$895	N/A	N/A
MAC ²	N/A	N/A	\$881
R&C Fee	N/A	\$1,535	N/A
Plan Coverage % for Crowns	50%	50%	50%
MetLife pays	\$447.50	\$767.50	\$440.50
Member pays	\$447.50	\$767.50	\$1,094.50

This is a hypothetical example that reviews a crown – porcelain/ceramic substrate (D2740) in the Hartford, CT area, zip 06340. It assumes that the annual deductible has been met and the annual maximum benefit has not been reached. Actual negotiated fees, R&C amounts, MAC amounts and out-of-pocket expenses may differ.

Take charge of your dental care

• Talk to your dentist

Before you get any major dental work, talk to your dentist about getting a pre-treatment estimate.³ That’s when your dentist sends the plan for your care to MetLife. For most procedures, you and your dentist will receive the estimate — online or by fax — during your visit. The statement shows amounts for what your plan covers. Then you and your dentist can talk about your care and costs before your treatment. It’s a great way to be prepared and plan ahead.

• Get your plan information — fast!

- Managing your dental benefits has never been easier. You’ve got MyBenefits — your secure member website. Just log on at metlife.com/mybenefits. With the 24/7 website you can:⁴
- Review your plan information, including what’s covered and coinsurance
 - Track your deductible and plan maximums
 - Find a dentist or view your claim history
 - Read up on the oral health information you need to make informed decisions about your care

Your benefit in action

Take advantage of how simple and easy it is to use Dental Insurance:

Look for participating dentists with pre-negotiated fees online at [metlife.com](https://www.metlife.com) or choose any non-participating general dentist or specialist.



MetLife's Mobile App⁴ is available on the App Store and Google Play.



After downloading, you can use it to find a dentist, view your claims, access your ID card, and more.



Please scan the QR code to access the Mobile App or visit [metlife.com/dental](https://www.metlife.com/dental). Enter your ZIP code and select the PDP Plus network.

Premiums will be conveniently paid through payroll deduction. So you don't have to worry about writing a check or missing a payment.

You'll only be charged the co-pay listed on your insurance card when you visit the dentist.

Dentists may submit claims for you, which means you have little or no paperwork.

Track claims online and even receive email alerts once claim has been processed.

Find claim forms at [metlife.com/mybenefits](https://www.metlife.com/mybenefits) or call **1-800-GET-MET8**.

To visit [metlife.com/mybenefits](https://www.metlife.com/mybenefits) scan the following:



1. Example provided for illustrative purposes. Not all dental benefits programs will include both MAC and R&C plan options. Please refer to the materials provided by your employer for details about the plan options available to you.
2. Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife.
3. MetLife strongly recommends that you have your dentist submit a pretreatment estimate to MetLife if the cost is expected to exceed \$300. When your dentist suggests treatment, have him or her send a claim form, along with the proposed treatment plans and supporting documentation, to MetLife. An explanation of benefits (EOB) will be sent to you and the dentist detailing an estimate of what services MetLife will cover and at what payment level. Actual payments may vary from the pretreatment estimate depending upon annual maximums, deductibles, plan frequency limits and other plan provisions at time of payment.
4. With the exception of scheduled or unscheduled systems maintenance or interruptions, the MyBenefits website is typically available 24 hours a day, 7 days a week.

[metlife.com](https://www.metlife.com)

Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company (MetLife), New York, NY 10166. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions of benefits, limitations and terms for keeping them in force. Please contact MetLife or your Plan Administrator for complete details.



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	MetLife Dental HMO (DHMO) MET 245 ³ FL, TX, NY, NJ and CA	MetLife Dental Copay Plan ^{2,4}		MetLife Dental PPO LOW ¹		MetLife Dental PPO MID ²		MetLife Dental PPO HIGH ²	
Coverage Type	In Network Benefits Only	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible		Deductible waived for prev. care		Deductible waived for prev. care		Deductible waived for prev. care		Deductible waived for prev. care	
Individual	None	\$0	\$50	\$50		\$50		\$50	
Family	None	\$0	\$150	\$150		\$150		\$150	
Calendar Year Maximum									
Individual	None	\$750		\$1,000		\$2,000		\$4,000	
Family	None	\$750 per person		\$1,000 per person		\$2,000 per person		\$4,000 per person	
		This is the most that the plan will pay on your behalf during the calendar year. All benefits payable subject to plan maximums		This is the most that the plan will pay on your behalf during the calendar year. All benefits payable subject to plan maximums		This is the most that the plan will pay on your behalf during the calendar year. All benefits payable subject to plan maximums.		This is the most that the plan will pay on your behalf during the calendar year. All benefits payable subject to plan maximums.	
Dental Office Visits	\$5								
Type A- Preventative Care; Annual Exam, Cleanings and Bite Wing X-Rays	Covered 100%	See schedule	Covered at 80%; you pay 20% R&C amounts	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	
Type B: Basic Care: Minor Related Services; Fillings, Oral Surgery, Full mouth X-rays; one per 60 months and Periodontics	Copays vary; refer to Schedule of Benefits	See schedule	Covered at 35%; you pay 65% R&C amounts	Covered at 70%; you pay 30% of the PDP negotiated rate	Covered at 70%; you pay 30% of R&C/amounts	Covered at 80%; you pay 20% of the PDP negotiated rate	Covered at 80%; Claims are paid according to the MetLife MAC (maximum allowable charge) fee schedule	Covered at 80%; you pay 20% of the negotiated rate	Covered at 80%; you pay 20% R&C/amounts
Type C: Major Care; Complete Oral Surgery, Major Restorations, Crowns, Complete and Partial Dentures. Minor Related Services; Fillings, Oral Surgery and periodontics	Copays vary; refer to Schedule of Benefits	See schedule	Covered at 25%; you pay 75% R&C amounts	Covered at 40%; you pay 60% of the PDP negotiated rate	Covered at 40%; you pay 60% of R&C/amounts	Covered at 50%; you pay 50% of the PDP negotiated rate	Covered at 50%; Claims are paid according to the MetLife MAC (maximum allowable charge) fee schedule	Covered at 50%; you pay 50% of the negotiated rate	Covered at 50%; you pay 50% R&C amounts
Type D - Orthodontia Coverage for:	Adults & Children	N/A		Children < 26		Children < 26		Children < 26	
Lifetime Maximum	\$1,850	\$0		\$1,000		\$1,000		\$1,500	
Up to 24 Months Treatment Plan	\$1,850 copay	N/A		Covered at 50%; you pay 50% of the PDP negotiated rate	Covered 50%; you pay 50% R&C/amounts>	Covered at 50%; you pay 50% of the PDP negotiated rate	Covered at 50%; Claims are paid according to the MetLife MAC (maximum allowable charge) fee schedule	Covered at 50%; you pay 50% of the PDP negotiated rate	Covered 50%; you pay 50% R&C amounts

¹Out of network services based on PDP fees which are maximum allowable network rates

²Out of network services subject to reasonable and customary limits

³This plan is currently only available in FL, TX, NY, NJ and CA

⁴This plan is only available where the DMO is not available