



# Visit a dentist. Any dentist.



## You chose a dental plan that can help you save<sup>1</sup> and get the care you need.

No matter who your dentist may be, with the MetLife Preferred Dentist Program, the power to choose and save is yours.

### Here are the facts:

- You can go to any licensed dentist, in or out of the network. Whatever you decide, you can still get the most from your coverage and save.<sup>1</sup>
- Reimbursement for your out-of-network benefits are based on the 99th percentile of “reasonable and customary” R&C fee.<sup>2</sup> We look at what dentists in your area actually charge for services, and we calculate reimbursement based on the 99th percentile of those charges.
- The way we determine allowable charges for the R&C fee means your eligible benefit amount for out-of-network care is usually higher. This helps you pay less out of pocket.
- Sometimes you may have to pay part of the bill. This is called balance billing. But in the case of most covered services, you won’t be balance billed above your typical out-of-pocket costs – your deductible, coinsurance amount and your plan maximum.

### Take charge of your dental care

#### *Talk to your dentist*

Before you get any major dental work, you should talk to your dentist about getting a pretreatment estimate.<sup>3</sup> That’s when your dentist sends the plan for your care to MetLife.

For most procedures, you and your dentists 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!*

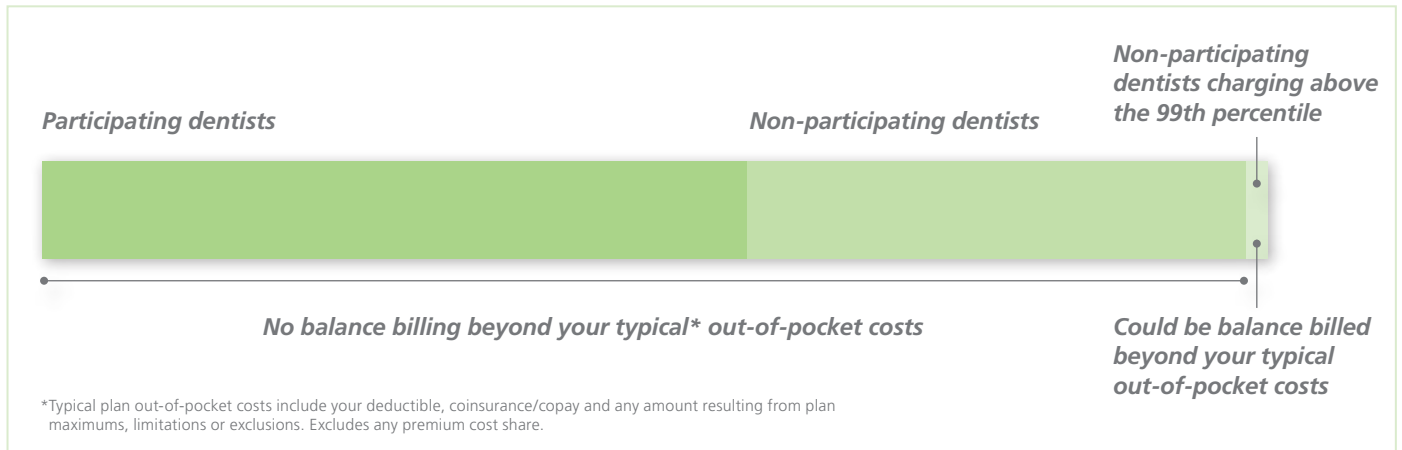
Managing your dental benefits has never been easier. You’ve got MyBenefits – your secure member website. Just log on at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits). With the 24/7 website you can:<sup>4</sup>

- Review your plan information, including what’s covered and your 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

## Take a look at the charts below. They will give you a better idea of how services provided by participating and non-participating dentists affect your coverage.

### The 99<sup>th</sup> bar

This bar shows how often plan members across the nation usually go to a participating or non-participating dentist. It also shows just how rare it is for you to pay more than your typical out-of-pocket costs.<sup>5</sup>



### Savings example

This hypothetical example shows that whether you get a cleaning from a participating or non-participating dentist, you can still save money.<sup>1,6</sup>

	Participating Dentist	Non-participating Dentist <sup>7</sup>
Dentist's Usual Charge <sup>2</sup>	\$90	\$90
Negotiated Fee <sup>8</sup>	\$58	N/A
99th Percentile R&C Fee	N/A	\$149
MetLife Pays	\$58	\$90
<b>Your out-of-pocket cost</b>	<b>\$0</b>	<b>\$0</b>

## Visit any licensed dentist. The choice is all yours!

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.

<sup>1</sup> Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.

<sup>2</sup> R&C fee refers to the Reasonable and Customary (R&C) 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 the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

<sup>3</sup> A pre-treatment estimate is only an estimate. The actual amount that MetLife will pay is determined when a claim is submitted, and is subject to any co-payments, deductibles, cost sharing and benefit maximums. Actual benefit determinations are made when services are rendered and are subject to the following as applicable on the date of service: patient eligibility; plan and frequency limitations; maximums and deductibles; and other coverages.

<sup>4</sup> 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.

<sup>5</sup> National MetLife Data as of June 2012.

<sup>6</sup> Please note: This is a hypothetical example that reviews an adult teeth cleaning (D1110) in the Chicago area, zip 60601. It assumes that the annual deductible has been met.

<sup>7</sup> This example excludes non-participating dentists who charge more than what 99% of what other dentists in the area charge.

Please note that if you receive care from a dentist that falls into this category, your out-of-pocket costs may be higher.

<sup>8</sup> Negotiated Fee refers to 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.

# MetLife

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