

Dental

# 2021 Endowed Dental Benefit Guide for Cornell University





## For Cornell Endowed Faculty and Staff and their Families

You have 2 MetLife plan options: **Dental Standard and Dental Plus**. Choose the benefit level that suits your needs.

Explore this summary brochure and the website below to compare the details of each endowed dental plan.

### Have other questions?

Visit [www.metlife.com/cornell/](http://www.metlife.com/cornell/) for more information or call MetLife directly at: 800-942-0854

### Coordination of Benefits:

If you or any of your dependents incur charges which are covered by any other group plan, the benefits of this plan will be coordinated with the benefits of the other plan so that the total benefits received are not greater than the charges incurred.

### ¿en español?

MetLife tiene representantes de centros de reclamos quienes hablan español y ofrece una variedad de documentos en español, además servicios de interpretación telefónica en una amplia gama de idiomas.

**Eligibility and Enrollment:** Endowed faculty and staff who work at least 20 hours per week, or 50% FTE, and who are included in payroll/benefit classifications designated by Cornell are eligible to apply for coverage under the Endowed Dental Insurance Plan. Your spouse/domestic partner and children are eligible. Children may be covered through December 31 of the year in which their 26th birthday occurs.

New endowed faculty and staff have 60 days from the date of hire to enroll. If you experience a qualifying event (e.g., marriage), you must enroll within 60 days. Once you enroll, unless you experience a change in family status, you cannot stop or change your election until the next annual open enrollment period. Changes in family status include but are not limited to, birth, marriage, divorce, termination, and dependent death.

**Effective Date of Coverage:** Changes made during Open Enrollment will be effective January 1. Outside of Open Enrollment, your benefits will become effective on the first day of the pay period after your date of hire or qualifying event (e.g., marriage, divorce). If your date of hire or qualifying event is the first day of the pay period, your effective date is the date of your hire/qualifying event.

**Provider Flexibility:** MetLife's Preferred Dentist Program is a Dental PPO program. Each plan member is free to visit any licensed dentist, in or out-of-network, and receive benefits. In addition, family members do not need to see the same provider.

- **Dental Network\*:** Members can typically save 30-45% on out-of-pocket costs when visiting an in-network provider in either the Dental Standard or Dental Plus plans.

\* Based on MetLife data. In-network dentists have agreed to accept negotiated fees as payment in full for covered services, subject to any deductibles, copayments, cost sharing and benefits maximums. Negotiated fees are typically 30 - 45% less than average charges in the same community and are subject to change. Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit a dentist and the cost of services rendered.

Topic/Service	Dental Standard		Dental Plus	
	In-Network <sup>1</sup>	Out-of-Network <sup>2</sup>	In-Network <sup>1</sup>	Out-of-Network <sup>2</sup>
<b>Deductible</b>	No deductible for Type A, B & C	No deductible for Type A, \$50 per member deductible per calendar year for Type B & C, \$150 (3 individual \$50) family deductible* per calendar year for Type B & C	No deductible for Type A, \$50 per member deductible per calendar year for Type B & C, \$150 (3 individual \$50) family deductible* per calendar year for Type B & C	
<b>Annual Maximum Benefit**</b>	\$1,250/per member		\$5,000/per member	
<b>Orthodontia Lifetime Maximum Benefit<sup>3</sup></b>	\$1,000/per member (child only through age 18)		\$2,000/per member (you, spouse/domestic partner, child through age 18)	
<b>Preventive Plus</b>	Type A services will <b>not</b> reduce available maximum		Type A services will <b>not</b> reduce available maximum	

#### Type A: Preventive & Diagnostic Services

Plan Benefit	100% of Negotiated Fee <sup>1</sup>	90% of R&C <sup>4</sup>	100% of Negotiated Fee <sup>1</sup>	100% of R&C <sup>4</sup>
<b>Exams</b>	4 per year		4 per year	
<b>Bitewings</b>	2 per year		2 per year	
<b>Full Mouth/Panoramic Xray</b>	1 per 3 years		1 per 3 years	
<b>Cleanings</b>	4 per year		4 per year	
<b>Fluoride</b>	2 every year; through age 18		2 every year; through age 18	
<b>Sealants</b>	Through age 16		Through age 16	
<b>Space Maintainers</b>	1 per lifetime per area of the mouth		1 per lifetime per area of the mouth	

#### Type B: Basic Restorative Services

Plan Benefit	90% of Negotiated Fee <sup>1</sup>	70% of R&C <sup>4</sup>	90% of Negotiated Fee <sup>1</sup>	90% of R&C <sup>4</sup>
<b>Fillings</b>	Resin or white fillings considered on all teeth		Resin or white fillings considered on all teeth	
<b>Surgical Extractions</b>	Extractions, impacted teeth, alveolar or gingival reconstruction, cysts, and neoplasms		Extractions, impacted teeth, alveolar or gingival reconstruction, cysts, and neoplasms	
<b>Anesthesia</b>	In connection with oral surgery, extractions or other covered services determined necessary		In connection with oral surgery, extractions or other covered services determined necessary	
<b>Occlusal</b>	Night guards are covered		Night guards are covered	

**For Type C Procedures see next page**

\* Services incurred for both in and out of network services will be combined to meet the overall yearly annual calendar deductible under your plan. Cornell's individual deductible is \$50 per member and \$150 per family (3 individuals each meeting the \$50 deductible) per calendar year. Once the family deductible is met then no additional family members need to meet a deductible for the current calendar year.

\*\* Services incurred in and out of network are combined for the overall yearly annual maximum of your plan.

1. In-network refers to benefits provided under this program for covered dental services that are provided by a participating dentist. Negotiated fee refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.
2. Out-of-network refers to benefits provided under this program for covered dental services that are not provided by a participating dentist.
3. We recommend you receive a pre-treatment estimate from your provider to determine estimated costs of your orthodontia treatment. Note: Lifetime Maximum for Orthodontia treatment is up to \$1,000 per person under the Dental Standard Plan and up to \$2,000 per person under the Dental Plus Plan. Orthodontia covers children through age 18 in both the Dental Standard and Dental Plus plans. Adult orthodontia is only covered under the Dental Plus plan and only covers you and your spouse.
4. 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.

	Dental Standard		Dental Plus	
	In-Network <sup>1</sup>	Out-of-Network <sup>2</sup>	In-Network <sup>1</sup>	Out-of-Network <sup>2</sup>
<b>Type C: Major Restorative Services</b>				
<b>Plan Benefit</b>	50% of Negotiated Fee <sup>1</sup>	50% of R&C <sup>3</sup>	50% of Negotiated Fee <sup>1</sup>	50% of R&C <sup>3</sup>
<b>Endodontics</b>	Root canal		Root canal	
<b>Periodontics</b>	Root planing, gingivectomy		Root planing, gingivectomy	
<b>Crowns</b>	1 crown per tooth every 5 years		1 crown per tooth every 5 years	
<b>Bridges; Dentures</b>	1 per 5 years		1 per 5 years	
<b>Implants</b>	1 implant per tooth every 5 years		1 implant per tooth every 5 years	

Rates	Dental Standard			Dental Plus		
	Monthly	24 pay periods	26 pay periods	Monthly	24 pay periods	26 pay periods
<b>Employee Only (EE)</b>	\$25.56	\$12.78	\$11.80	\$41.48	\$20.74	\$19.14
<b>EE + Spouse/ Domestic Partner</b>	\$52.34	\$26.17	\$24.16	\$83.95	\$41.98	\$38.75
<b>EE + Children</b>	\$61.22	\$30.61	\$28.26	\$95.79	\$47.90	\$44.21
<b>EE + Family</b>	\$85.50	\$42.75	\$39.46	\$135.28	\$67.64	\$62.44

**Premiums will be conveniently paid through payroll deduction on a pre-tax basis.**

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3. 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.



# Additional dental benefits

**Orthodontia Benefit** included with the Dental Standard and Dental Plus Plans

Orthodontia coverage is available for children in both plans through age 18. Since the average orthodontic treatment is 24 months, the child needs to be banded by their 17th birthday to receive the full 8 quarters of benefit. Orthodontia coverage for adults is only available in the Dental Plus plan and only covers you and your spouse.

Covered expenses are based on 50% of the estimated cost of the patient's treatment program, up to the \$2,000 per person Lifetime Maximum under the Dental Plus plan and up to \$1,000 per person Lifetime Maximum under the Dental Standard plan. After the banding and bracketing payment is made, the remaining payments will be made in equal quarterly installments for up to 24 months.

## **Benefits for Orthodontic Services Began Prior to Dental Insurance Through MetLife**

If the initial service was made prior to Dental Insurance through MetLife being in effect, the benefit payable under this plan will be reduced by the amount already paid as part of the initial service.

If follow-up visits commenced prior to MetLife Dental Insurance being in effect:

- the number of months for which benefits are payable will be reduced by the number of months of treatment performed before MetLife Dental Insurance was in effect.
- the total amount of the benefit payable for the follow-up visits will be reduced proportionately.





# Dental Plan Limitations and Exclusions

We will not pay dental Insurance benefits for charges incurred for:

1. Services which are not dentally necessary, or those which do not meet generally accepted standards of care for treating a dental condition.
2. Services for which you would not be required to pay in the absence of dental insurance.
3. Services or supplies received by you or your dependent before the dental insurance starts for that person.
4. Services which are primarily cosmetic.
5. Services or appliances which restore or alter occlusion or vertical dimension.
6. Restoration of tooth structure damaged by attrition, abrasion or erosion, unless caused by disease.
7. Restorations or appliances used for periodontal splinting.
8. Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
9. Personal supplies or devices including, but not limited to water picks, toothbrushes, or dental floss.
10. Decoration or inscription of any tooth, device, appliance, crown or other dental work.
11. Missed appointments.
12. Services:
  - covered under any workers' compensation or occupational disease law;
  - covered under any employer liability law;
  - or which the employer of the person receiving such services is required to pay; or
  - received at a facility maintained by the policyholder, labor union, mutual benefit association, or VA hospital.
13. Services covered under other coverage provided by the policyholder.
14. Prescription drugs.
15. Services for which the submitted documentation indicates a poor prognosis.
16. The following, when charged by the dentist on a separate basis:
  - claim form completion;
  - infection control, such as gloves, masks, and sterilization of supplies; or
  - local anesthesia, non-intravenous conscious sedation or analgesia, such as nitrous oxide.
17. Caries susceptibility tests.
18. Labial veneers.
19. Modification of removable prosthodontic and other removable prosthetic services
20. Precision attachments associated with fixed and removable prostheses, except when the precision attachment is related to implant prosthetics.
21. Adjustment of a denture made within 6 months after installation by the same dentist who installed it.
22. Duplicate prosthetic devices or appliances.
23. Replacement of an orthodontic device.
24. Intra and extraoral photographic images.
25. Cleaning and inspection of a removable appliance.



## **Claims, Benefit, and Provider Network Questions**

**MetLife Dental Call Center**

**800-942-0854**

Monday-Friday

8am to 11:00pm (EST)

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

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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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