

2021 Group Dental Member Handbook

For Active Employees and Retirees



State of Tennessee

PARTNERS
FOR HEALTH

Welcome!

Why is having a good dental plan so important?

Because a healthier smile can be important to maintaining overall health.

Maintaining good oral health matters. Studies show that those with dental coverage are more likely to visit the dentist¹. And of course, staying on top of your care is the key to preventing costly problems that can add up. Plus, going to the dentist regularly can help prevent problems that have been linked to diabetes or heart disease². That's where a good dental plan comes in. The right coverage makes it easier to visit the dentist and helps lower your costs. You get support to keep up with dental cleanings and other preventive care that helps you avoid costly problems and live healthier. Now that's something to smile about.

How can having MetLife Dental insurance benefit you?

By making it easier to get the care you need and lowering your out-of-pocket costs.

Freedom of choice to go to any dentist.

MetLife's group dental insurance plan featuring the Preferred Dentist Program is a Dental Preferred Provider Organization (DPPO) plan. So you can visit any licensed dentist, in or out of the network, and receive benefits.

- Dentists in our network are participating dentists. If you prefer to go to a participating dentist, you can count on our large and constantly growing network. Plus, all participating dentists must meet rigorous selection standards³, so you know you are in good hands.
- Find an in-network, participating dentist today at <https://www.metlife.com/stateoftn/dental/plan/>

For better savings, visit an in-network, participating general dentist or specialist. Visits are covered with any dentist you choose even if he or she is out of network, but you'll get the most competitive prices with an in-network provider. With MetLife Dental, you have a large network of providers in Tennessee and across the country.

Managing your dental benefits is easy!

MyBenefits, <https://www.metlife.com/mybenefits/stateoftn>, is your secure self-service website. It's available 24/7. You can use the site to get estimates on care or to check coverage and claim status.

- **MetLife Mobile App**⁴ It is easy to get the MetLife US Mobile app. Search "MetLife" on the iTunes Store® or Google Play® and download the MetLife US Mobile App. Then use your MyBenefits log in information to access these features.
- Call 855-700-8001, representatives are available 7 a.m. - 10 p.m. CT, Monday through Friday.

Increase your knowledge of oral health.

Our large online Dental library, <https://oralfitnesslibrary.com/>, gives you educational information and interactive tools on benefits, dental care and disease risk. These resources help you to take a more proactive role in your oral health.

An agency must be participating in the State of Tennessee Group Insurance Program in order to qualify for participation in the State of Tennessee Voluntary Dental Program. Employee, retiree and/or dependent participation in the State Group Insurance Program is not required to participate in the State Dental Program. Employee or retiree participation in the MetLife (DPPO) is required for participation of eligible dependents. Participation by those enrolled in the MetLife (DPPO) is on a calendar year basis. Enrollment may only be dropped by the members during the Annual Enrollment Period for the beginning of the next calendar year or due to a special qualifying event.

¹ 2013 US Survey of Dental Care Affordability and Accessibility; Empirica Research; July 2013.

² American Dental Association; Dentists: Doctors of Oral Health. Accessed August 2019, www.ada.org/en/about-the-ada/dentists-doctors-of-oral-health

³ Certain providers may participate with MetLife through an agreement that MetLife has with a vendor. Providers available through a vendor are subject to the vendor's credentialing process and requirements, not MetLife's.

⁴ Certain features of the MetLife Mobile App are not available for all MetLife Dental Plans.

Maximum Allowed Charge (MAC) is the lowest of (1) the amount charged by the dentist or (2) the maximum amount that in-network dentists have agreed to accept as payment in full for the dental service. When a participant receives dental services from an in-network provider, the participant is responsible for the percentage of the MAC that MetLife does not pay.¹ Even when a participant receives dental services from an out-of-network provider, MetLife will pay a percentage of the MAC. The participant is then responsible for everything over the percentage of the MAC paid by MetLife up to the charge submitted by the out-of-network dentist.¹

2021 State of Tennessee Benefit Summary		
CoverageType	In-Network	Out-of-Network
Type A: Diagnostic and Preventive Services <ul style="list-style-type: none"> Periodic Oral Evaluation: Two oral exams in any calendar year² Routine Cleaning: Two cleanings in any calendar year² Full-Mouth X-rays: One in 60 consecutive months Bitewing X-rays: One in 12 consecutive months Sealants to age 16 Space Maintainers to age 15 	100% of MAC	80% of MAC
Type B: Basic Services <ul style="list-style-type: none"> Amalgam & Composite Fillings Periodontal Maintenance: Two treatments in one year, includes two cleanings² Periodontics: Non-Surgical/Scaling and Root Planing 	80% of MAC	60% of MAC
Type C: Major Services <ul style="list-style-type: none"> Inlays/Onlays/Crowns Implant Services Crown Buildups/Post & Core Dentures, complete or partial Six-month waiting period applies to inlay/onlay restorations, dentures, crowns and implants; 12-month waiting period applies for initial placement of bridge or denture to replace one or more natural teeth. 	50% of MAC	50% of MAC
Orthodontic Services <ul style="list-style-type: none"> Only available for dependent children up to age 19 12-month waiting period 	50% of MAC	50% of MAC
Deductible: Type B and C Services only <ul style="list-style-type: none"> Individual Family No single family member will be subject to a deductible greater than the "individual" amount.	\$25 \$75	\$100 \$300
Annual Maximum Benefit (per person) Orthodontia Lifetime Maximum (per person)	\$1,500 \$1,250	\$1,500 \$1,250

¹Subject to any deductibles and benefit maximums.

²Additional oral exams, cleanings and periodontal maintenance allowed if dentally necessary and the dentist receives prior authorization from MetLife.

Monthly Premiums

The following monthly premiums are effective **1/1/2021 – 12/31/2021**. Your premium may be paid through convenient payroll or retirement system deduction.

Active Employee Premiums		Retiree Employee Premiums	
Employee Only	\$23.64	Retiree Only	\$30.52
Employee + Child(ren)	\$54.36	Retiree + Child(ren)	\$70.18
Employee + Spouse	\$44.72	Retiree + Spouse	\$57.74
Employee + Spouse + Child(ren)	\$87.50	Retiree + Spouse + Child(ren)	\$112.98

In-Network Savings* Example

You visit your dentist for a crown, which is a Type C service (major service).

- MAC: \$716
Maximum Allowable Charge In-Network
Maximum Considered Fee Out-of-Network
- Dentist's Usual Fee: \$1,022

IN-NETWORK When you receive care from a participating dentist:		OUT-OF-NETWORK When you receive care from a non-participating dentist:	
Dentist's Usual Fee is:	\$1022	Dentist's Usual Fee is:	\$1022
MAC is:	\$716	MAC is:	\$716
Your Plan Pays 50% of the \$716 MAC:	\$358	Your Plan Pays 50% of the \$716 MAC:	\$358
Your Out-of-Pocket Cost is the MAC Fee minus the amount your plan pays (\$716 - \$358)	\$358	Your Out-of-Pocket Cost is the Dentist's Usual Fee minus the amount your plan pays (\$1022 - \$358)	\$664

In this example, you save **\$306** (\$664 minus \$358) by using a participating dentist.

*Savings from enrolling in the MetLife Dental Preferred Provider Organization Insurance Program will depend on various factors, including the cost of the program, how often participants visit the dentist and the cost of services rendered. Please note: This is a hypothetical example that reviews a porcelain/ceramic crown (D2740). It assumes that the annual deductible has been met and the annual maximum benefit has not been reached. Actual costs and savings may vary.

Important answers to some common questions

Where can I find information on the State of TN dental program?

State of TN members can access MetLife dental by going to <https://www.metlife.com/mybenefits/stateoftn> which goes directly to a State specific website. Here you will need to create a username and password on MyBenefits. Once logged in, you have access to find an in-network, participating dentist, view claims, find claim forms, view plan details, and more.

How are claims processed?

Dentists may submit your claims for you, so you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/stateoftn or request one by calling 1-855-700-8001.

How do I find a participating dentist?

There are thousands of general dentists and specialists to choose from nationwide — so you are sure to find one who meets your needs. You can find the names, addresses, languages spoken and telephone numbers of participating dentists in your area by searching our online *Find a Dentist* feature at <https://www.metlife.com/mybenefits/stateoftn>

Can my dentist apply for participation in the network?

Yes. If your current dentist does not participate in the network and you would like to encourage him or her to apply, ask your dentist to visit www.metdental.com or call 1-866-PDP-NTWK (1-866-737-6895) for an application. The website and phone number is for use by dental professionals only.

How does MetLife coordinate benefits with other insurance plans?

The coordination of benefits provision in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife Dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan. If the MetLife Dental benefit plan is secondary, most coordination-of-benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan.

Can I get an estimate of how much I have to pay before receiving a service?

Yes. You can ask for a **pre-treatment estimate**. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. **We recommend that you request a pre-treatment estimate for services in excess of \$300.** Simply have your dentist submit a request online at www.metdental.com or call 1-877-MET-DDS9 (877-638-3379). You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

What is an Alternate Benefit?

If MetLife determines that a service, less costly than the Covered Service the Dentist performed, could have been performed to treat a dental condition, MetLife will pay benefits based upon the less costly service if such service:

1. Would produce a professionally acceptable result under generally accepted dental standards; and
2. Would qualify as a Covered Service.

For Example, MetLife will pay for a silver colored crown if a porcelain crown is placed on a rear molar. The silver crown is less likely to crack than a porcelain crown.

NOTE: MetLife recommends your provider submit a pre-treatment estimate prior to dental procedures over \$300.

What is "balance billing"?

When a participant receives dental services from an out-of-network provider, MetLife will pay a percentage of the MAC. The participant is then responsible for everything over the percentage of the MAC paid by MetLife up to the actual charge by the out-of-network dentist. When a participant receives dental services from an in-network provider, the participant is responsible for the portion of the MAC that is not paid by MetLife.

What is an Explanation of Benefits (EOB)?

An EOB statement is a summary of your processed claim(s) or pre-treatment estimate(s), including services rendered, costs and benefits paid.

Do I need an ID card?

No. You are not required to show an ID card to your dentist as proof of coverage. MetLife provides all dental offices, in-network and out-of-network, with access to patient eligibility and benefit information. The information is available online and via a dedicated dental office toll-free number. All you need to do is notify your dentist office that MetLife is your dental provider when scheduling an appointment.

Will switching from another dental plan, including a separate MetLife dental plan, to the State of Tennessee MetLife group dental plan cause issues if I'm in the middle of a treatment plan?

When switching your dental plan, some of the most common services that may be affected include orthodontics, endodontics and prosthodontic services. MetLife has transition-of-care guidelines for participants whose dental treatment is in progress during the benefit plan transition to the State of Tennessee MetLife group dental plan (DPPO).

For Orthodontia, MetLife will apply payment history and treatment plan information to the participant's MetLife dental plan, pro-rating the charges prior to the MetLife effective date and issue benefits from the effective date forward, under the MetLife dental plan. **NOTE: Waiting periods may apply prior to benefits being paid**

Endodontic Treatments, Root canal – A tooth opened prior to, but completed **after** the MetLife effective date will be considered an eligible expense under the MetLife dental plan. **NOTE: Waiting periods may apply prior to benefits being paid**

Prosthodontic Treatments, Crowns and Bridgework – Treatment (preparation and impressions) started prior to but placed **after** the MetLife effective date will be considered an eligible expense under the MetLife dental plan. **NOTE: Waiting periods may apply prior to benefits being paid**

Partial or Full Denture – Final impressions for appliances completed prior to but delivered **after** the MetLife effective date will be considered eligible expenses under the MetLife dental plan, subject to MetLife plan frequency limits.

NOTE: Waiting periods may apply prior to benefits being paid

Can my dependent child continue insurance beyond age 26?

You may continue coverage for a child who is over age 26 if they are incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of such handicap must be sent to Benefits Administration prior to the child's 26th birthday. Annual proof may also be required.

I was previously enrolled in the State of Tennessee's MetLife dental plan, but switched to the State of Tennessee's prepaid dental plan last year. If I decide to enroll in the MetLife dental plan during the next Annual Enrollment or because of a special qualifying event, will the time previously enrolled in MetLife count toward the waiting periods.

Yes. If you were previously enrolled in the State of Tennessee MetLife dental plan, and decide to rejoin MetLife later, any waiting periods satisfied previously will apply to your new coverage. Your waiting periods will not start over due to rejoining the MetLife plan.

NOTE: If you or any dependents were covered with another MetLife Dental Plan through a previous Employer with a different Group Number who does not participate in the State of Tennessee's MetLife Dental Plan, Waiting Periods will apply.

Are there any benefits if I'm traveling internationally?

Yes, dental referral services are provided by AXA Assistance USA, Inc. through the International Dental Travel Assistance Program.* Coverage will be considered under a participant's out-of-network benefits. The program offers:

- 24/7 multilingual assistance;
- Toll-free calling within the U.S., or collect calling outside the U.S.; 855-700-8001
- Access to dental providers, based on strict credentialing criteria, in approximately 200 countries.

*International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. AXA Assistance provides referral services only. They are not affiliated with MetLife, and the services they provide are separate and apart from the benefits provided by MetLife. No enrollment action is required by the Member or any of the Member's dependents (if applicable). Enrollment is automatic when selecting the State of Tennessee MetLife Dental Plan.

Exclusions

This plan does not cover the following services, treatments and supplies:

- Services performed primarily for cosmetic reasons.
- Replacement of a lost or stolen appliance, an example being braces, retainers, partials, dentures etc.
- Oral hygiene and dietary instructions, treatment for desensitizing teeth, prescribed drugs or other medication, experimental procedures, conscious sedation and extra oral grafts (grafting of tissues from outside the mouth to oral tissues).
- Treatment to restore tooth structure lost from wear.
- Services by a dentist beyond the scope of his or her license.
- Dental services where charges for such services exceed the charge that would have been made and actually collected if no coverage existed.
- Dental services for which the patient incurs no charge.
- Services received without cost from any federal, state or local agency. This exclusion will not apply if prohibited by law.
- Services that are deemed to be medical services.
- Charges by any hospital or other surgical or treatment facility and any additional fees charged by the dentist for treatment in any such facility.
- Treatment of injury or illness covered by Workers' Compensation or Employer's Liability Laws.
- Services for congenital (hereditary) or developmental malformations. Such malformations include, but are not limited to, cleft palate, or upper and lower jaw malformations. This does not exclude those services provided under Orthodontic benefits, if covered.
- Treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion or treatment to stabilize the teeth. For example: equilibration, periodontal splinting and double abutments on bridges.
- Diagnosis or treatment for any disturbance of the temporomandibular joints (jaw joints) or myofacial pain dysfunction.
- Athletic mouth guards.

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