MetLife | Dental Insurance

Department of MANAGEMENT SERVICES
State Group Insurance

State of Florida Dental Benefit for the State Group Insurance Program

Navigating life together

Welcome!

Why is having a good dental plan so important?

A healthier smile can be important to maintaining overall health.

Maintaining good oral health matters. Keeping up with your dental cleanings and other preventive care can help you avoid costly dental problems and treatments in the future. Plus, going to the dentist regularly can help prevent problems that have been linked to diabetes or heart disease[1]. That's where a good dental plan comes in. The right coverage makes it easier to visit the dentist and helps lower your costs[2]. You get support to keep up with dental cleanings and other preventive care that helps you live healthier. Now that's something to smile about!

MetLife Mobile App[4]

It's easy. Search "MetLife" in the Apple App Store or Google Play to download the app. Then use your MetLife MyBenefits log in information to access these features.

GET IT ON Google play

Download on the App Store

How can having MetLife dental insurance benefit you?

By lowering your out-of-pocket costs, MetLife dental makes it easier to get the dental care you need.

Freedom to go to any dentist.

MetLife's dental benefits plan featuring the Preferred dentist Program is a dental PPO plan. So you can visit any licensed dentist, in- or out--the network, and receive benefits.

- If you prefer to go to a participating dentist, you can count on our large and constantly growing network.[5]
- All participating dentists must meet rigorous selection standards.[3] Find a participating dentist today at **metlife.com/stateoffl.**

For more savings[2], visit a participating general dentist or specialist. You can visit any licensed dentist, even if he or she is out-of-network, but your out-of-pocket costs will usually be less when you visit a participating provider. With MetLife dental, you have a large network of providers in the state of Florida.

Managing your dental benefits is easy!

- Once enrolled, MetLife's MyBenefits tool, **mybenefits.metlife.com,** is your secure self-service website available 24/7. You can use the site to get estimates on costs or check coverage and claim status.
- Call 1-844-222-9104 - representatives are available 8:00am until 11:00pm ET, Monday through Friday.

1. American dental Association; dentists: Doctors of Oral Health ada.org/en/about-the-ada/dentists-doctors-of-oralhealth; Accessed March 2018.
2. Savings from enrolling in a dental benefits plan featuring the MetLife Preferred dentist Program will depend on various factors, including how the cost of the plan often participants visit the dentist, and the cost of services rendered.
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.
5. Based on MetLife internal analysis.

State of Florida Dental

Network: PDP Plus

	Indemnity with PPO People First Plan Code 4031		**Standard PPO** People First Plan Code 4032		**Preventive PPO** People First Plan Code 4033	
Coverage Type	**In-Network** % of Negotiated Fee*	**Out-of-Network** % of R&C Fee**	**In-Network** % of Negotiated Fee*	**Out-of-Network** % of R&C Fee**	**In-Network** % of Negotiated Fee*	**Out-of-Network** % of R&C Fee**
Type A: Preventive (cleanings, exams, X-rays)	100%	100%	100%	80%	100%	80%
Type B: Basic Restorative (fillings, extractions)	80%	80%	80%	50%	80%	50%
Type C: Major Restorative (bridges, dentures)	50%	50%	50%	30%	No Benefit	No Benefit
Type D: Orthodontia	50%	50%	50%	30%	No Benefit	No Benefit
Deductible†						
Employee Only	$50	$50	$50	$50	$50	$50
Employee + Spouse or Employee + Child(ren)	$100	$100	$100	$100	$100	$100
Employee + Child(ren) + Spouse	$150	$150	$150	$150	$150	$150
Annual Maximum Benefit						
Per Person	$2,000	$2,000	$1,500	$1,500	$1,000	$1,000
Orthodontia Lifetime Maximum						
Per Person	$2,500	$2,500	$2,000	$1,500	No Benefit	No Benefit

Late enrollment waiting period: None.

Employees can enroll upon date of hire or during yearly State of Florida Enrollment Period. There's no late enrollment permitted.

* Negotiated fee refers 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.

** 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.

† Applies only to Type B & C Services. Once the Annual Employee + Child(ren) + Spouse Deductible is satisfied, no further Annual Individual Deductibles are required to be met.

Monthly costs

The following monthly costs are effective through 12/31/2022. Your premium will be paid through convenient payroll deduction. Monthly cost covers all eligible children for Employee + Child(ren) and Employee + Child(ren) + Spouse plans.

	Indemnity with PPO People First Plan Code 4031	**Standard PPO** People First Plan Code 4032	**Preventative PPO** People First Plan Code 4033
Employee Only	$51.92	$36.60	$25.08
Employee + Spouse	$96.04	$67.72	$46.38
Employee + Child(ren)	$107.32	$75.66	$51.84
Employee + Child(ren) + Spouse	$155.80	$109.86	$75.24

A hypothetical example[1]

Visiting an in-network dentist can help you significantly lower your costs while getting the dental care you need.

Service	Dentist's Usual Fee	Negotiated Fee	Percent Covered	MetLife Pays	Out-of-Pocket Costs	Savings
Exams & Cleanings	$122	$82	100%	$82	$0	$122
X-rays	$130	$74	100%	$74	$0	$130
Fillings	$163	$93	80%	$74.40	$18.60	$144.40
Root Canals	$705	$437	80%	$349.60	$87.40	$617.60
Crowns	$1,117	$699	50%	$349.50	$349.50	$767.50

1. These hypothetical in-network savings examples are based on average charges within the Tallahassee ZIP code, for procedure codes D0120, D1110, D0210, D2391, D3310 and D2740. They assume that the annual deductible has been met and the annual maximum benefit has not been reached. Actual benefit payments, out-of-pocket costs, and savings may vary.

List of Primary Covered Services & Limitations

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan. Visit www.metlife.com/stateoffl for full dental plan information.

	Indemnity with PPO	Standard PPO	Preventative PPO
Type A – Preventative	**How Many/How Often**		
Prophylaxis (cleanings)	• One cleaning in 6 consecutive months.		
Oral Examinations	• One exam in 6 consecutive months.		
Topical Fluoride Applications	• One fluoride treatment in 12 consecutive months for dependent children up to his/her 14th birthday.		
X-rays	• Full mouth X-rays; one per 60 months. • Bitewings X-rays; two times per 12 consecutive months.		
Space Maintainers	• 1 per lifetime, per area of the mouth.		
Sealants	• One application of sealant material every 60 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 16th birthday.		
Type B – Basic Restorative	**How Many/How Often**		
Fillings	• One per tooth surface, per 24 consecutive months.		
Simple Extractions	• Covered.		
Oral Surgery	• Covered.		
Endodontics	• Root canal treatment limited to once per tooth per lifetime.		
General Anesthesia	• When dentally necessary in connection with oral surgery, extractions or other covered dental services.		
Periodontics	• Periodontal scaling and root planing once per quadrant, every 24 months. • Periodontal surgery once per quadrant, every 36 months.		

List of Primary Covered Services & Limitations

(continued)

	Indemnity with PPO	Standard PPO	Preventative PPO
Type C – Major Restorative	**How Many/How Often**		
Implants	• One per tooth position in 60 consecutive months.		Not Covered
Bridges and Dentures	• Initial placement to replace one or more natural teeth, which are lost while covered by the plan. • Dentures and bridgework replacement; one per 84 consecutive months. • Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed.		Not Covered
Crowns, Inlays and Onlays	• Replacement once every 84 months.		Not Covered
Type D – Orthodontia	**How Many/How Often**		
	• You, Your Spouse and Your Children up to the last day ofthe calendar year in which Your Child reaches age 26, are covered while dental insurance is in effect. • All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia. • Payments are on a repetitive basis. • 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary. • Orthodontic benefits end at cancellation of coverage.		Not Covered

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.

Frequently Asked Questions

Who is a participating dentist?

A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees are typically 30%-45% below the average fees charged in a dentist's community for the same or substantially similar services.†

How do I find a participating dentist?

You can receive a list of participating dentists online at metlife.com/stateoffl or call 1-844-222-9104. There are thousands of general dentists and specialists to choose from nationwide - so you are sure to find one that meets your needs.

What services are covered under this plan?

The services covered within this plan are set forth in the certificate of insurance which can be located at www.metlife.com/stateoffl.

May I choose a non-participating dentist?

Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist, your out-of-pocket costs may be higher.

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/her to apply, ask your dentist to visit **metdental.com**, or call **1-866-PDP-NTWK** for an application.†† The website and phone number are for use by dental professionals only.

How are claims processed?

Dentists may submit your claims for you which means 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 **metlife.com/mybenefits** or request one by calling **1-844-222-9104.**

Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?

Yes. You can ask for a pretreatment estimate. Your general dentist or specialist can send MetLife a plan for your dental care and request an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pretreatment estimate for services in excess of $300. Simply have your dentist submit a request online at **metdental.com** or call **1-877-MET-DDS9.** 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, from pretreatment estimate, deductibles, frequency limits and other conditions at time of payment.

Can MetLife help me find a dentist outside of the U.S. if I am traveling?

Yes. Through international dental travel assistance services* you can obtain a referral to a local dentist by calling **1-312-356-5970** (collect) when outside the U.S. to receive immediate dental care until you can see your dentist. Coverage will be considered under your out-of-network benefits.** Please remember to hold on to all receipts to submit a dental claim.

How does MetLife coordinate benefits with other insurance plans?

Coordination of benefits provisions 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, subject to applicable law. 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, subject to applicable law.

Do I need an ID card?

No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in a MetLife dental benefits plan. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

† Based on internal analysis by MetLife. Negotiated Fees refer 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.

†† Due to contractual requirements, MetLife is prevented from soliciting certain providers.

* AXA Assistance USA, Inc. provides dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.

** Refer to your dental benefits plan summary for your out-of-network dental coverage.

Exclusions

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

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which you would not be required to pay in the absence of dental insurance;
- Services or supplies received by you or your Dependent before the dental insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services which are neither performed nor prescribed by a dentist except for those services of a licensed dental hygienist which are supervised and billed by a dentist and which are for:
  - Scaling and polishing of teeth; or
  - Fluoride treatments;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion, or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition, and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization, or inscription of any tooth, device, appliance, crown, or other dental work;
- Missed appointments;
- Services:
  - Covered under any workers' compensation or occupational disease law;
  - Covered under any employer liability law;
  - For which the employer of the person receiving such services is required to pay; or
  - Received at a facility maintained by the employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- 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.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
- Caries susceptibility tests;
- Initial installation of a fixed and permanent denture to replace one or more natural teeth which were missing before such person was insured for dental Insurance, except for congenitally missing natural teeth;
- Other fixed denture prosthetic services not described elsewhere in the certificate;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Initial installation of a full or removable denture to replace one or more natural teeth which were missing before such person was insured for dental insurance, except for congenitally missing natural teeth;
- Addition of teeth to a partial removable denture to replace one or more natural teeth which were missing before such person was insured for dental insurance, except for congenitally missing natural teeth;
- Adjustment of a denture made within 6 months after installation by the same dentist who installed it;
- Fixed and removable appliances for correction of harmful habits;
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of Minnesota;
- Repair or replacement of an orthodontic device;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, cast restoration, or denture; and
- Intra and extraoral photographic images.

Exclusions (continued)

Alternate Benefits: Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges, or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's payment for those services, and your out-of-pocket expense. Procedure charge schedules are subject to change each plan year. You can obtain an updated procedure charge schedule for your area via fax by calling 1-844-222-9104 and using the MetLife dental Automated Information Service. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles, and other conditions at time of payment.

Cancellation/Termination of Benefits: Coverage is provided under a group insurance policy (Policy form GPNP99 / G.2130-S) issued by MetLife. Coverage terminates when your membership ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown, or root canal therapy.