



A Good Reason To Smile.

As a part of your benefits package, you may be eligible for **Dental Insurance**, an important benefit at a competitive employee rate. If so, now is the time to consider Dental coverage, and how it can help protect your family's budget.

Protect your health and your wallet

Routine dental exams do more than protect your teeth. They can help protect your health by catching serious problems, such as diabetes and heart disease.* In fact, more than 90% of all diseases produce oral signs and symptoms. Without Dental insurance, out-of-pocket costs for cleanings, exams, and dental procedures can really add up. With our MetLife Dental Preferred Provider Organization (DPPO) option:

- ❖ You have the **flexibility to go to any licensed dentist**. Just remember you usually save more when you stay in-network. That's because participating dentists accept negotiated fees that are typically **15 to 45% less than average charges** in the same geographical area.**
- ❖ With an expanded network of participating dentists, you will **find a dentist near you**. Go to www.mybenefits.metlife.com/StateOfTennessee.
- ❖ Learn about the latest oral health news. Visit the **Oral Health Library**, our online educational tool that is up-to-date with the latest oral health news for you and your family.



Don't miss this opportunity for you and your eligible family members to enroll in Dental insurance. Take advantage of employee rates as well as convenient payroll deduction.

Please contact customer service at 855-700-8001 between the hours of 7:00 a.m. and 10:00 p.m., CT, Monday through Friday if you have any questions.

Sincerely,

MetLife

*Academy of General Dentistry. The Importance of Oral Health to Overall Health. <http://www.knowyourteeth.com/infobites/abc/article/?abc=T&iid=320&aid=1289> January 2012.

** Based on internal analysis. Savings from enrolling in a dental benefits plan will depend on various factors including how often participants visit the dentist and the costs for services received. Negotiated Fees refers to the fees that in-network dentists have agreed to accept as payment in full, subject to any co-payments, deductibles, cost sharing and benefit maximums.

State of Tennessee Dental Plan Benefits

Network: PDP

Benefit Summary

Coverage Type	In-Network	Out-of-Network
Type A – cleanings, oral examinations	100% of MAC*	80% of MAC*
Type B – fillings	80% of MAC*	60% of MAC*
Type C –bridges and dentures ^[2]	50% of MAC*	50% of MAC*
Type D – orthodontia ^[4]	50% of MAC*	50% of MAC*
Deductible ^[1]	In-Network	Out-of-Network
Individual	\$25.00	\$100.00
Family	\$75.00	\$300.00
Annual Maximum Benefit	In-Network	Out-of-Network
Per Person	\$1,500	\$1,500
Orthodontia Lifetime Maximum ^[3]	In-Network	Out-of-Network
Per Person ^[5]	\$1,250	\$1,250

* MAC—Maximum Allowable Charge (maximum amount of charge agreed to by dentist) The benefits listed are a sample of the most frequently utilized dental treatments. Refer to vendor materials for complete information on coverage, limitations and exclusions.

[1] Does not apply to diagnostic and preventive benefits such as periodic oral evaluation, cleaning and x-ray; or to orthodontia benefits.

[2] A 6-month waiting period applies.

[3] The orthodontics lifetime maximum is for a dependent child member enrolled in the state group dental insurance program even if the member has been covered under different employing agencies.

[4] A 12-month waiting period applies.

[5] Orthodontia benefits are only available for dependent children up to age 19.

Monthly Premiums

The following monthly premiums are effective **1/1/2016 – 12/31/2016**. Your premium will be paid through convenient payroll deduction.

Eligibility Options	Monthly Active Premium / Monthly Retiree Premium
Employee/Retiree Only	\$21.51 / \$27.77
Employee/Retiree + Child(ren)	\$49.46 / \$63.86
Employee/Retiree + Spouse	\$40.69 / \$52.54
Employee/Retiree + Spouse + Child(ren)	\$79.62 / \$102.80

In Network Savings* Example

This hypothetical example** shows how receiving services from a participating dentist can help save you money.

Your Dentist says you need a Crown, a Type C service —

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:	\$998.00	Dentist's Usual Fee is:	\$998.00
The Negotiated Fee is:	\$716.00	The Maximum Covered Fee:	\$716.00
Your Plan Pays:		Your Plan Pays:	
MetLife pays 50%:	\$358.00	MetLife Pays 50% of the Maximum Covered Fee:	\$358.00
Your Out-of-Pocket Cost:	\$358.00	Your Out-of-Pocket Cost:	\$640.00

In this example, you save **\$282.00** by using a participating dentist.

**Savings from enrolling in the MetLife Dental Preferred Provider Organization Insurance Program will depend on various factors, including how often participants visit the dentist and the cost for 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*

List of Primary Covered Services & Limitations

Type A - Preventive	How Many/How Often
Prophylaxis (cleanings)	<ul style="list-style-type: none"> Two cleanings (prophylaxis) in any calendar year with additional prophylaxis allowed if medically necessary and the dentist receives prior authorization from MetLife.
Oral Examinations	<ul style="list-style-type: none"> Two oral exams in any calendar year with additional oral exams allowed if medically necessary and the dentist receives prior authorization from MetLife.
Topical Fluoride Applications	<ul style="list-style-type: none"> Topical application of fluoride for Members up to 19 years of age twice in 12 consecutive months. Topical application fluoride for Members 55 years and older with history of periodontal surgery shall be a covered benefit once in 12 consecutive months.
X-rays	<ul style="list-style-type: none"> Full mouth X-rays: one per 60 months. Bitewing X-rays: one set per calendar year for adults; two sets per calendar year for children.
Space Maintainers	<ul style="list-style-type: none"> Space maintainers are only payable once per quadrant in a lifetime for missing posterior, primary teeth, for children under age 15.
Sealants	<ul style="list-style-type: none"> Sealants are only a benefit on Members under 16 years of age. Only one benefit will be allowed for each tooth within a lifetime.
Type B - Basic Restorative	How Many/How Often
Fillings	<ul style="list-style-type: none"> Composite
Periodontics	<ul style="list-style-type: none"> Periodontal Maintenance is allowed twice per calendar year with additional periodontal maintenance allowed if medically necessary and the dentist receives prior authorization from the MetLife.
	<ul style="list-style-type: none"> Scaling and Root Planing and anti-microbials (PerioChip®) is allowed once per quadrant in any 24 consecutive month period.
Type C - Major Restorative	How Many/How Often
Crown, Denture, and Bridge Repair/Recementations	<ul style="list-style-type: none"> Cast Restorations: Crowns and metal inlays and onlays are benefits for the treatment of visible decay and fractures of hard tooth structure when teeth are so badly damaged that they cannot be restored with amalgam or composite restorations. Stainless steel or resin crowns.
Bridges and Dentures	<ul style="list-style-type: none"> Initial placement to replace one or more natural teeth, 12 month waiting period applies. Dentures and bridgework replacement: one every 7 years. Pro-rated benefit may be available if appliance is damaged beyond repair before the end of the 7 year period. Payment for a complete or partial denture shall include charges for any necessary adjustment within a 12 month period. Payment for a rebase of a partial or complete denture is limited to once in a three year period and includes all adjustments required for 12 months after delivery. Payment for a reline procedure is only a benefit if more than 6 months have passed since the initial insertion. Implants are a benefit for members 16 years of age and older.
Crowns/Inlays/Onlays	<ul style="list-style-type: none"> Replacement: once every 7 years. Pro-rated benefit may be available if appliance is damaged beyond repair before the end of the 7 year period.
Endodontics	<ul style="list-style-type: none"> Payment for root canal treatment includes charges for x-rays and temporary restorations. Root canal treatment is limited to once in a 24 month period by the same dentist or dental office. Occlusal adjustment is allowed once in any 12 month period only when performed with periodontal surgery.
General Anesthesia	<ul style="list-style-type: none"> General Anesthesia & I.V. Sedation: Only when administered by a properly licensed dentist in a dental office in conjunction with covered surgery procedures or when necessary due to concurrent medical conditions.
Type D - Orthodontia	How Many/How Often
	<ul style="list-style-type: none"> A 12 month waiting period (starting with the Member's enrollment effective date) must be satisfied before orthodontic benefits will be payable. Orthodontic benefits are limited to enrolled children through the end of the month in which the child turns age 19.

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. **MetLife suggests you get a pre-treatment estimate before you have certain complex dental services performed, such as crowns, bridges, dentures or periodontal work (typically those that will cost over \$300), so you can appropriately budget for the service or discuss what potential alternative treatment options may be available, if necessary.**

Exclusions

This plan does not cover the following services, treatments and 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 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 not 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;
- Other fixed Denture prosthetic services not described elsewhere in the certificate;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images.

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.