

AFSCME Local 127

## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

**Effective: January 1, 2024**

**Network: PDP / PDP Plus**

	In-Network <sup>1</sup> Negotiated Fee <sup>2</sup>	Out-of-Network <sup>1</sup> of R&C Fee <sup>**</sup>
<b>Coverage Type</b>		
<b>Type A : Preventive</b> (cleanings, exams, X-rays)	100%	100%
<b>Type B : Basic Restorative</b> (fillings, extractions)	80%	80%
<b>Type C : Major Restorative</b> (bridges, dentures)	50%	50%
<b>Type D: Orthodontia</b>	50%	50%
<b>Deductible<sup>†</sup></b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Annual Maximum Benefit<sup>3</sup></b>		
Per Person	\$2,000	\$2,000
<b>Orthodontia Lifetime Maximum</b>		
Per Person	\$1,500	\$1,500

**Child(ren)'s eligibility** for dental coverage is from birth up to age 19, age 26 if a full-time student.

**Late-enrollment waiting period:** There is a one-year waiting period for all services following date of request.

<sup>1</sup> "In-Network Benefits" refers to benefits provided to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

<sup>2</sup> Negotiated fees 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.

<sup>\*\*</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 (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

### 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.

Plan Type	How Many/How Often
<b>Type A — Preventive</b>	
Prophylaxis (cleanings)	1 time in 6 months
Oral Examinations	1 time in 6 months



## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Topical Fluoride Applications	1 time in 12 months for a dependent child under age 14
X-rays	<ul style="list-style-type: none"> <li>For a child under 19: 1 time in 12 months</li> <li>Adult: 1 time in 12 months</li> </ul>
Space Maintainers	1 per lifetime for a child under age 14
Sealants	1 per molar in 60 months for a child under age 16
<b>Type B — Basic Restorative</b>	
Fillings	1 replacement per surface in 24 Months
Endodontics	Root canal treatment limited to once per tooth per 24 months
Periodontics	<ul style="list-style-type: none"> <li>Periodontal scaling and root planing once per quadrant, every 24 months</li> <li>Periodontal surgery once per quadrant, every 36 months</li> <li>Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year</li> </ul>
Space Maintainers	Space maintainers for dependent children up to his/her 14 birthday.
Sealants	One application of sealant material every 5 years for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 16th birthday
<b>Type C — Major Restorative</b>	
Crown, Denture and Bridge Repair/ Recementations	<ul style="list-style-type: none"> <li>Crowns: 1 per tooth in 10 Calendar years</li> <li>Denture: 1 in 10 calendar years</li> <li>Fixed Bridges: 1 in 84 months</li> <li>Recementations: 1 in 12 months</li> </ul>
Implants Services	<ul style="list-style-type: none"> <li>1 per tooth position in calendar years</li> </ul>
Crowns, Inlays and Onlays	<ul style="list-style-type: none"> <li>1 replacement per tooth in 10 calendar years</li> </ul>
<b>Type D — Orthodontia</b>	
	<ul style="list-style-type: none"> <li>Your children, up to age 19, are covered while Dental insurance is in effect. You, your spouse and your children, up to age 19, are covered while Dental insurance is in effect</li> <li>All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia</li> <li>Payments are on a repetitive basis</li> <li>50% 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</li> <li>Orthodontic benefits end at cancellation of coverage</li> </ul>

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.

## Exclusion

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 a covered person would not be required to pay in the absence of dental insurance.



## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

- Services or supplies received by a covered person before the insurance starts for that person.
- 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 or polishing of teeth or fluoride treatment.
- Services which are primarily cosmetic. (For residents of Texas: Services which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a newborn child).
- Services or appliances which restore or alter occlusion or vertical dimension.
- Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease.
- 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 piks, toothbrushes, or dental floss.
- Initial installation of a Denture to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
- Decoration or inscription of any tooth, device, appliance, crown or other dental work.
- Missed appointments.
- Services covered under any workers' compensation or occupational disease law.
- Services covered under any employer liability law.
- Services for which the employer of the person receiving such services is not required to pay.
- Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital.
- Services covered under other coverage provided by the Policyholder.
- Temporary or provisional restorations.
- Temporary or provisional appliances.
- Prescription drugs.
- Services for which the submitted documentation indicates a poor prognosis.
- Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first.
- 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 and biting of food.
- Caries susceptibility tests.
- Precision attachments associated with fixed and removable prostheses.
- Adjustment of a denture made within 6 months after installation by the same dentist who installed it.
- Duplicate prosthetic devices or appliances.
- Replacement of a lost or stolen appliance, cast restoration or denture. Intra and extraoral photographic images.
- 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.
- Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota. Implants supported prosthetics to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.

Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New



American Federation of State, County and Municipal Employees Local 127

## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

York, NY 10166.

Like most group benefits programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your MetLife group representative for costs and complete details.

### Questions & Answers

#### Q. Who is a participating dentist?

A. 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 typically range from 30% – 45% below the average fees charged in a dentist's community for the same or substantially similar services.<sup>†</sup>

#### Q. How do I find a participating dentist?

A. There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call 1-800-942-0854 to have a list faxed or mailed to you.

#### Q. What services are covered under this plan?

A. The Plan documents set forth the services covered by your plan. The List of Primary Covered Services & Limitations herein contains a summary of covered services. In the event of a conflict between the Plan documents and this summary, the terms of the Plan documents shall govern.

#### Q. May I choose a non-participating dentist?

A. 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.

#### Q. Can my dentist apply for participation in the network?

A. 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 [www.metdental.com](http://www.metdental.com), or call 1-866-PDP-NTWK for an application.<sup>††</sup> The website and phone number are for use by dental professionals only.

#### Q. How are claims processed?

A. 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 [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or request one by calling 1-800-942-0854.

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

A. Yes. You can ask for a pretreatment 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](http://www.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, deductibles, frequency limits and other conditions at time of payment.

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


A. 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 care until you can see your dentist. Coverage will be considered under your out-of-network benefits.<sup>\*\*</sup> Please remember to hold on to all receipts to submit a dental claim.


#### Q. Do I need an ID card?


A. 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 the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

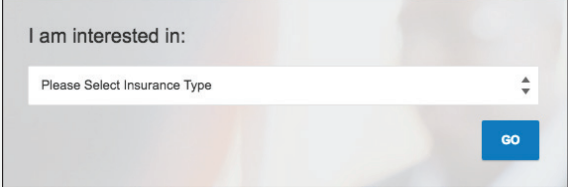
# Find a dental provider

With MetLife Dental insurance, you can choose from thousands of general dentists and specialists nationwide. You can find the names, addresses, languages spoken and phone numbers of participating dentists by searching our online **Find a Dentist** directory or by calling 1-800-ASK-4-MET (1-800-275-4638). Follow these step-by-step instructions for each:

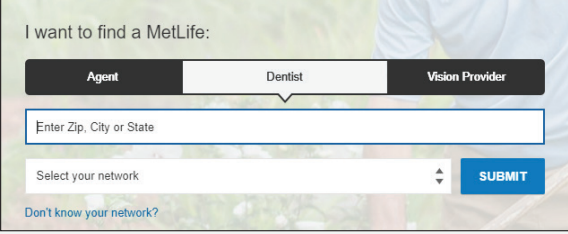
 **Step 1:**  
Go to [metlife.com](https://www.metlife.com)

 **Step 2:**  
**Select "I want to find a MetLife:"**  
Click "Dentist", enter your ZIP Code, and select your network "PDP Plus".

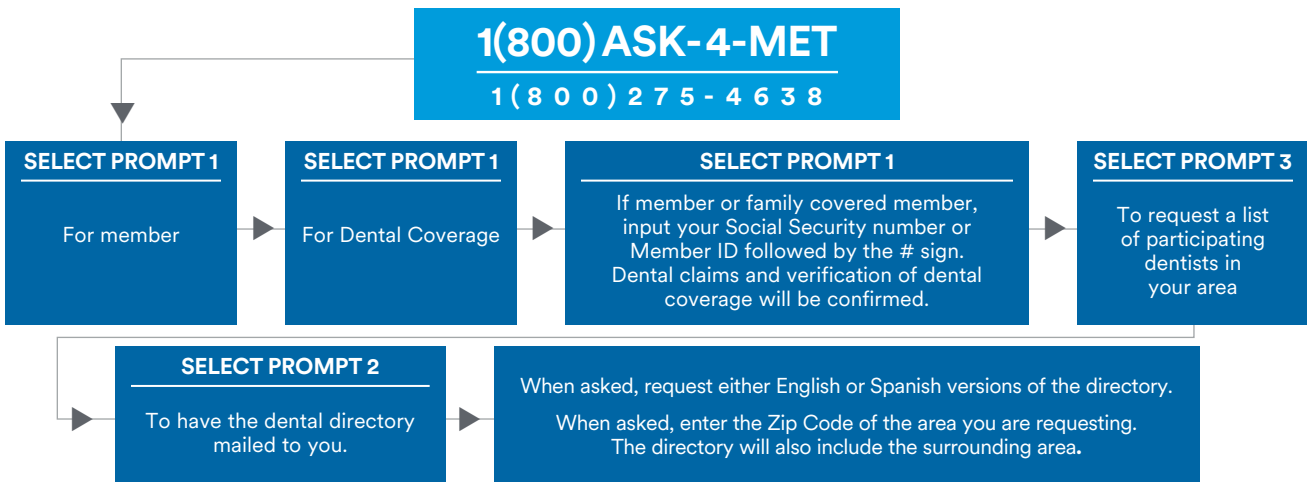
 **Step 3:**  
**Advanced Search**  
Use the Advanced Search option to locate a dentist by name, language spoken, specialty or gender.



I am interested in:  
Please Select Insurance Type  
GO



I want to find a MetLife:  
Agent Dentist Vision Provider  
Enter Zip, City or State  
Select your network  
SUBMIT  
Don't know your network?



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

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 MetLife or your plan administrator for complete details.

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166

L0322020968[exp0523][MI] © 2022 MetLife Services and Solutions, LLC.

In collaboration with

