

# Comparing Your Options for Group Dental Benefits




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The information in this chart provides a general overview of each plan option available to help you make a more informed benefit decision. Please refer to your enrollment materials for complete details on each plan.

PLAN FEATURES	METLIFE PREFERRED DENTIST PROGRAM: DPPPO <sup>1</sup>	SAFEGUARD DHMO <sup>2</sup>
<b>CHOICE OF DENTISTS</b>	Flexibility to choose any dentist in-network or out-of-network and still receive benefits. Out-of-pocket expenses may be higher when using an out-of-network dentist.	This plan requires you to pre-select a dentist who participates in the network in order to receive benefits. Each enrolled family member may select a different participating dentist, and has the ability to change dentists up to one time each month.
<b>SPECIALTY CARE</b>	No need for a referral for specialty care. Just select a dentist and make an appointment.	Please refer to the top of the Schedule of Benefits to find out if you have a Direct Referral plan or a Self Referral plan: <i>Direct Referral Plan</i> —Your selected participating dentist will provide you with the name of a network specialist. Just call that specialist to schedule your appointment. No pre-authorization is required. <sup>3</sup> Any co-payment for services is listed on your plan's Schedule of Benefits. This co-payment applies whether the services are provided by your selected participating dentist or by a participating specialist. <i>Self Referral Plans</i> —If your selected participating dentist determines that you need the services of a specialty care provider, you may call a network specialist directly. You will save 25% off the provider's usual and customary fee.
<b>ACCESS TO DENTISTS WHEN TRAVELING</b>	When traveling within the U.S., you have access to one of the largest networks in the industry through the PDP. You may also use an out-of-network dentist.	Because DHMO programs are based on the use of defined networks, general dental care is not accessible while traveling. The only exception is in an emergency situation when you are unable to receive care from your selected participating dentist. Please refer to your plan coverage documents provided in your enrollment booklet for details.
<b>NETWORK DISCOUNT</b>	All PDP dentists have agreed to accept negotiated fees as payment in full for in-network services. These fees typically range from 10%-35% less than the average fees for the same or similar services charged by dentists in your area. <sup>4</sup> The negotiated fees extend to services not covered by your plan and services provided after you've exceeded your annual benefits maximum.	This plan provides access to hundreds of dental services that may be considerably lower than your cost would be without this plan. <sup>4,5</sup> You are responsible only for the co-payment for each covered service that is listed on your Schedule of Benefits, so you know up front what your out-of-pocket costs will be.
<b>QUALITY OF NETWORK DENTISTS</b>	All PDP dentists must meet well-established credentialing standards.	All dentists and specialists who participate in the network must meet well-established credentialing standards.
<b>BENEFITS</b>	This plan typically includes a yearly deductible and an annual benefits maximum. Please refer to the Plan Summary included in your enrollment booklet for benefits specific to your PDP plan offering.	This plan is not subject to deductibles or an annual benefit maximum. Out-of-pocket costs for covered services are typically calculated based on co-payments as listed in the plan's Schedule of Benefits. Please refer to your enrollment booklet for information specific to your plan offering.

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