

It's Time to Enroll for Benefits

MetLife Dental for State of Oklahoma employees



Dental options for State of Oklahoma employees

MetLife Dental Plans always include access to one of the nation's largest dental networks, with benefits administered by a trusted brand with competitive premiums.

Choice of plans to fit your specific needs

- Have a family and want the most affordable plan offered to State of Oklahoma employees and educators?
- Not anticipating lots of dental work, visit the dentist ~2x/year, but looking for an affordable plan?
- Anticipate seeing more specialists or having a bit more dental work but want to minimize extra charges?

Robust dental benefits & savings¹

- Choose the dental plan that's right for you, based on your needs and budget:
 - **High Classic MAC Plan**— Highest PPO benefit levels (\$5,000 annual maximum and lifetime adult orthodontia of \$2,000)
 - **Low Classic MAC Plan** — Competitive premiums (less than \$340/year)
- No cost for in-network cleanings, x-rays and exams²
- No waiting periods, including for orthodontia
- Cost savings for other in-network services³:
 - Basic care (fillings, extractions, oral surgery covered 85% under High plan, 70% under Low plan):
 - Major care (dentures, bridge work, implants covered 60% under High plan, 50% under Low plan):

Competitive monthly rates

Price	High Classic MAC Plan	Low Classic MAC Plan
Employee	\$48.54	\$27.96
Employee + Spouse*	\$97.08	\$55.92
Employee + Child*	\$90.12	\$51.90
Employee + Spouse + Children*	\$200.12	\$114.86

* An employee cannot enroll a dependent unless the employee is also enrolled.

All you need to know:

Learn more, go to www.metlife.com/oklahoma or call 1-855-676-9443

Find a participating dentist www.metlife.com/oklahoma

View personal benefits coverage, claim status and history www.metlife.com/mybenefits

Enroll today!

To learn more, visit www.metlife.com/oklahoma or call 1-855-676-9443

■ Lower costs

- Take advantage of negotiated fees that are typically 30-45% less than the average charges in the same area.³
- Participating dentists accept these fees as payment in full for covered services

Service	Cost if not enrolled	In-network Dentist negotiated fee	High plan pays ³	Your cost	You save ^{4, 5}	Low plan pays ³	Your cost	You save ^{4, 5}
Exam	\$90	\$57	100%	\$0	\$90	100%	\$0	\$90
X-rays	\$143	\$77	85%	\$11.55	\$131.45	70%	\$23.10	\$119.90
Filling	\$181	\$86	85%	\$12.90	\$168.10	70%	\$25.80	\$155.20
Root Canal	\$816	\$423	60%	\$169.20	\$646.80	50%	\$211.50	\$604.50
Crown	\$1,134	\$726	60%	\$290.40	\$843.60	50%	\$363	\$771

■ Less worry, less paper and more

- Easy access to pre-treatment estimates,⁶ real-time claims processing and 24 hour customer service by phone, fax or online.
- Educational tools and resources help you and your dentist make more informed decisions.

For added convenience, MetLife's Mobile App⁷ is now available on the iTunes® App Store and Google Play.

- After downloading this app,⁸ you can use it to find a participating dentist, check plan information, view your claims and to see your ID Card.

1. Savings from enrolling in a dental benefits plan will depend on various factors, including plan design and premiums, how often participants visit the dentist and the cost of services rendered.
2. Subject to frequency limitations.
3. Percentages shown are percentages of the negotiated fee for the service.
4. These hypothetical in-network savings examples are based on average charges in the Oklahoma City area, for procedure codes D1110, D0210, D2391, D3310 and D2740
5. Savings from enrolling in a dental benefits plan will depend on various factors, including plan design and premiums, how often participants visit the dentist and the cost of services rendered.
6. A pre-treatment estimate is only an estimate. The actual amount that MetLife will pay is determined when a claim is submitted, and is subject to any co-payments, deductibles, cost sharing and benefits maximums.
7. The features of the MetLife Dental Mobile App are not available for all MetLife dental plans
8. To use the MetLife mobile app, employees can choose to register at metlife.com/mybenefits from a computer or directly through the app

Frequently Asked Questions

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 who meets your needs. Look for a list of participating dentists online at [metlife.com](https://www.metlife.com).

Q. May I choose a non-participating dentist?

A. You are always free to select any general dentist or specialist. However, you usually save more when you visit a participating dentist. He/she has agreed to accept negotiated fees as payment in full for covered services. Negotiated fees typically range from 30–45% below the average fees charged in a dentist's community for the same or similar services.¹ Non-participating dentists have not agreed to accept negotiated fees. So you may be responsible for any difference in cost between the dentist's fee and your plan's benefit payment.

Q. Can I get an estimate of my out-of-pocket expenses?

A. Yes. We recommend that you request a pre-treatment estimate for services totaling more than \$300. Simply have your dentist submit a request online at [metdental.com](https://www.metdental.com) or call **1-877-MET-DDS9**. You and your dentist will receive an 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. What types of services does the plan cover?

A. A number of dental procedures, including:²

- Exams and cleanings
- Fillings
- And much more
- X-rays
- Root canals

Q. How does the plan save me money?

A. Think about this: Having a good dental plan in place can help you save money every year.³ You also get protection against costly emergency dental treatments that may run into the hundreds or even thousands.

Q. Who can enroll in the plan?

A. You and your eligible family members. For example, your spouse and dependents.

Q. How are claims processed?

A. Dentists may submit 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](https://www.metlife.com/mybenefits) or call **1 800 GET-MET8**.

Q. How do I pay for my Dental plan?

A. Premiums will be conveniently paid through payroll deduction. So you don't have to worry about writing a check or missing a payment.

Q. When can I enroll?

A. You can enroll during your open enrollment period.

1. Based on internal MetLife analysis. Negotiated fees refers to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-pays, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

2. Those services defined under your dental benefits summary are covered. Please review your plan benefits summary for a more detailed list of covered services.

3. Savings from enrolling in a MetLife dental benefits plan featuring the Preferred Dentist Program will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.

Plan Options Overview

	High Classic MAC		Low Classic MAC	
	In-Network	Out of Network ⁵	In-Network	Out of Network ⁵
Reimbursement	Based on Negotiated fee schedule	Based on Maximum Allowed Charge	Based on Negotiated fee schedule	Based on Maximum Allowed Charge
Diagnostic — Type A cleanings and oral examinations	100% covered Routine Exams and Cleanings — 2 in 12 months Fluoride — 2 in 12 months (up to age 16)	100% covered Routine Exams and Cleanings — 2 in 12 months Fluoride — 2 in 12 months (up to age 16)	100% covered Routine Exams and Cleanings — 2 in 12 months Fluoride — 2 in 12 months (up to age 16)	100% covered Routine Exams and Cleanings — 2 in 12 months Fluoride — 2 in 12 months (up to age 16)
Basic — Type B Extractions, Oral Surgery	85% covered Root Canal — 1 per tooth per lifetime	85% covered Root Canal — 1 per tooth per lifetime	70% covered Root Canal — 1 per tooth per lifetime	70% covered Root Canal — 1 per tooth per lifetime
Major — Type C crowns, bridges and dentures	60% covered Dentures — 1 in 5 years Fixed Bridges/Inlays/Onlays — 1 in 5 years Implants — 1 per tooth in 5 years	60% covered Dentures — 1 in 5 years Fixed Bridges/Inlays/Onlays — 1 in 5 years Implants — 1 per tooth in 5 years	50% covered Dentures — 1 in 10 years Fixed Bridges/Inlays/Onlays — 1 in 10 years Implants — 1 per tooth in 10 years	50% covered Dentures — 1 in 10 years Fixed Bridges/Inlays/Onlays — 1 in 10 years Implants — 1 per tooth in 10 years
Orthodontia — Type D comprehensive orthodontic treatment, fixed appliance	60% covered Offered for Adults (employee/spouse) and child/children	60% covered Offered for Adults (employee/spouse) and child/children	50% covered Offered for Adults (employee/spouse) and children	50% covered Offered for Adults (employee/spouse) and children
Annual Deductible Per Person	\$25/person, \$75/ family Applies to Basic and Major services	\$25/person, \$75/ family Applies to Basic and Major services	\$50/person, \$150/ family Applies to Basic and Major services	\$50/person, \$150/ family Applies to Basic and Major services
Annual Maximum Per Person	\$5,000, applies to Preventive, Basic and Major services	\$5,000, applies to Preventive, Basic and Major services	\$1,500, applies to Preventive, Basic and Major services	\$1,500, applies to Preventive, Basic and Major services
Orthodontia Lifetime Maximum	\$2,000 lifetime maximum, applies to Adult and Child	\$2,000 lifetime maximum, applies to Adult and Child	\$2,000 lifetime maximum, applies to Adult and Child	\$2,000 lifetime maximum, applies to Adult and Child
Implant Lifetime Maximum	\$1,000 lifetime maximum	\$1,000 lifetime maximum	\$1,000 lifetime maximum	\$1,000 lifetime maximum

5. Out of Network benefits are payable for services rendered by a dentist who is not a participating provider. Out of network reimbursement is based on a percentage of the maximum allowed charge. The maximum allowed charge is equal to the in network negotiated fee.

Frequency and Allocations

MetLife High Classic MAC and Low Classic MAC Plans available to all Active Full Time Employees (at least 30 hours per week)

Type A: Benefits are payable immediately from the start date of an individual's coverage		
	High Classic MAC	Low Classic MAC
Examinations	2 times in 12 months	2 times in 12 months
Examinations - Problem Focused	Combined with Examinations Limit	Combined with Examinations Limit
Prophylaxis: Cleanings	2 times in 12 months	2 times in 12 months
Sealants	1 per molar in 60 months for a child under age 16	1 per molar in 60 months for a child under age 16
Space Maintainers	1 per lifetime for a child under age 14	1 per lifetime for a child under age 14
Fluoride	2 times in 1 calendar year for a dependent child under age 16	2 times in 1 calendar year for a dependent child under age 16
Full Mouth X-Rays	Once in 3 calendar years	Once in 3 calendar years
Bitewing X-Rays	For a child under 19: 1 time in 12 months	For a child under 19: 1 time in 12 months
Labs & Other Tests	No limit	No limit
Periapical X-Rays	No limit	No limit
Other X-Rays	No limit	No limit

Type B: Benefits are payable immediately from the start date of an individual's coverage		
	High Classic MAC	Low Classic MAC
Amalgam Fillings	1 replacement per surface in 24 months	1 replacement per surface in 24 months
Root Canal	1 per tooth per lifetime	1 per tooth per lifetime
Periodontal Maintenance	2 perio treatments in 1 calendar yr	2 perio treatments in 1 calendar yr
Periodontal Surgery	1 per quadrant in any 36 month period	1 per quadrant in any 36 month period
Scaling & Root Planing	1 per quadrant in any 24 month period	1 per quadrant in any 24 month period
Emergency Palliative Treatment	No limit	No limit
Resin Composite Fillings (excludes coverage for composite fillings on molars)	No limit	No limit
Pulp Capping	No limit	No limit
Pulp Therapy	No limit	No limit
Periodontal Surgery — Soft & Connective Tissue Grafts	No limit	No limit
Periodontics — Non-Surgical	No limit	No limit
Oral Surgery: Simple Extractions	No limit	No limit
Oral Surgery: Surgical Extractions	No limit	No limit
Other Oral Surgery	No limit	No limit
General Services	No limit	No limit

Type C: Benefits are payable immediately from the start date of an individual's coverage		
	High Classic MAC	Low Classic MAC
Consultations	1 in 12 months	1 in 12 months
Prefabricated Crowns	1 per tooth in 5 calendar years	1 per tooth in 10 calendar years
Crown Buildups / Post Core	1 per tooth in 5 calendar years	1 per tooth in 10 calendar years
Repairs	1 in 12 months	1 in 12 months
Recementations	1 in 12 months	1 in 12 months
Dentures	1 in 5 calendar years	1 in 10 calendar years
Dentures — Rebases / Relines	1 in 36 months	1 in 36 months
Denture Adjustments	1 in 12 months	1 in 12 months
Fixed Bridges	1 in 5 calendar years	1 in 10 calendar years
Inlays / Onlays /Crowns	1 replacement per tooth in 5 calendar years	1 replacement per tooth in 10 calendar years
Implant Services	1 per tooth position in 5 calendar years	1 per tooth position in 10 calendar years
Implant Repairs	1 per tooth in 5 calendar years	1 per tooth in 10 calendar years
Implant Supported Prosthetic	1 per tooth in 5 calendar years	1 per tooth in 10 calendar years
Tissue Conditioning	1 in 36 months	1 in 36 months
Occlusal Adjustments	1 in 12 months	1 in 12 months
General Anesthesia	No limit	No limit
Pulpotomy	No limit	No limit
Apexification & Recalcification	No limit	No limit
Orthodontics — Benefits are payable over the period of the treatment		
Orthodontic Diagnostics	No limit	No limit
Orthodontic Treatment	No limit	No limit

Exclusions:

The below exclusions apply to the MetLife High Classic MAC and Low Classic MAC Dental Plans

- 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.
- 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 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 or not 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 algesia 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.

MetLife Dental for State of Oklahoma employees

Choose the dental plan that's right for you based on your needs and budget:

High Classic MAC

Highest PPO benefit levels (\$5,000 annual maximum)

Low Classic MAC

Competitive premiums (less than \$340/year)

Find out more:

Call **1-855-676-9443** or
visit **www.metlife.com/oklahoma**



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



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