



## ***Tekelec Plan Design MetLife® Preferred Dentist Program (PDP)***

*There are 2 plans to choose from – a High Option PPO and a Low Option PPO. Once you enroll in one of these plans you must remain on that plan until the next annual open enrollment. Below is a brief description of the MetLife plans; a more detailed description showing a side-by-side comparison of the two plans as well as a list of the types of services included in each category is attached and also available on TEKsource/HR.*

### **HIGH OPTION PPO**

Under the High Option PPO plan, you and your family may choose any dentist (network and non-network). The High Option PPO plan has an individual calendar year deductible of \$50 and a family deductible of \$150. The maximum benefit for the High Option PPO plan is \$1,500 per person per calendar year for all covered services.

Preventive and diagnostic care is covered at 100 percent (no deductible) of reasonable and customary charges.

After the deductible has been met, basic restorative treatment is covered at 80 percent of the PDP (Preferred Dentist Program) fee for in-network services; 80 percent of reasonable and customary charges for out-of-network services. Major restorative treatment is covered at 50 percent of PDP charges (in-network) or 50 percent of reasonable and customary charges (out-of-network).

Orthodontic services are covered under this plan for children only at 50 percent with a \$1,500 lifetime maximum.

### **LOW OPTION PPO**

The Low Option PPO plan functions like the High Option PPO plan but it encourages you to use the network providers in order to receive a higher benefit level as well as higher calendar year maximum. There are 2 deductible levels – one for Network services and one for Non-Network services. The Network individual calendar year deductible for the Low Option PPO is \$50 and has a family deductible of \$150. The Non-Network calendar year deductible is \$100 per individual and \$300 per family. The maximum benefit for the Low Option PPO plan is \$1,000 per person “in network” for all covered services and \$750 per person out-of-network for all covered services.

Preventive and diagnostic care in network is covered at 80 percent with no annual deductible. Preventive and diagnostic care out of network is covered at 80 percent after the annual deductible.

After the deductible has been met, basic restorative treatment is covered at 60 percent of the PDP (Preferred Dentist Program) fee for in-network and out of network services. Major restorative treatment is covered at 30 percent of the PDP fee for both in network and out of network services.

This plan also covers orthodontia for children at 40 percent for both in-network and out-of-network providers.

Please note: all charges incurred out of network will be paid based on negotiated discounted rates and any additional charges will be the patient’s responsibility.

# MetLife<sup>®</sup> Preferred Dentist Program Benefit Summary

| Plan Option 1 Benefit Highlights:<br>High Plan  |                          |   | Plan Option 2 Benefit Highlights:<br>Low Plan   |   |                              |
|---|--------------------------|---|---|---|------------------------------|
| <b>Coverage Type:</b>   | <u><b>In-Network</b></u> | <u><b>Out-of-Network</b></u>                                  | <b>Coverage Type:</b>   | <u><b>In-Network</b></u>                                  | <u><b>Out-of-Network</b></u> |
| Type A - Preventive   | 100% of PDP Fee*         | 100% of R&C Fee**   | Type A - Preventive   | 80% of PDP Fee*   | 80% of PDP Fee*              |
| Type B - Basic Restorative  | 80% of PDP Fee*          | 80% of R&C Fee**  | Type B - Basic Restorative  | 60% of PDP Fee*   | 60% of PDP Fee*              |
| Type C - Major Restorative  | 50% of PDP Fee*          | 50% of R&C Fee**  | Type C - Major Restorative  | 30% of PDP Fee*   | 30% of PDP Fee*              |
| Type D - Orthodontia  | 50% of PDP Fee*          | 50% of R&C Fee**  | Type D - Orthodontia  | 40% of PDP Fee*   | 40% of PDP Fee*              |
| <b>Deductible***:</b>   | <u><b>In-Network</b></u> | <u><b>Out-of-Network</b></u>                                  | <b>Deductible**:</b>  | <u><b>In-Network</b></u>                                  | <u><b>Out-of-Network</b></u> |
| Individual  | \$50                     | \$50  | Individual  | \$50  | \$100                        |
| Family  | \$150                    | \$150   | Family  | \$150   | \$300                        |
| <b>Annual Maximum:</b>  | <u><b>In-Network</b></u> | <u><b>Out-of-Network</b></u>                                  | <b>Annual Maximum:</b>  | <u><b>In-Network</b></u>                                  | <u><b>Out-of-Network</b></u> |
| Per Person  | \$1,500                  | \$1,500   | Per Person  | \$1,000   | \$750                        |
| <b>Orthodontia Lifetime Maximum: (Child only)</b>   | <u><b>In-Network</b></u> | <u><b>Out-of-Network</b></u>                                  | <b>Orthodontia Lifetime Maximum: (Child only)</b>   | <u><b>In-Network</b></u>                                  | <u><b>Out-of-Network</b></u> |
| Per Person  | \$1,500                  | \$1,500   | Per Person  | \$1,000   | \$750                        |
| * PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full.  |                          |   | * PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full.          |   |                              |
| ** Reasonable & Customary charges are based on the research of a dentist's usual, actual & community average charge as determined by MetLife. |                          |   | ** Applies only to Type B & C Services In-Network and Applies to Type A, B & C Services Out-of-Network.         |   |                              |
| *** Applies only to Type B & C Services.  |                          |   |   |   |                              |
| <b><i>An Example of Savings When You Visit a Participating PDP Dentist</i></b>  |                          |   | <b><i>An Example of Savings When You Visit a Participating PDP Dentist</i></b>                                  |   |                              |
| Take a look at a hypothetical example* that shows how receiving services from a PDP dentist can save you money:                               |                          |   | Take a look at a hypothetical example* that shows how receiving services from a PDP dentist can save you money: |   |                              |
| <b>Your Dentist says you need a Crown, a Type C service:</b>  |                          |   | <b>Your Dentist says you need a Crown, a Type C service:</b>  |   |                              |
| <b>R&amp;C Fee: \$500.00    PDP Fee: \$375.00</b>   |                          |   | <b>R&amp;C Fee: \$500.00    PDP Fee: \$375.00</b>   |   |                              |
| <b>Dentist's Usual Fee: \$600.00</b>  |                          |   | <b>Dentist's Usual Fee: \$600.00</b>  |   |                              |
| *Please note: this example assumes that your annual deductible has been met.  |                          |   | *Please note: this example assumes that your annual deductible has been met.                                    |   |                              |
| <b>(IN-NETWORK)</b>   |                          | <b>(OUT-OF-NETWORK)</b>                                       |   | <b>(IN-NETWORK)</b>                                       |                              |
| When you receive care from a Participating PDP dentist...   |                          | When you receive care from a Non Participating PDP dentist... |   | When you receive care from a Participating PDP dentist... |                              |
| The PDP Fee is:   | \$375.00                 | Dentist's Usual Fee is:                                       | \$600.00  | The PDP Fee is:   | \$375.00                     |
| Your Plan Pays:   |                          | Your Plan Pays:   |   | Your Plan Pays:   |                              |
| 50% x \$375 PDP Fee   | - \$187.50               | 50% x \$500 R&C Fee   | - \$250.00  | 30% x \$375 PDP Fee                                       | - \$112.50                   |
| Your Out-of-Pocket Cost:  | \$187.50                 | Your Out-of-Pocket Cost:                                      | \$350.00  | Your Out-of-Pocket Cost:                                  | \$262.50                     |
| <b>In this example, YOU SAVE \$162.50 (\$350.00 minus \$187.50) by using a participating PDP dentist!</b>                                     |                          |   | <b>In this example, YOU SAVE \$225.00 (\$487.50 minus \$262.50) by using a participating PDP dentist!</b>       |   |                              |

**We strongly encourage you to consider using a participating PDP Dentist in order to get the maximum value from your plan. There is additional information in this package concerning participating PDP dentists.**

# **MetLife<sup>®</sup> Preferred Dentist Program (PDP)**

## **List of Primary Covered Services & Limitations**

| <b>Primary Covered Services<br/>Plan Option 1 and Plan Option 2</b>   |  |
|---|--|
| <b>Type A - Preventive</b>  | <b><u>How Many/How Often:</u></b>  |
| Prophylaxis (cleanings)   | • Two per calendar year, separated by a six-month period.  |
| Oral Examinations   | • Two exams per calendar year, separated by a six-month period.  |
| Topical Fluoride Applications   | • One fluoride treatment per calendar year for dependent children up to 19 <sup>th</sup> birthday.   |
| X-rays  | • Full mouth X-rays: one per 60 months.<br>• Bitewing X-rays: one set per calendar year for adults; two sets per calendar year for children, separated by a six-month period calendar year.  |
| Space Maintainers   | • Space Maintainers for dependent children up to 19 <sup>th</sup> birthday.  |
| <b>Type B - Basic Restorative</b>   | <b><u>How Many/How Often:</u></b>  |
| Fillings  |  |
| Simple Extractions  |  |
| Endodontics   | • Root canal treatment limited to once per tooth per 24 months.  |
| General Anesthesia  | • When dentally necessary in connection with oral surgery, extractions or other covered dental services.   |
| Oral Surgery Periodontics   | • Periodontal scaling and root planing once per quadrant, every 24 months.<br>• Periodontal surgery once per quadrant, every 36 months. Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year.   |
| 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 19 <sup>th</sup> birthday.   |
| <b>Type C – Major Restorative</b>   | <b><u>How Many/How Often:</u></b>  |
| Crown, Denture and Bridge Repair  | • Initial Placement, replacement and repairs   |
| Bridges and Dentures  | • Initial placement to replace one or more natural teeth, which are lost while covered by the Plan.<br>• Dentures and bridgework replacement: one every 5 years.<br>• 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. |
| Crowns/Inlays/Onlays  | • Replacement: once every 5 years.   |
| <b>Type D - Orthodontia</b>   | <b><u>How Many/How Often:</u></b>  |
| <ul style="list-style-type: none"> <li>• Dependent children are covered until the end of the month of their 19<sup>th</sup> birthday or the end of the month of their 23<sup>rd</sup> birthday if unmarried, full-time students.</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>• Benefit for initial placement of the appliance will be made representing 20% of the total benefit.</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 of Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan. A summary plan description will be made available following

## *The MetLife<sup>®</sup> Preferred Dentist Program (PDP) Gives You:*

**Multiple self-servicing channels to get the information you need when you need it.**

Visit us online anytime at [www.metlife.com/dental](http://www.metlife.com/dental) or call us at **1-800-942-0854** to:

- Locate a participating PDP dentist. \*
- Verify eligibility and plan design information. \*
- Review claim status and claim history for your entire family. \*
- Obtain claim forms\* and educational information (including risk assessment tools).
- Access trained customer service representatives

\*Fax-back service available for these items. Have your fax number on hand when you call our automated system.

### **4 Easy Steps to Optimize Your Dental Benefit**

1. Consider using one of more than 60,000 participating PDP dentists to realize even greater savings on your out-of-pocket expenses.
2. Avoid surprises by asking your dentist to submit a pre-treatment estimate. *While you wait*, your dentist can get a real-time pre-treatment estimate online or over the phone in minutes detailing what your plan will cover and at what payment level.
3. Take advantage of your plan's preventive care benefit (Type A) to help avoid more costly procedures later.
4. Keep the plan overview for future reference and provide a copy to your dentist when you visit.

Like most group dental insurance policies, MetLife policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact MetLife for complete details.

# **MetLife<sup>®</sup>**

Metropolitan Life Insurance Company, NY, NY 10010  
L0205HSOJ(exp0504)MLIC-LD

Mail completed claim forms to:

**MetLife Dental Claims  
P.O. Box 981282  
El Paso, TX 79998-1282**

Call **1-800-942-0854**:

- Monday- Friday, 6 a.m. to 11 p.m., Saturday, 6 a.m. to 4 p.m., Eastern time, to confirm eligibility, order claim forms or request dentist directories
- Monday-Thursday, 8 a.m. to 11 p.m., Friday, 8 a.m. to 8 p.m., Eastern time, to speak with a live customer service representative