

City of Virginia Beach and Virginia Beach City Public Schools 2020 Dental Guide



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Welcome!

Why is having a good Dental plan so important?

Maintaining good oral health matters. Studies show that those with dental coverage are more likely to visit the dentist¹. And of course staying on top of your care is the key to preventing costly problems that can add up. Plus, going to the dentist regularly can help prevent problems that have been linked to diabetes or heart disease². That's where a good dental plan comes in. The right coverage makes it easier to visit the dentist and helps lower your costs³. You get support to keep up with dental cleanings and other preventive care that helps you live healthier. Now that's something to smile about!

Freedom to go to any dentist.

MetLife's Preferred Dentist Program is a Dental PPO plan. So you can visit any licensed dentist, in or out of the network, and receive benefits.

If you prefer to go to a participating dentist, you can count on our large and constantly growing network. Plus, all participating dentists must meet rigorous selection standards⁴.

Find a participating dentist today at <https://www.metlife.com/dental>.

For better savings³, visit a participating general dentist or specialist. Visits are covered with any dentist you choose even if he or she is out of network but you'll get the most competitive prices with a participating provider. With MetLife Dental, you have a large network of providers available to you.

Dental Claim Inquiries and Phone Numbers

Customer Service Number	(800) 942-0854 (Hours 8:00 AM to 11:00 PM ET)
Customer Service Email	dentalinfo@metlifeservice.com (24-48 hour response time)
Out of Country Customer Service	(800) 962-1401
Claims Fax Number	(859) 389-6505 (Include ATTN: Claims)
PDP (Hearing Impaired)	(800) 638-4863

Managing your dental benefits is easy!

Once enrolled, MetLife's MyBenefits tool, www.mybenefits.metlife.com, is your secure self-service website available 24/7. You can use the site to get estimates on care or check coverage and claim status.

MetLife Mobile App⁵ - It's easy! Search "MetLife" in the iTunes App Store or Google Play to download the app. Then use your MetLife MyBenefits log in information to access these features.

¹ 2013 US Survey of Dental Care Affordability and Accessibility; Empirica Research; July 2013.

² American Dental Association; Dentists: Doctors of Oral Health. Accessed April 2016, www.ada.org/en/about-the-ada/dentists-doctors-of-oral-health

³ Savings from enrolling in the MetLife Preferred Dentist Program will depend on various factors, including how often participants visit the dentist and the costs for services received. ⁴ Certain providers may participate with MetLife through an agreement that MetLife has with a vendor. Providers available through a vendor are subject to the vendor's credentialing process and requirements, not MetLife's.

⁵ Certain features of the MetLife Mobile App are not available for all MetLife Dental Plans.

Why dental insurance makes sense

What does dental insurance protect?

Dental problems can be unpredictable and expensive. For example did you know that a crown can cost up to \$1,451?¹

[Dental insurance not only help you pay for your dental care, it can help prevent problems.](#)

When your preventive care is covered, you're more likely to go for cleanings and checkups - this can help you avoid problems before they become too costly or complicated.

More to smile about:

- You may visit any dentist and receive coverage under the plan. Just remember that you usually save more when you stay in-network.²
- You have a wide choice of in-network PDP Plus dentists to choose from.³
- Take advantage of negotiated fees that are typically 30% - 45% less than average charges in the same area.⁴
- Your dentist usually handles claims — which means less paperwork for you!
- Find out what you'll pay ahead of time. your dentist can request a pre-treatment estimate for any service that is more than \$300.
- This helps you manage your cost and care.⁵

Understanding your PPO plan is as easy as 1, 2, 3:

1. Understand the types of procedures

Different plans pay different percentages for these procedures. And, while they may change depending on your plan, the definitions below usually describe the standard service types.

- Preventive Care — cleanings, X-rays and exams
- Basic Care — fillings and extractions
- Major Care — bridges, crowns and dentures

2. Know the percentages

- Look on your Plan Summary — next to each of these categories is a percentage. That's the percentage MetLife will pay for covered services, and you'll be responsible for the rest.

3. Look at out-of-pocket costs

- Next, check to see if the plan has an Annual Deductible — that's the amount you'll have to pay each year before your benefits kick in.
- Also, check the Annual Maximum Benefit — that's the most MetLife will pay in a year. There's also a difference between the Individual Maximum (for each family member) and the Family Annual Maximum (which applies to the total that is paid for everyone in your family).

[Now that you know the benefits of having dental coverage, learn more and enroll today!](#)

30 Based on MetLife data for a crown (D2740) in ZIP code 19151. This cost reflects the 80th percentile Reasonable and Customary (R&C) fee. R&C fees are calculated 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 usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife. This example is used for informational purposes only. Fees in your area may be different.

40 Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.

50 Certain providers may participate with MetLife through an agreement that MetLife has with a vendor. Providers available through a vendor are subject to the vendor's credentialing process and requirements, not MetLife's. If you should have any questions, contact MetLife Customer Service.

60 Negotiated Fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

70 MetLife strongly recommends that you have your dentist submit a pretreatment estimate to MetLife if the cost is expected to exceed \$300. When your dentist suggests treatment, have him or her send a claim form, along with the proposed treatment plans and supporting documentation to MetLife. An explanation of benefits (EOB) will be sent to you and the dentist detailing an estimate of what services MetLife will cover and at what payment level. Actual payments may vary from the pretreatment estimate depending upon annual maximums, deductibles, plan frequency limits and other plan provisions at time of payment.

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.

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Can my dentist apply for participation in the network?

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, or call 1-866-PDP-NTWK for an application.^{††} The website and phone number are for use by dental professionals only.

How are claims processed?

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 or request one by calling 1-800-942-0854.

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

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 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.

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

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.** Please remember to hold on to all receipts to submit a dental claim.

Do I need an ID card?

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.

[†]Based on internal analysis by MetLife, negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

^{††}Due to contractual requirements, MetLife is prevented from soliciting certain providers.

* AXA Assistance USA, Inc. provides Dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations.

**Refer to your dental benefits plan summary for your out-of-network dental coverage.

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 or supplies received by you or your Dependent before the Dental Insurance starts for that person
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate)
- 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
 - 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
 - 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
 - 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
 - Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it replacement of a lost or stolen appliance, Cast Restoration or Denture
 - 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
 - Repair or replacement of an orthodontic device
 - Duplicate prosthetic devices or appliances
 - Replacement of a lost or stolen appliance, Cast Restoration, or Denture and Intra and extraoral photographic images
 - Silver Plan Only: Orthodontic services or appliances

Limitations

Alternate Benefits: Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Procedure charge schedules are subject to change each plan year. You can obtain an updated procedure charge schedule for your area via fax by calling 1-800-942-0854 and using the MetLife Dental Automated Information Service. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

Cancellation/Termination of Benefits: Coverage is provided under a group insurance policy (Policy form GPNP99) issued by Metropolitan Life Insurance Company (MetLife). Coverage terminates when your membership ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

Like most group benefit programs, benefit programs offered by Metlife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force.

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