Learn about your plan

Mature Decisions Group Dental

Coverage Details	In-Network	Out-of-Network**
Type A cleanings, oral examinations	100% of Negotiated Fee*	100% of Negotiated Fee*
Type B fillings	70% of Negotiated Fee*	70% of Negotiated Fee*
Type C bridges and dentures	50% of Negotiated Fee*	50% of Negotiated Fee*
Deductible † Individual	$50	$50
Annual Maximum Benefit ‡ Per Person 1st Year Per Person 2nd Year & beyond	$1,000 $5,000	$1,000 $5,000

* 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 benefit maximums. Negotiated fees are subject to change.

** If you choose a non-participating dentist (i.e., an out-of-network dentist), your out-of-pocket costs may be higher as he or she has not agreed to accept MetLife's negotiated fees. You therefore may be responsible for any difference in cost between the dentist's fee and your plan's benefit payment.

† Deductible applies to Type B & C Services.

‡ Your annual maximum will increase for you and your covered dependents on the anniversary (12 continuous months of coverage) of when your coverage became effective under this plan.

Select covered services and frequency limitations

Type A – Preventative	Frequency Limitation
Oral Examinations	1 in 6 months
Full Mouth X-rays	1 in 60 months
Bitewing X-rays (Adult/Child)	Adult — 1 in a calendar year / Child — 2 in a calendar year — Child(ren) under age 14
Prophylaxis — Cleanings	1 in 6 months
Topical Fluoride Applications	1 in 12 months — Child(ren) under age 14

Type B – Basic Restorative	Frequency Limitation
Sealants	1 in 60 months — Child(ren) under age 14
Space Maintainers	One per lifetime per area — Child(ren) under age 14
Amalgam and Composite Fillings	1 in 24 months. Anterior teeth only
Periodontal Scaling & Root Planing	1 in 24 months
Periodontal Maintenance	2 in 1 calendar year, includes 2 cleanings
Oral Surgery (Simple Extractions)	
Emergency Palliative Treatment	
General Anesthesia	
Consultations	1 in 12 months

Type C – Major Restorative	Frequency Limitation
Crowns/Inlays/Onlays	1 in 10 calendar years
Prefabricated Crowns	1 in 10 calendar years
Repairs	1 in 12 months
Endodontics Root Canal	1 in 24 months
Periodontal Surgery	1 in 36 months
Oral Surgery (Surgical Extractions)	
Other Oral Surgery	
Bridges	1 in 10 calendar years
Dentures	1 in 10 calendar years
Implant Services	1 service per tooth in 10 calendar years — 1 repair per 12 months

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.

Common questions...important answers

Who is a participating dentist? 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.[1]

How do I find a participating dentist? There are thousands of general dentists and specialists to choose from nationwide — so you are sure to find one who meets your needs. You can receive a list of these participating dentists by calling 1-800-275-4638 to have a list emailed, faxed or mailed to you.

What services are covered by my plan? Your group dental benefit plan defines those services that are covered. Please review the enclosed description of Covered Services to learn more.

Can my dentist apply for participation in the network? Yes. If your current dentist does not participate in the network and you would like to encourage him or her to apply, ask your dentist to visit www.metdental.com, or call 1-866-PDP-NTWK for an application.[2] 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. If you need a claim form, visit the Forms Library on www.metlife.com or call 1-800-942-0854.

Can I find out what my out-of-pocket expenses will be before receiving a service? Yes. You can ask for a pre-treatment 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[3] 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.[4] Please remember to hold on to all receipts to submit a dental claim.

How does MetLife coordinate benefits with other insurance plans? Coordination of benefits provision in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan, subject to applicable law. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan, subject to applicable law.

Common questions…important answers (continued)

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

Do my dependents have to visit the same dentist that I select? No, you and your dependents each have the freedom to choose any dentist.

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 on or after your effective date. 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-ASSN) issued by MetLife. Coverage terminates upon termination of the group policy, the date insurance ends for your class, the end of the period for which the last premium has been paid for you, or the last day of the calendar month in which you cease to be a Member who participates in this insurance coverage. 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.

[1] Based on internal analysis by MetLife. Savings from enrolling in a dental benefits plan will depend on various factors, including how often members visit participating dentists and the costs for services rendered. Negotiated fees for non-covered services may not apply in all states.

[2] Due to contractual requirements, MetLife is prevented from soliciting certain providers.

[3] International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. AXA Assistance is not affiliated with MetLife and any of its affiliates, and the services they provide are separate and apart from the benefits provided by MetLife.

[4] Refer to your dental benefits plan summary for your out-of-network dental coverage.

Description of covered services

Type A Covered Services

1. Oral exams are limited to once every 6 months less the number of problem-focused examinations received during such months.
2. Screenings, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis, are limited to once every 6 months.
3. Patient assessments (limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment), are limited to once every 6 months.
4. Problem-focused examinations are limited to once every 6 months less the number of oral exams received during such months.
5. Bitewing x-rays but not more than:
    - 2 sets every calendar year for a child under age 14; and
    - 1 set every calendar year for everyone else.
6. Full mouth or panoramic x-rays once every 60 months.
7. Cleaning of teeth (oral prophylaxis) once every 6 months.
8. Topical fluoride treatment for a child under age 14, but not more than once in 12 months.

Type B Covered Services

1. Intraoral-periapical x-rays.
2. Dental x-rays except as mentioned elsewhere in this certificate.
3. Pulp vitality, diagnostic photographs, and bacteriological studies for determination of bacteriologic agents.
4. Genetic test for susceptibility to oral diseases.
5. Diagnostic casts.
6. Sealants for a child under age 14, which are applied to non-restored, non-decayed first and second permanent molars, but not more than once per tooth every 60 months.
7. Space maintainers for a child under age 14, once per lifetime per tooth area.
8. Protective (sedative) fillings.
9. Initial placement of amalgam fillings.
10. Replacement of an existing amalgam filling, but only if:
    - at least 24 months have passed since the existing filling was placed; or
    - a new surface of decay is identified on that tooth.
11. Initial placement of resin fillings.

Description of covered services (continued)

12. Replacement of an existing resin filling, but only if:
    - at least 24 months have passed since the existing filling was placed; or
    - a new surface of decay is identified on that tooth.
13. Consultations for interpretation of diagnostic image by a Dentist not associated with the capture of the image, but not more than once in a 12 month period.
14. Other consultations, but not more than once in a 12 month period.
15. Emergency palliative treatment to relieve tooth pain.
16. General anesthesia or intravenous sedation in connection with oral surgery, extractions or other Covered Services, when We determine such anesthesia is necessary in accordance with generally accepted dental standards.
17. Simple extractions.
18. Pulp capping (excluding final restoration).
19. Pulp therapy.
20. Apexification/recalcification.
21. Therapeutic pulpotomy (excluding final restoration).
22. Periodontal maintenance where periodontal treatment (including scaling, root planing, and periodontal surgery such as gingivectomy, gingivoplasty and osseous surgery) has been performed. Periodontal maintenance is limited two times in any calendar year less the number of teeth cleanings received during such calendar year.
23. Periodontal, non-surgical treatment such as scaling and root planing, but not more than once per quadrant in any 24 month period.
24. Local chemotherapeutic agents.
25. Injections of therapeutic drugs.
26. Application of desensitizing medicaments where periodontal treatment (including scaling, root planing, and periodontal surgery such as osseous surgery) has been performed.

Type C Covered Services

1. Surgical extractions.
2. Oral surgery except as mentioned elsewhere in the certificate.
3. Periodontal surgery not mentioned elsewhere, including gingivectomy, gingivoplasty and osseous surgery, but no more than one surgical procedure per quadrant in any 36 month period.
4. Periodontal soft & connective tissue grafts, but no more than one surgical procedure per quadrant in any 36 month period.
5. Root canal treatment, but not more than once in any 24 month period for the same tooth.

Description of covered services (continued)

6. Tissue Conditioning, but not more than once in a 36 month period.
7. Prefabricated crown, but no more than one replacement for the same tooth surface within 10 calendar years.
8. Initial installation of Cast Restorations.
9. Replacement of any Cast Restorations with the same or a different type of Cast Restoration but no more than one replacement for the same tooth surface within 10 calendar years of a prior replacement.
10. Simple Repairs of Cast Restorations but not more than once in a 12 month period.
11. Core buildup, but no more than once per tooth in a period of 10 calendar years.
12. Labial veneers, but no more than once per tooth in a period of 10 calendar years.
13. Post and cores, but no more than once per tooth in a period of 10 calendar years.
14. Initial installation of fixed and permanent Denture.
15. Replacement of a non-serviceable fixed and permanent Denture if such Denture was installed more than 10 calendar years prior to replacement.
16. Initial installation of full or removable Dentures:
    - when needed to replace congenitally missing teeth; or
    - when needed to replace natural teeth.
17. Replacement of an immediate, temporary full Denture with a permanent full Denture if the immediate, temporary full Denture cannot be made permanent and such replacement is done within 12 months of the installation of the immediate, temporary full Denture.
18. Replacement of a non-serviceable full or removable Denture if such Denture was installed more than 10 calendar years prior to replacement.
19. Adjustments of Dentures:
    - if at least 6 months have passed since the installation of the existing removable Denture; and
    - not more than once in any 12 month period.
20. Relinings and rebasings of existing removable Dentures:
    - if at least 6 months have passed since the installation of the existing removable Denture; and
    - not more than once in any 36 month period.
21. Repair of Dentures but not more than once in a 12 month period.
22. Addition of teeth to fixed and permanent Denture to replace natural teeth.
23. Addition of teeth to a partial removable Denture to replace natural teeth.
24. Re-cementing of Cast Restorations or Dentures but not more than once in a 12 month period.

Description of covered services (continued)

25. Implant services (including sinus augmentation and bone replacement and graft for ridge preservation), but no more than once for the same tooth position in a 10 calendar year period:
    - when needed to replace congenitally missing teeth; or
    - when needed to replace natural teeth.
26. Repair of implants, but not more than once in a 12 month period.
27. Implant supported prosthetics, but no more than once for the same tooth position in a 10 calendar year period:
    - when needed to replace congenitally missing teeth; or
    - when needed to replace natural teeth.
28. Repair of implant supported prosthetics but not more than once in a 12 month period.
29. Occlusal adjustments, but not more than once in a 24 month period.
30. With respect to residents of Minnesota, surgical and non-surgical treatment of temporomandibular joint disorders. This includes cone beam imaging but cone beam imaging for this treatment will not be covered more than once for the same tooth position in a 60 month period.

Exclusions

We will not pay Dental Insurance benefits for charges incurred for:

1. 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;
2. Services for which You would not be required to pay in the absence of Dental Insurance;
3. Services or supplies received by You or Your Dependent before the Dental Insurance starts for that person;
4. Services which are primarily cosmetic (for residents of Texas, see notice page section).
5. 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; or
    - fluoride treatments.
6. Services or appliances which restore or alter occlusion or vertical dimension.
7. Restoration of tooth structure damaged by attrition, abrasion or erosion, unless caused by disease.
8. Restorations or appliances used for the purpose of periodontal splinting.
9. Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
10. Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.
11. Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work.
12. Missed appointments.
13. Services:
    - covered under any workers' compensation or occupational disease law;
    - covered under any employer liability law;
14. Temporary or provisional restorations.
15. Temporary or provisional appliances.
16. Prescription drugs.
17. Services for which the submitted documentation indicates a poor prognosis.
18. 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.
19. 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.
20. Caries susceptibility tests.
21. Precision attachments, except when the precision attachment is related to implant prosthetics.
22. Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it.
23. Fixed and removable appliances for correction of harmful habits.

Exclusions (continued)

24. Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
25. Diagnosis and treatment of temporomandibular joint (TMJ) disorders and cone beam imaging. This exclusion does not apply to residents of Minnesota.
26. Orthodontic services or appliances.
27. Repair or replacement of an orthodontic device.
28. Duplicate prosthetic devices or appliances.
29. Replacement of a lost or stolen appliance, Cast Restoration, or Denture.
30. Intra and extraoral photographic images.

Monthly rates

Rates are based on your Area and the number of people you elect to enroll.

	Self	Self + 1	Self + 2 or more
Area 1	$49.90	$99.78	$162.02
Area 2	$57.42	$114.81	$172.34
Area 3	$68.05	$135.99	$204.04
Area 4	$72.58	$145.04	$217.73
Area 5	$77.11	$154.22	$231.32
Area 6	$79.67	$159.31	$239.01

How to find your monthly rate:

1. Using the Area Chart below to locate your state and take the first 3 digits of your zip code to determine your Area.
2. Match your Area to the enrollment option that best fits your need. Find it in the Rate Chart. **Rates are guaranteed from January 1, 2023 to December 31, 2023**

State	Area	First 3 Digits of Zip Code (if applicable)
Alabama	1	350-354, 362-364, 367-369
	2	355-361, 365-366
Alaska	6	
Arizona	2	850-857
	3	859-865
Arkansas	2	
California	2	923-925
	3	900, 905-922, 926-938, 952-953, 955-961
	4	901-904, 939, 945-946, 948, 950-951
	5	940-944, 947, 949, 954
Colorado	3	
Connecticut	4	
Delaware	4	197, 199
	5	198
D.C.	3	
Florida	2	320-322, 325-329, 334-338, 342-349
	3	323-324, 333, 339-341
	4	330-332
Georgia	2	306-310, 312, 319
	3	300-305, 311, 313-318, 398
Hawaii	3	
Idaho	2	
Illinois	1	624, 628-629
	2	609-623, 625-627
	3	600-608
Indiana	1	471, 475
	2	460-462, 465-470, 472-474, 476-479
	3	463-464
Iowa	1	508-510, 512-516
	2	500-507, 520-528
	3	511
Kansas	2	
Kentucky	1	400-404, 406-409, 411-419, 425-427
	2	405, 410, 420-424
Louisiana	2	
Maine	3	042-044, 046-047, 049
	4	039-041, 045, 048
Maryland	1	215
	2	206, 210-214, 216-219
	3	207-209
Massachusetts	3	010, 012-013
	4	011, 014-027
Michigan	2	486
	3	480-485, 487-499
Minnesota	3	
Mississippi	2	
Missouri	1	645
	2	630-644, 646-651, 653-659
	3	652
Montana	3	
Nebraska	1	680-684, 689-690
	2	685-688, 691-693
Nevada	2	889-891
	4	893-898
New Hampshire	4	030, 032, 034-038
	5	031, 033
New Jersey	2	071-072
	3	070, 073, 077, 080-087
	4	074-076, 078-079, 088-089
New Mexico	3	
New York	2	104, 124-129, 133-136, 142
	3	103, 109-110, 115, 117-123, 130-132, 137-141, 143-149
	4	063, 105-108, 111-114, 116
	6	100-102
North Carolina	3	270-281, 283-289
	4	282
North Dakota	3	
Ohio	2	430-435, 437-459
	3	436
Oklahoma	2	731, 735-749
	3	730, 734
Oregon	3	
Pennsylvania	1	150-156, 159-161, 163-164, 171-172, 185, 187
	2	157-158, 162, 165-168, 170, 173-176, 180-184, 186, 188, 190-192
	3	169, 177-179, 189, 193-196
Puerto Rico	1	
Rhode Island	3	
South Carolina	3	
South Dakota	2	570, 572-577
	3	571
Tennessee	2	
Texas	1	782
	2	754-759, 764-769, 773-774, 776-781, 783-785, 788-789, 794-799
	3	750-753, 760-763, 770-772, 775, 786-787, 790-793, 885
Utah	1	
Vermont	4	
Virginia	2	230-246
	3	201, 220-229
Virgin Islands	3	
Washington	3	990-992, 994
	4	985-989, 993
	5	980-984
West Virginia	2	
Wisconsin	3	
Wyoming	2	

This plan may not be available in all states. Please contact AMA Insurance for details at 1-877-293-4810

AMA Insurance Agency, Inc., a subsidiary of the American Medical Association. 330 N. Wabash Ave. Suite 39300 Chicago, IL 60611

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. Please contact AMA Insurance for details at 1-877-293-4810.

Policy form GPNP15-2T
Policy number GCERT2015-DENTAL
Certificate number TS- 05339301-G

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

MetLife

AMA INSURANCE