



# State of Florida Dental Benefit for the State Group Insurance Program

# Welcome!

## Dental issues may be painful and expensive. Did you know that a crown can cost up to \$1,535?<sup>1</sup>

Maintaining good oral health matters. Keeping up with your dental cleanings and other preventive care can help you avoid costly dental problems and treatments in the future. Plus, going to the dentist regularly can help prevent problems that have been linked to diabetes or heart disease.<sup>2</sup> That's where a good dental plan comes in. The right coverage makes it easier to visit the dentist and helps lower your costs.<sup>3</sup> 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 dental benefits plan featuring the Preferred Dentist Program<sup>4</sup> 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 of 535,000 access points.<sup>5</sup>
- All participating dentists must meet rigorous selection standards.<sup>6</sup> Find a participating dentist today at [metlife.com/stateoffl](https://www.metlife.com/stateoffl).

For more savings,<sup>3</sup> visit a participating general dentist or specialist. You can visit any licensed dentist, even if he or she is out-of-network, but your out-of-pocket costs will usually be less when you visit a participating provider. With MetLife Dental, you have a large network of providers in the state of Florida.

### Managing your dental benefits is easy!

- Once enrolled, MetLife's MyBenefits tool, [mybenefits.metlife.com](https://mybenefits.metlife.com), is your secure self-service website available 24/7. You can use the site to get estimates on costs or check coverage and claim status.
- Call 1-844-222-9104 – representatives are available 8:00am until 11:00pm ET, Monday through Friday.

<sup>1</sup> Based on MetLife data for a crown (D2740) in ZIP code 19151. This example is used for informational purposes only. Fees in your area may be different.

<sup>2</sup> American Dental Association. "Dentists: Doctors of Oral Health." American Dental Association website. <https://www.ada.org/en/about-the-ada/dentists-doctors-of-oralhealth>. Accessed June 2020.

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

<sup>4</sup> Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166.

<sup>5</sup> MetLife data as of 01/01/22.

<sup>6</sup> 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.

# State of Florida Dental

## Network: PDP Plus

Coverage Type	Indemnity with PPO People First Plan Code 4031		Standard PPO People First Plan Code 4032		Preventive PPO People First Plan Code 4033	
	In-Network % of Negotiated Fee*	Out-of-Network % of R&C Fee**	In-Network % of Negotiated Fee*	Out-of-Network % of R&C Fee**	In-Network % of Negotiated Fee*	Out-of-Network % of R&C Fee**
<b>Type A: Preventive</b> (cleanings, exams, X-rays)	100%	100%	100%	80%	100%	80%
<b>Type B: Basic Restorative</b> (fillings, extractions)	80%	80%	80%	50%	80%	50%
<b>Type C: Major Restorative</b> (bridges, dentures)	50%	50%	50%	30%	No Benefit	No Benefit
<b>Type D: Orthodontia</b>	50%	50%	50%	30%	No Benefit	No Benefit
<b>Deductible†</b>						
Employee Only	\$50	\$50	\$50	\$50	\$50	\$50
Employee + Child(ren) + Spouse	\$150	\$150	\$150	\$150	\$150	\$150
<b>Annual Maximum Benefit</b>						
Per Person	\$2,000	\$2,000	\$1,500	\$1,500	\$1,000	\$1,000
<b>Orthodontia Lifetime Maximum</b>						
Per Person	\$2,500	\$2,500	\$2,000	\$1,500	No Benefit	No Benefit

**Late enrollment waiting period:** None.

Employees can enroll upon date of hire or during yearly State of Florida Enrollment Period. There's no late enrollment permitted.

\* Negotiated fee refers 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 benefits maximums. Negotiated fees are subject to change.

\*\* R&C fee refers to the Reasonable and Customary charge, which is 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 charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

† Applies only to Type B & C Services. Once the Annual Employee + Child(ren) + Spouse Deductible is satisfied, no further Annual Individual Deductibles are required to be met.

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.

# Monthly costs

The following monthly costs are effective through 12/31/2023. Your premium will be paid through convenient payroll deduction. Monthly cost covers all eligible children for Employee + Child(ren) and Employee + Child(ren) + Spouse plans.

	<b>Indemnity with PPO</b> People First Plan Code 4031	<b>Standard PPO</b> People First Plan Code 4032	<b>Preventative PPO</b> People First Plan Code 4033
<b>Employee Only</b>	\$46.16	\$36.24	\$18.32
<b>Employee + Spouse</b>	\$85.38	\$67.04	\$33.86
<b>Employee + Child(ren)</b>	\$95.42	\$74.90	\$37.84
<b>Employee + Child(ren) + Spouse</b>	\$138.52	\$108.76	\$54.94

## A hypothetical example<sup>1</sup>

Visiting an in-network dentist can help you significantly lower your costs while getting the care you need.

<b>Service</b>	<b>Dentist's Usual Fee</b>	<b>Negotiated Fee</b>	<b>Percent Covered</b>	<b>MetLife Pays</b>	<b>Out-of-Pocket Costs</b>	<b>Savings<sup>1,2</sup></b>
<b>Exams &amp; Cleanings</b>	\$122	\$82	100%	\$82	\$0	\$122
<b>X-rays</b>	\$130	\$74	100%	\$74	\$0	\$130
<b>Fillings</b>	\$163	\$93	80%	\$74.40	\$18.60	\$144.40
<b>Root Canals</b>	\$705	\$437	80%	\$349.60	\$87.40	\$617.60
<b>Crowns</b>	\$1,117	\$699	50%	\$349.50	\$349.50	\$767.50

<sup>1</sup> These hypothetical in-network savings examples are based on average charges within the Tallahassee ZIP code, for procedure codes D0120, D1110, D0210, D2391, D3310, and D2740. They assume that the annual deductible has been met and the annual maximum benefit has not been reached. Actual benefit payments, out-of-pocket costs, and savings may vary.

<sup>2</sup> 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.

# List of Primary Covered Services & Limitations

The service categories and plan limitations shown 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. Visit [www.metlife.com/stateoffl](http://www.metlife.com/stateoffl) for full dental plan information.

	Indemnity with PPO	Standard PPO	Preventative PPO
<b>Type A – Preventative</b>	<b>How Many/How Often</b>		
<b>Prophylaxis (cleanings)</b>	<ul style="list-style-type: none"> <li>One cleaning in 6 consecutive months.</li> </ul>		
<b>Oral Examinations</b>	<ul style="list-style-type: none"> <li>One exam in 6 consecutive months.</li> </ul>		
<b>Topical Fluoride Applications</b>	<ul style="list-style-type: none"> <li>One fluoride treatment in 12 consecutive months for dependent children up to his/her 14th birthday.</li> </ul>		
<b>X-rays</b>	<ul style="list-style-type: none"> <li>Full mouth X-rays; one per 60 months.</li> <li>Bitewings X-rays; two times per 12 consecutive months.</li> </ul>		
<b>Space Maintainers</b>	<ul style="list-style-type: none"> <li>Space maintainers for a child under age 14 once per lifetime per tooth area.</li> </ul>		
<b>Sealants</b>	<ul style="list-style-type: none"> <li>One application of sealant material every 60 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 16th birthday.</li> </ul>		
<b>Type B – Basic Restorative</b>	<b>How Many/How Often</b>		
<b>Fillings</b>	<ul style="list-style-type: none"> <li>One per tooth surface, per 24 consecutive months.</li> </ul>		
<b>Simple Extractions</b>	<ul style="list-style-type: none"> <li>Covered.</li> </ul>		
<b>Oral Surgery</b>	<ul style="list-style-type: none"> <li>Covered.</li> </ul>		
<b>Endodontics</b>	<ul style="list-style-type: none"> <li>Root canal treatment limited to once per tooth per lifetime.</li> </ul>		
<b>General Anesthesia</b>	<ul style="list-style-type: none"> <li>When dentally necessary in connection with oral surgery, extractions or other covered dental services.</li> </ul>		
<b>Periodontics</b>	<ul style="list-style-type: none"> <li>Periodontal scaling and root planing once per quadrant, every 24 months.</li> <li>Periodontal surgery once per quadrant, every 36 months.</li> </ul>		

# List of Primary Covered Services & Limitations

(continued)

	Indemnity with PPO	Standard PPO	Preventative PPO
<b>Type C – Major Restorative</b>		<b>How Many/How Often</b>	
<b>Implants</b>	<ul style="list-style-type: none"> <li>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 60-month period:               <ul style="list-style-type: none"> <li>- when needed to replace congenitally missing teeth; or</li> <li>- when needed to replace teeth that are lost while the person receiving such benefits was insured for Dental Insurance.</li> </ul> </li> <li>Repair of implants, but no more than once in a 12-month period.</li> </ul>		Not Covered
<b>Bridges and Dentures</b>	<ul style="list-style-type: none"> <li>Initial placement to replace one or more natural teeth, which are lost while covered by the plan.</li> <li>Dentures and bridgework replacement; one per 84 consecutive months.</li> <li>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.</li> </ul>		Not Covered
<b>Crowns, Inlays, and Onlays</b>	<ul style="list-style-type: none"> <li>Replacement once every 84 months</li> </ul>		Not Covered
<b>Type D – Orthodontia</b>		<b>How Many/How Often</b>	
	<ul style="list-style-type: none"> <li>You, Your Spouse, and Your Children up to the last day of the calendar year in which Your Child reaches age 26, are covered while Dental Insurance is in effect.</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>20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary.</li> <li>Orthodontic benefits end at cancellation of coverage.</li> </ul>		Not Covered

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.



# Discover the benefits of MetLife Dental

Did you know MetLife Dental benefits come with extras designed to help you get even more value out of your employer-sponsored benefits? Brush up on the added benefits listed below that are included when you enroll in MetLife Dental.



## Digital servicing capabilities make dental care easy

MetLife's mobile app<sup>1</sup> puts your ID card, plan details, and claim information at your fingertips. For added convenience, it also includes features like:

- A Find a Dentist tool with easy access to provider ratings
- Online appointment scheduling for select dentists
- Convenient claim status notifications via text messaging

Our digital tools available on MyBenefits also include:

- Access to a Dental Cost Estimator<sup>2</sup> so you can view personalized, plan-specific, and ZIP code-based cost estimates for most common procedures – as well as the deductibles, plan maximums, and frequency limitations that apply.
- A digital virtual assistant that's available 24/7 to help you with common tasks like accessing coverage information, getting personalized estimates, or viewing claims.



## Dental benefits go with you as you travel

Our International Dental Travel Assistance program<sup>3</sup> provides international assistance tied to your out-of-network benefits, including:

- 24/7 help in multiple languages
- Access to dental providers (based on strict credentialing criteria) in approximately 200 countries
- Toll-free calling within the U.S., or collect calling outside the U.S.



## SmileDirectClub discounts make you smile

MetLife Dental benefits include valuable discounts on SmileDirectClub's customized clear aligners, whether your plan includes orthodontia coverage or not. Plus, all SmileDirectClub dentists are part of MetLife's Dental provider network.



## Multi-language health history forms enhance communications

Our health history forms, which are available in nearly 40 languages, are designed to help dentists better communicate with non-English speaking patients.



## Teledentistry options offer added convenience

MetLife Dental provides teledentistry options, so you're able to connect with your dentist from home via smartphone, tablet, or computer for problem-focused exams and reevaluations.



## An Oral Health Library<sup>4</sup> provides the information you need

MetLife's Oral Health Library – [oralfitnesslibrary.com](http://oralfitnesslibrary.com) – offers unlimited online access to articles and videos on a wide range of helpful dental-related topics.

## MetLife Mobile App<sup>5</sup>

It's easy. Search "MetLife" in the Apple App Store or Google Play to download the app. Then use your MetLife MyBenefits login information to access these features.



<sup>1</sup> To use the MetLife mobile app, employees can choose to register at [metlife.com/mybenefits](http://metlife.com/mybenefits) from a computer or directly through the app.

<sup>2</sup> The Dental Procedure Fee Tool application is provided by an independent vendor. This tool does not provide the payment information used by MetLife when processing your claims. Prior to receiving services, pretreatment estimates through your dentist will provide the most accurate fee and payment information.

<sup>3</sup> International travel assistance is provided by AXA Assistance USA, Inc. AXA Assistance 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 or services provided by MetLife. Referral services are not available in all locations.

<sup>4</sup> This information is intended for your general knowledge only and is not a substitute for obtaining medical or dental advice for specific medical or dental conditions or other advice from your dentists or doctors. By making this information available to you, Metropolitan Life Insurance Company and its affiliates (collectively, "MetLife") is not engaged in rendering any such advice. Insofar as the information provided is from third parties, it has no association whatsoever with MetLife, unless expressly stated.

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

# Frequently Asked Questions

## 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 are typically 30%-45% below the average fees charged in a dentist's community for the same or substantially similar services.†

## How do I find a participating dentist?

You can receive a list of participating dentists online at [metlife.com/stateoffl](http://metlife.com/stateoffl) or call 1-844-222-9104. There are thousands of general dentists and specialists to choose from nationwide - so you are sure to find one that meets your needs.

## What services are covered under this plan?

The services covered within this plan are set forth in the certificate of insurance which can be located at [www.metlife.com/stateoffl](http://www.metlife.com/stateoffl).

## May I choose a non-participating dentist?

Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist, your out-of-pocket costs may be higher.

## 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/her to apply, ask your dentist to visit [metdental.com](http://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 [metlife.com/mybenefits](http://metlife.com/mybenefits) or request one by calling **1-844-222-9104**.

## 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 can send MetLife a plan for your dental care and request an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pretreatment estimate for services in excess of \$300. Simply have your dentist submit a request online at [metdental.com](http://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, from pretreatment estimate, 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 dental 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.

## How does MetLife coordinate benefits with other insurance plans?

Coordination of benefits provisions 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.

## 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 a MetLife dental benefits plan. 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 copayments, 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.

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



## Exclusions

### All 3 Plans:

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

- 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 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
- Services which are primarily cosmetic unless such service is:
  - Required for reconstructive surgery which is incidental to or follows surgery which results from trauma, an infection, or other disease of the involved part; or
  - Required for reconstructive surgery because of a congenital disease or anomaly of a Child which has resulted in a functional defect
- 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:
  - Paid under any workers' compensation or occupational disease law
  - Paid under any employer liability law for which you are not required to pay; or
  - Received at a facility maintained by the employer, labor union, mutual benefit association, or VA hospital
- Services covered under other coverage provided by the Policyholder
- Biopsies of hard or soft oral tissue
- 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; or
  - 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
- Modification of removable prosthodontic and other removable prosthetic services
- Fixed and removable appliances for correction of harmful habits
- Appliances or treatment for bruxism (grinding teeth)
- Replacement of a lost or stolen appliance, cast restoration, or denture
- Diagnosis and treatment of temporomandibular joint disorders and cone beam imaging associated with the treatment of temporomandibular joint disorders
- Intra and extraoral photographic images.

### Standard & Indemnity PPO Plans only:

- Initial installation of a Denture or implant or implant-supported prosthetic to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing teeth
- Precision attachments associated with fixed and removable prostheses, 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
- Duplicate prosthetic devices or appliances
- Replacement of an orthodontic device

### Preventative PPO Only:

- Initial installation or replacement of Cast Restorations;
- Implant-supported Cast Restorations
- Labial veneers
- Initial installation or replacement of Dentures
- Addition of teeth to a partial Denture
- Adjustments of Dentures
- Tissue conditioning
- Implants including, but not limited to any related surgery, placement, maintenance, and removal
- Repair of implants
- Fixed partial Dentures
- Other fixed Denture services
- Consultations
- Precision attachments associated with fixed and removable prostheses
- Orthodontic services or appliances
- Repair or Replacement of an orthodontic device

## Exclusions (continued)

**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 pretreatment 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 payment 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 1-844-222-9104 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 conditions at time of payment.

**Cancellation/Termination of Benefits:** Coverage is provided under a group insurance policy (Policy form GPNP99 / G.2130-S) issued by 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.

[metlife.com](https://www.metlife.com)

Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166. 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. For complete details of coverage and availability, please refer to the certificate of insurance or contact MetLife.



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

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