

# Dental HMO/Managed Care



As a participant of the MetLife Dental HMO/Managed Care plan, you have lower out-of-pocket costs. Your Dental HMO/Managed Care plan provides you with access to essential dental care. For a complete list of all covered dental procedures, please refer to your Schedule of Benefits, located online at [metlife.com/mybenefits](https://www.metlife.com/mybenefits). The information in this chart provides a general overview of the plan.

Features	Details
<b>Dentist Selection</b>	This plan requires you to pre-select a dentist who participates in the network in order to receive benefits. Each enrolled family member may select a different participating dentist and has the ability to change dentists up to one time each month. If you visit a dentist other than your selected participating dentist, you will be required to pay the full cost of treatment.
<b>Deductibles</b>	None
<b>Annual Maximums</b>	None
<b>Copayment</b>	You are responsible for the copayment for each covered service that is listed in your Schedule of Benefits, located online at <a href="https://www.metlife.com/mybenefits">metlife.com/mybenefits</a> .
<b>Coinsurance</b>	You are responsible for the difference between the contracted fee and the covered amount. Plan benefits are based on a pre-set percentage of the dentist’s contracted fee for each covered service (“covered percentage”) <sup>1</sup> . To view a complete list of covered services go to <a href="https://www.metlife.com/mybenefits">metlife.com/mybenefits</a>
<b>Out-of-Pocket Cost</b>	You may find your out-of-pocket costs by reviewing your Schedule of Benefits; ask your primary care dentist; or call MetLife at 1-800-880-1800.
<b>Claims Process</b>	When visiting your selected participating dentist, you do not have to complete a claims form.
<b>Network</b>	All dentists have to go through a rigorous selection and review process. Using a participating dentist provides you access to hundreds of dental services that may be considerably lower than your cost would be when going to a dentist out-of-network.
<b>Emergency Care</b>	All participating dental offices in our network provide information on how to obtain emergency care 24 hours a day, 7 days a week. If you cannot reach your selected participating dentist, you may receive emergency care from any licensed dental care professional. The definition of what is considered “emergency care” and other specifics can be found in your Schedule of Benefits, located online at <a href="https://www.metlife.com/mybenefits">metlife.com/mybenefits</a> .
<b>Second Opinions</b>	This plan covers second opinions. Call MetLife at 1-800-880-1800 to let us know that you would like another clinical opinion and we will provide the name of a dentist for you to see.

1. May be subject to any plan costs sharing such as benefit maximums

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Dental Managed Care Plan benefits are provided by Metropolitan Life Insurance Company (MetLife), a New York corporation in NY. Dental HMO plan benefits are provided by: SafeGuard Health Plans, Inc., a California corporation in CA; SafeGuard Health Plans, Inc., a Florida corporation in FL; SafeGuard Health Plans, Inc., a Texas corporation in TX; and MetLife Health Plans, Inc., a Delaware corporation and Metropolitan Life Insurance Company, a New York corporation in NJ. The Dental HMO/Managed Care companies are part of the MetLife family of companies. "DHMO" is used to refer to product designs that may differ by state of residence of the enrollee, including but not limited to: "Specialized Health Care Service Plans" in California; "Prepaid Limited Health Service Organizations" as described in Chapter 636 of the Florida statutes in Florida; "Single Service Health Maintenance Organizations" in Texas; and "Dental Plan Organizations" as described in the Dental Plan Organization Act in New Jersey.

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 the cost of services.

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.

Like most group benefits programs, benefit programs offered by MetLife and its affiliates 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.

