

Office of Graduate Medical Education Dental Plan Benefits

For the savings you need, the flexibility you want and service you can trust.

Benefit Summary

Plan Option 1: Low Plan			Plan Option 2: High Plan		
Coverage Type	PDP In-Network:	Out-of-Network:	Coverage Type	PDP In-Network:	Out-of-Network:
Type A – cleanings, oral examinations	100% of PDP Fee*	100% of R&C Fee**	Type A – cleanings, oral examinations	100% of PDP Fee*	100% of R&C Fee**
Type B – fillings	50% of PDP Fee*	50% of R&C Fee**	Type B – fillings	80% of PDP Fee*	80% of R&C Fee**
Type C –bridges and dentures	25% of PDP Fee*	25% of R&C Fee**	Type C –bridges and dentures	50% of PDP Fee*	50% of R&C Fee**
Deductible†:	In-Network	Out-of-Network	Deductible†:	In-Network	Out-of-Network
Individual	\$75.00	\$75.00	Individual	\$50.00	\$50.00
Family	\$225.00	\$225.00	Family	\$150.00	\$150.00
Annual Maximum Benefit:	In-Network	Out-of-Network	Annual Maximum Benefit:	In-Network	Out-of-Network
Per Person	\$1,000	\$1,000	Per Person	\$1,250	\$1,250
Late Enrollment Waiting Period: One Year Waiting Period for all Type C/Major Services.			Late Enrollment Waiting Period: One Year Waiting Period for all Type C/Major Services.		
* PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums. ** R&C fee refers to the Reasonable and Customary (R&C) 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.			* PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums. ** R&C fee refers to the Reasonable and Customary (R&C) 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.		

Monthly Rates:

The following monthly rates are effective through June 30, 2011. Your premium will be paid through convenient payroll deduction.

Eligibility Options	Plan 1: Low Plan	Plan 2: High Plan
Employee Only	\$21.30	\$34.74
Employee + Spouse	\$43.09	\$70.28
Employee + Child(ren)	\$49.84	\$81.29
Employee + Family	\$60.09	\$97.89

List of Primary Covered Services & Limitations

Plan Option 1: Low Plan		Plan Option 2: High Plan	
Type A - Preventive	How Many/How Often:	Type A - Preventive	How Many/How Often:
Prophylaxis (cleanings)	<ul style="list-style-type: none"> Two per calendar year, separated by a six-month period. 	Prophylaxis (cleanings)	<ul style="list-style-type: none"> Two per calendar year, separated by a six-month period.
Oral Examinations	<ul style="list-style-type: none"> Two exams per calendar year, separated by a six-month period. 	Oral Examinations	<ul style="list-style-type: none"> Two exams per calendar year, separated by a six-month period.
Topical Fluoride Applications	<ul style="list-style-type: none"> One fluoride treatment per six months. 	Topical Fluoride Applications	<ul style="list-style-type: none"> One fluoride treatment per six months.
X-rays	<ul style="list-style-type: none"> Full mouth X-rays: one per 60 months. Bite-wing X-rays: one set per 12 months for adults and children. 	X-rays	<ul style="list-style-type: none"> Full mouth X-rays: one per 60 months. Bite-wing X-rays: one set per 12 months for adults and children.
Space Maintainers	<ul style="list-style-type: none"> Space Maintainers for dependent children up to 16th birthday. 	Space Maintainers	<ul style="list-style-type: none"> Space Maintainers for dependent children up to 16th birthday.
Sealants	<ul style="list-style-type: none"> One application of sealant material every 36 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to 16th birthday. 	Sealants	<ul style="list-style-type: none"> One application of sealant material every 36 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to 16th birthday.
Type B - Basic Restorative	How Many/How Often:	Type B - Basic Restorative	How Many/How Often:
Fillings		Fillings	
Simple Extractions		Simple Extractions	
Endodontics	<ul style="list-style-type: none"> Root canal treatment limited to once per tooth per 24 months. 	Endodontics	<ul style="list-style-type: none"> Root canal treatment limited to once per tooth per 24 months.
General Anesthesia	<ul style="list-style-type: none"> When dentally necessary in connection with oral surgery, extractions or other covered dental services. 	General Anesthesia	<ul style="list-style-type: none"> When dentally necessary in connection with oral surgery, extractions or other covered dental services.
Oral Surgery		Oral Surgery	
Type C - Major Restorative	How Many/How Often:	Type C - Major Restorative	How Many/How Often:
Crown, Denture, and Bridge Repair/Recementations		Crown, Denture, and Bridge Repair/Recementations	
Implants		Implants	
Crowns/Inlays/Onlays	<ul style="list-style-type: none"> Replacement: once every 10 years. Initial placement to replace one or more natural teeth, which are lost while covered by the Plan. 	Crowns/Inlays/Onlays	<ul style="list-style-type: none"> Replacement: once every 10 years. Initial placement to replace one or more natural teeth, which are lost while covered by the Plan.
Bridges and Dentures	<ul style="list-style-type: none"> Dentures and bridgework replacement: one every 10 years. 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. Periodontal scaling and root planing once per quadrant, every 24 months. 	Bridges and Dentures	<ul style="list-style-type: none"> Dentures and bridgework replacement: one every 10 years. 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. Periodontal scaling and root planing once per quadrant, every 24 months.
Periodontics	<ul style="list-style-type: none"> Periodontal surgery once per quadrant, every 36 months. Total number of periodontal maintenance treatments and prophylaxis cannot exceed one treatment per six months. 	Periodontics	<ul style="list-style-type: none"> Periodontal surgery once per quadrant, every 36 months. Total number of periodontal maintenance treatments and prophylaxis cannot exceed one treatment per six months.
Type D - Orthodontia	How Many/How Often:	Type D - Orthodontia	How Many/How Often:
	NOT APPLICABLE		NOT APPLICABLE

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; or
 - 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; 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 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; 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;
- Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Other fixed Denture prosthetic services not described elsewhere in the certificate;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Initial installation or replacement of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of Minnesota;
- 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.

Below are reference cards with information about your Dental coverage. Carefully detach and keep them in a convenient location for your future use.

MetLife Dental Reference Card		MetLife Dental Reference Card	
_____ Employee Name	_____ Employee ID	_____ Employee Name	_____ Employee ID
<u>Office of Graduate Medical Education</u> Group Name	<u>141644</u> Group Number	<u>Office of Graduate Medical Education</u> Group Name	<u>141644</u> Group Number
<small>This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.</small>		<small>This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.</small>	

ORDER# 19-PRFID

www.metlife.com/mybenefits

Locate a participating dentist.
Verify eligibility and plan design information.
Review claim status and claim history for your entire family.
View and print processed claims with one click.
Obtain claims forms* and educational information (including interactive risk assessment).
Get instant answers to Frequently Asked Questions.
Access trained customer service representatives.

1-800-942-0854

Virtually 24 hours a day, 7 days a week to confirm eligibility, order claim forms or request dentist directories
Monday-Friday, 8 a.m. to 11 p.m., Eastern Time, to speak with a live customer service representative
MetLife Dental Claims P.O. Box 981282 El Paso, TX 79998-1282

www.metlife.com/mybenefits

Locate a participating dentist.
Verify eligibility and plan design information.
Review claim status and claim history for your entire family.
View and print processed claims with one click.
Obtain claims forms* and educational information (including interactive risk assessment).
Get instant answers to Frequently Asked Questions.
Access trained customer service representatives.

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