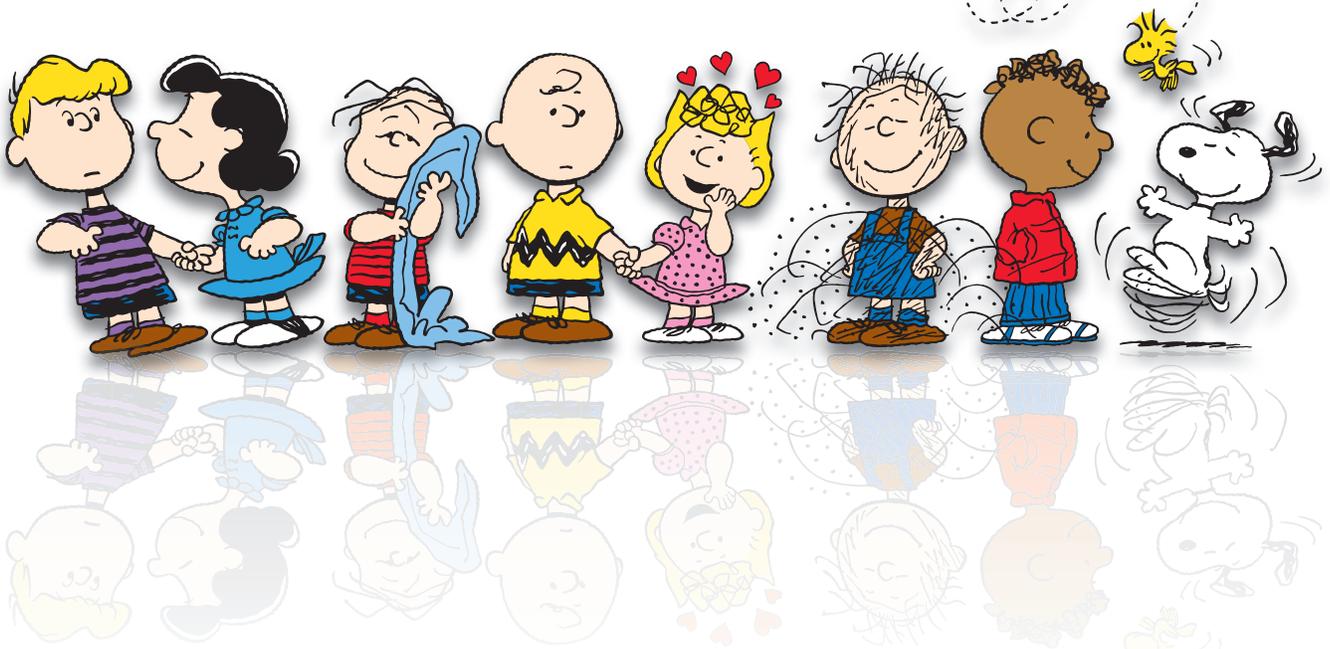


MetLife

2017 Group Dental Member Handbook
For active employees and retirees

BENEFITS



State of Tennessee

PARTNERS
FOR HEALTH

Revised on 11/1/2016

Welcome!

Why is having a good dental plan so important?

Because a healthier smile can be important to maintaining overall health.

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 costs. You get support to keep up with dental cleanings and other preventive care that helps you avoid costly problems and live healthier. Now that's something to smile about.

How can having MetLife Dental insurance benefit you?

By making it easier to get the care you need and lowering your out-of-pocket costs.



Freedom of choice 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 standards³, so you know you are in good hands.
- Find a participating dentist today at www.mybenefits.metlife.com/StateOfTennessee

For better savings, 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 an in-network provider. With MetLife Dental, you have a large network of providers in the State of Tennessee.

Managing your dental benefits is easy!

- MyBenefits, www.mybenefits.metlife.com/StateOfTennessee, is your secure self-service website. It's available 24/7. You can use the site to get estimates on care or to check coverage and claim status.
- **MetLife Mobile App**⁴ - It's easy. Search "MetLife" at iTunes App Store or Google Play to download the app. Then use your MyBenefits log in information to access these features.⁵
- Call 1-855-700-8001, representatives are available 7:00 a.m. - 10:00 p.m. CT, Monday through Friday.

An agency must be participating in the State of Tennessee Sponsored Group Health Plan in order to qualify for participation in the State of Tennessee Voluntary Dental Program. Employee, retiree and/or dependent participation in the State Sponsored Group Health Plan is not required to participate in the State Dental Program. Employee or Retiree participation in the Preferred Dental Program is required for participation of eligible dependents. Participation by those enrolled in the Preferred Dental Program is on a calendar year basis. Enrollment may only be dropped by the Members during the Annual Enrollment Period for the beginning of the next calendar year or due to a special qualifying event.

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 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.

⁴ Certain features of the MetLife Mobile App are not available for all MetLife Dental Plans.

⁵ Before using the MetLife Mobile App, you must register at www.mybenefits.metlife.com/StateOfTennessee from a computer. Registration cannot be done from your mobile device.

2017 State of Tennessee Benefit Summary

Coverage Type	In-Network	Out-of-Network
Type A: Diagnostic and Preventative Services <ul style="list-style-type: none"> Periodic Oral Evaluation: Two oral exams in any calendar year¹ Routine Cleaning: 2 cleanings in any calendar year¹ Full-Mouth X-rays: 1 in 60 consecutive months Bitewing X-rays: 1 in 12 consecutive months Sealants to age 16 Space Maintainers to age 15 	100% of MAC*	80% of MAC*
Type B: Basic Services <ul style="list-style-type: none"> Amalgam & Composite Fillings Periodontal Maintenance: 2 treatments In 1 Year, includes 2 cleanings¹ Periodontics: Non-Surgical/Scaling and Root Planing 	80% of MAC*	60% of MAC*
Type C: Major Services <ul style="list-style-type: none"> Inlays/Onlays/Crowns Implant Services Crown Buildups/Post & Core Dentures, complete or partial 6-month waiting period applies to inlay/onlay restorations, dentures, crowns and implants; 12-month wait applies for initial placement of bridge or denture to replace one or more natural teeth. 	50% of MAC*	50% of MAC*
Orthodontic Services <ul style="list-style-type: none"> Only available for dependent children up to age 19 12-month waiting period 	50% of MAC*	50% of MAC*
Deductible: Type B and C Services only <ul style="list-style-type: none"> Individual Family No single family member will be subject to a deductible greater than the "individual" amount.	\$25.00 \$75.00	\$100.00 \$300.00
Annual Maximum Benefit (per person)	\$1,500	\$1,500
Orthodontia Lifetime Maximum (per person)	\$1,250	\$1,250

¹ Additional oral exams, cleanings and periodontal maintenance allowed if medically necessary and the dentist receives prior authorization from MetLife.

* MAC (or Maximum Allowed Charge) is the lowest of (1) the amount charged by the dentist or (2) the maximum amount that in-network dentists have agreed to accept as payment in full for the dental service. When a participant receives dental services from an out-of-network provider, MetLife will reimburse a percentage of the MAC. The participant is then responsible for everything over the percentage of MAC reimbursed up to the charge submitted by the out-of-network dentist.

Monthly Premiums

The following monthly premiums are effective **1/1/2017 – 12/31/2017**. Your premium will be paid through convenient payroll deduction.

Active Employee Premiums		Retiree Employee Premiums	
Employee Only	\$22.37	Retiree Only	\$28.88
Employee + Child(ren)	\$51.44	Retiree + Child(ren)	\$66.41
Employee + Spouse	\$42.32	Retiree + Spouse	\$54.64
Employee + Spouse + Child(ren)	\$82.80	Retiree + Spouse + Child(ren)	\$106.91

In Network Savings* Example

You visit your dentist for a crown, which is a major restorative service.

- MAC: \$716.00
Maximum Allowable Charge In-Network
Maximum Considered Fee Out-of-Network
- Dentist's Usual Fee: \$1,022.00

IN-NETWORK		OUT-OF-NETWORK	
When you receive care from a participating dentist:		When you receive care from a non-participating dentist:	
Dentist's Usual Fee is:	\$1022.00	Dentist's Usual Fee is:	\$1022.00
MAC is:	\$716.00	MAC is:	\$716.00
Your Plan Pays 50% of the \$716.00 MAC:	\$358.00	Your Plan Pays 50% of the \$716.00 MAC:	\$358.00
Your Out-of-Pocket Cost is the MAC Fee minus the amount Your Plan Pays (\$716.00 - \$358.00)	\$358.00	Your Out-of-Pocket Cost is the Dentist's Usual Fee minus the amount Your Plan Pays (\$1022.00 - \$358.00)	\$664.00

In this example, you save **\$306.00** (\$664.00 minus \$358.00)... by using a participating dentist.

**Savings from enrolling in the MetLife Dental Preferred Provider Organization Insurance Program will depend on various factors, including how often participants visit the dentist and the cost for services rendered. Please note: This is a hypothetical example that reviews a porcelain/ceramic crown (D2740). It assumes that the annual deductible has been met.*

Important answers to some common questions

How are claims processed?

Dentists may submit your claims for you, so 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.mybenefits.metlife.com/StateOfTennessee or request one by calling 1-855-700-8001.

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 find the names, addresses, languages spoken and telephone numbers of participating dentists in your area by searching our online *Find a Dentist* feature at www.mybenefits.metlife.com/StateOfTennessee.

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 (1-866-737-6895) for an application. The website and phone number is for use by dental professionals only.

Can I find out 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 (1-877-638-3379). 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.

How does MetLife coordinate benefits with other insurance plans?

The 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. 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.

What is “balance billing”?

When a participant receives dental services from an out-of-network provider, MetLife will reimburse a percentage of the MAC. The participant is then responsible for everything over the percentage of MAC reimbursed up to the charge submitted by the out-of-network dentist.

What is an Explanation of Benefits (EOB)?

An EOB statement is a summary of your processed claim(s) or pretreatment estimate(s), including services rendered, costs and benefits paid.

Do I need an ID card?

No. You are not required to show an ID card to your dentist as proof of coverage. MetLife provides all dental offices, in-network and out-of-network, with access to patient eligibility and benefit information. The information is available online and via a dedicated dental office toll-free number. All you need to do is notify your dentist office that MetLife is your dental provider when scheduling an appointment.

Will switching to the MetLife group dental plan from a non state-sponsored dental plan cause issues if I’m in the middle of a treatment plan?

When moving your dental plan from one carrier to another, some of the most common services that may be affected include orthodontics, endodontics and prosthodontic services. MetLife has transition-of-care guidelines for participants whose dental treatment is in progress during the benefit plan transition to MetLife.

MetLife will credit to each participant the annual or lifetime maximum usage, deductibles and other plan limits used under the prior carrier to the MetLife plan. Any remaining benefits will be paid according to the MetLife plan.

For Orthodontia, MetLife will apply payment history and treatment plan information to the participant’s MetLife dental plan, pro-rating the charges prior to the MetLife effective date and issue benefits from the effective date forward, under the MetLife plan.

Endodontic Treatments, Root canal – A tooth opened prior to, but completed **after** the MetLife effective date will be considered an eligible expense under the MetLife dental plan.

Prosthodontic Treatments, Crowns and Bridgework – Treatment (preparation and impressions) started prior to but placed **after** the MetLife effective date will be considered an eligible expense under the MetLife dental plan.

Partial or Full Denture – Final impressions for appliances completed prior to but delivered **after** the MetLife effective date will be considered eligible expenses under the MetLife dental plan, subject to MetLife plan frequency limits.

What is an Alternate Benefit?

If MetLife determines that a service, less costly than the Covered Service the Dentist performed, could have been performed to treat a dental condition, MetLife will pay benefits based upon the less costly service if such service:

1. Would produce a professionally acceptable result under generally accepted dental standards; and
2. Would qualify as a Covered Service.

Can my dependent child continue insurance beyond age 26?

You may continue coverage for a child who is over age 26 if they are incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of such handicap must be sent to Benefits Administration prior to the child’s 26th birthday. Annual proof may also be required.

Exclusions

This plan does not cover the following services, treatments and supplies:

- Services performed primarily for cosmetic reasons.
- Replacement of a lost or stolen appliance.
- Oral hygiene and dietary instructions, treatment for desensitizing teeth, prescribed drugs or other medication, experimental procedures, conscious sedation and extra oral grafts (grafting of tissues from outside the mouth to oral tissues).
- Treatment to restore tooth structure lost from wear.
- Services by a dentist beyond the scope of his or her license.
- Dental services where charges for such services exceed the charge that would have been made and actually collected if no coverage existed.
- Dental services for which the patient incurs no charge.
- Services received without cost from any federal, state or local agency. This exclusion will not apply if prohibited by law.
- Services that are deemed to be medical services.
- Charges by any hospital or other surgical or treatment facility and any additional fees charged by the dentist for treatment in any such facility.
- Treatment of injury or illness covered by Workers' Compensation or Employer's Liability Laws.
- Services for congenital (hereditary) or developmental malformations. Such malformations include, but are not limited to, cleft palate, or upper and lower jaw malformations. This does not exclude those services provided under Orthodontic benefits, if covered.
- Treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion or treatment to stabilize the teeth. For example: equilibration, periodontal splinting and double abutments on bridges.
- Diagnosis or treatment for any disturbance of the temporomandibular joints (jaw joints) or myofacial pain dysfunction.
- Athletic mouth guards.

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 your MetLife group representative or your plan administrator for costs and complete details.

Special Notice

Benefits Administration does not support any practice that excludes participation in programs or denies the benefits of such programs on the basis of race, color, national origin, sex, age or disability in its health programs and activities. If you have a complaint regarding discrimination, please call 866.576.0029 or 615.741.4517.