



# School District of Collier County Dental Plan Review

**Dental Plan Effective: January 1, 2013**



# Making your plan election

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## Things to Consider:

- **Cost of premium compared to cost of dental services – consider the needs of yourself and your family**
- **Does your child or yourself require orthodontia services? Choose the plan that best covers the services your require.**
- **Is your dentist in the DHMO network or the PPO network? Do you have a family member receiving services out-of-state? Discuss with your provider.**





# **DHMO Plan Florida – MetSeries 185A**



# How does this Dental HMO/Managed Care plan work?

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- Benefits are available through a broad network of participating dentists and specialists who must meet well-established credentialing standards

*Benefits are available only when a participating provider is utilized; there are no “out-of-network” benefits, unless the member has an out of area emergency\**

- At enrollment, each person enrolling selects a participating dentist for day-to-day care
- Each enrolled family member may select a different participating dentist
- No waiting periods, claims forms, deductibles, or annual maximums
- Covered procedures and exclusions & limitations are provided in the Schedule of Benefits.

\* Please see plan details for out-of-network benefits






# MET Series 185A - Copay Plan

More than 400 covered procedures<sup>1</sup>

- Preventive Services (exams, sealants, x-rays)
- White fillings on back (posterior) teeth
- Porcelain and gold crowns
- Adult and child orthodontics
- Root canals and retreatment
- Extractions
- Coverage for specialty care
- General anesthesia, IV sedation and nitrous oxide
- Osseous surgery, periodontal maintenance
- Up to 4 yearly cleanings
- Veneers
- Cancer screenings (brush biopsies)
- Implants
- Procedures not listed, but not excluded, are available at 75% of the provider's usual and customary fee<sup>2</sup>

<sup>1</sup> Certain Limitations apply to some services; please review your Schedule of Benefits for full details.

<sup>2</sup> 25% fee reduction off of a participating dentist's customary fee for non-listed procedures — offering opportunities for additional out-of-pocket savings. Contact your MetLife representative for full details. (not available in CA and TX).





## What is “Direct Referral”?

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- Your selected participating dentist will provide you with the name of a participating specialist who will provide your care
- Any co-payment amount is listed in the Schedule of Benefits



# Understanding your Schedule of Benefits

- “Code” - American Dental Association’s code assigned to each dental procedure
- “Service” – the description of the treatment associated with the Code
- “Co-payment” – the amount you pay the dentist for the treatment.
  - In some instances there may be additional fees (e.g. porcelain and gold on crowns or bridges). If there are, it will be noted.
- Exclusions & Limitations provide important plan information.
  - Information on any limitations and additional charges for procedures as well as what is not covered by the plan.

MetLife		SCHEDULE OF BENEFITS
Benefits provided by SafeGuard Health Plans, Inc., a MetLife company		
Direct Referral Dental Plan*		ML 50
<p>This SCHEDULE OF BENEFITS lists the Covered Services available to You and Your Dependents under Your dental plan, as well as Your and Your Dependent's costs for each Covered Service. Your and Your Dependent's costs may include Co-Payments, or a percentage of the Maximum Allowed Charge for a Covered Service.</p> <p>*Care under this plan is provided through a network of Selected General Dentists. Your Selected General Dentist is responsible for determining when the services of a Specialty Care Dentist are needed, and facilitating any necessary referral. You and Your Dependents will be advised of the name, address and telephone number of the Specialty Care Dentist in Your or Your Dependent's Service Area.</p> <p>In addition, any service that is not a Covered Service may be available with Your or Your Dependent's Selected General Dentist or Specialty Care Dentist at 75% of their Reasonable and Customary Charge.</p> <p>Missed Appointments: If You or Your Dependents need to cancel or reschedule an appointment, please notify the Selected General Dental Office as far in advance as possible. This will allow the Selected General Dental Office to accommodate another person in need of attention. If You or Your Dependents fail to do this in a timely fashion, You or Your Dependents may be charged a missed appointment fee.</p>		
Service		Your and Your Dependent's Co-Payment
• Broken Appointment (less than 24-hr notice)		Not to exceed \$10
• Office Visit - per visit (including all fees for sterilization and/or infection control)		\$0
Code	Service	Your and Your Dependent's Co-Payment
	<b>Diagnostic Treatment</b>	
D0120	Periodic oral evaluation - established patient	\$0
D0140	Limited oral evaluation - problem focused	\$0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0





## It's easy to take the first step

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- Refer to your Schedule of Benefits to review the Dental HMO/Managed Care plan
- Select two participating network dentists
  - Don't forget: each covered dependent may select a different participating dentist
- Enroll during your enrollment period
- Please contact your HR representative for enrollment information







# **PPO Plan Options**

**Plan Option 1/High Plan**

**Plan Option 2/Low Plan**



# A plan that offers savings, choice and anywhere, anytime service

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- Negotiated fees generally 15% to 45% below average charges in a dentist's community\*
- Access to over 200,000 participating dental locations across the U.S.
  - Plus access to international dentists in more than 200 countries through MetLife's International Dental Travel Assistance Program\*\*
- Flexibility to go to any dentist — in or out of the network
- Access to pre-treatment estimates, coverage verification, claim status and more, via Internet, fax or Customer Service Representatives

\*Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered. Negotiated fees for non-covered services may not apply in all states.

\*\*International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. AXA Assistance is not affiliated with MetLife, and the services they provide are separate and apart from the benefits provided by MetLife.



# Plan Design Summary

## Benefit Summary

### Plan Option 1/High Plan

Coverage Type	PDP In-Network	Out-of-Network
Type A – cleanings, oral examinations	100% of PDP Fee*	80% of PDP Fee*
Type B – fillings	80% of PDP Fee*	60% of PDP Fee*
Type C –crowns, bridges and dentures	50% of PDP Fee*	40% of PDP Fee*
Type D – orthodontia	50% of PDP Fee*	50% of PDP Fee*
<b>Deductible<sup>†</sup></b>	<b>In-Network</b>	<b>Out-of-Network</b>
Individual	\$50.00	\$50.00
Family	\$150.00	\$150.00
<b>Annual Maximum Benefit</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Per Person	\$5,000	\$5,000
<b>Orthodontia Lifetime Maximum</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Per Person	\$1,000	\$1,000

**Late Enrollment Waiting Period:** Can enroll at next annual enrollment for all Services following date of request.

\*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.

<sup>†</sup>Applies only to Type B & C Services.

### Plan Option 2/Low Plan

Coverage Type	PDP In-Network	Out-of-Network
Type A – cleanings, oral examinations	80% of PDP Fee*	60% of PDP Fee*
Type B – fillings	55% of PDP Fee*	40% of PDP Fee*
Type C –crowns, bridges and dentures	30% of PDP Fee*	30% of PDP Fee*
Type D – orthodontia	45% of PDP Fee*	30% of PDP Fee*
<b>Deductible<sup>†</sup></b>	<b>In-Network</b>	<b>Out-of-Network</b>
Individual	\$100.00	\$100.00
Family	\$300.00	\$300.00
<b>Annual Maximum Benefit</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Per Person	\$1,000	\$750
<b>Orthodontia Lifetime Maximum</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Per Person	\$750	\$750

**Late Enrollment Waiting Period:** Can enroll at next annual enrollment for all Services following date of request.

\*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.

<sup>†</sup>Applies only to Type B & C Services.



# “If I need a crown...”\*

	<b>Katie goes In network</b>	<b>Joan goes Out of network</b>
Dentist’s usual charge	\$750.00	\$750.00
Negotiated Fee	\$550.00	N/A
The plan pays 50%	-\$275.00	-\$375.00
	<b>Katie pays \$275.00</b>	<b>Joan pays \$375.00</b>

\* Assumes your deductible has been met



# PDP Nomination Card



8704 NY 13689-4078  
PO BOX 3019  
METLIFE  
DENTAL PROGRAM MANAGEMENT

POSTAGE WILL BE PAID BY ADDRESSEE

FIRST CLASS MAIL PERMIT NO. 6088 UTTICA NY

**BUSINESS REPLY MAIL**



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES





**MetLife**

**YOUR GRIN IS IN** is your dentist

If not, give him or her this card, the quickest way for him or her to become part of the growing MetLife Preferred Dentist Program Network.

### To My Dentist

I'm eligible for the MetLife Preferred Dentist Program (PDP). Through this program, I may save money on dental expenses if I receive services from a participating PDP dentist. Currently, you are not a participating PDP dentist, and I would like you to consider applying for membership.

If you're interested, please complete the attached postcard and drop it in the mail so MetLife can promptly forward you information on the PDP.

Thanks!

To be completed by Plan Participant

Employer/Group Name: \_\_\_\_\_

Plan Participant Name: \_\_\_\_\_

**YES**, I'd like to apply for membership in the MetLife Preferred Dentist Program as a Participating Dentist.

Please forward information and an application to:

\* Dentist Name: \_\_\_\_\_

\* State License #: \_\_\_\_\_

\* Practice Address: \_\_\_\_\_

Floor/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\* Phone: \_\_\_\_\_

\* Practice Fax: \_\_\_\_\_

\* Practice Email: \_\_\_\_\_

\*Required Information

**MetLife**

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www.metlife.com

0807-0110 15000270000(100)  
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## Comparing Your Dental Benefits Plan Options

Plan Features	MetLife Preferred Dentist Program: DPPO <sup>1</sup>	Managed Dental Plans: Dental HMO/Managed Care <sup>2</sup>
Choice of Dentists	Flexibility to choose any licensed dentist, in or out of the network, and still receive benefits. Out-of-pocket costs may be higher when you go to an out-of-network dentist.	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.
Specialty Care	No need for a referral for specialty care. Just select a dentist and make an appointment.	Your selected participating dentist will provide you with the name of a network specialist. Just call that specialist to schedule your appointment. No pre-authorization is required. <sup>3</sup> Any co-payment for services is listed on your plan's Schedule of Benefits. This co-payment applies whether the services are provided by your selected participating dentist or by a participating specialist.
Access to Dentists when Traveling	When traveling within the U.S., you have access to one of the largest networks in the industry. You may also use an out-of-network dentist.	Because Dental HMO/Managed Care programs are based on the use of defined networks, general dental care is not accessible while traveling. The only exception is in an emergency situation when you are unable to receive care from your selected participating dentist. Please refer to your plan coverage documents provided in your enrollment booklet for details.
Network Discount	All participating dentists have agreed to accept negotiated fees as payment in full for covered services. These fees typically range from 15%-45% less than the average charges in the same community. <sup>4</sup> Negotiated fees may even extend to non-covered services and services provided after you reach the annual benefits maximum. <sup>5</sup>	This plan provides access to hundreds of dental services that may be considerably lower than your cost would be without this plan. <sup>4,6</sup> You are responsible for the co-payment for each covered service that is listed on your Schedule of Benefits, so you know what your out-of-pocket costs will be up front.
Quality of Network Dentists	All participating dentists have to go through a rigorous upfront and ongoing selection and review process. <sup>7</sup>	All participating dentists have to go through a rigorous upfront and ongoing selection and review process.
Benefits	This plan typically includes a yearly deductible and an annual benefits maximum. Please refer to the Plan Summary included in your enrollment booklet for benefits specific to your plan offering.	This plan is not subject to deductibles. Out-of-pocket costs for covered services are typically calculated based on co-payments as listed in the plan's Schedule of Benefits. Please refer to your enrollment booklet for information specific to your plan offering.

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 MetLife or your plan administrator for complete details. 1. Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166. 2. Dental Managed Care Plan benefits are provided by Metropolitan Life Insurance Company, 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, IL; 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; "Limited Health Service Organizations" as described in the Limited Health Service Organization Act in Illinois; and "Dental Plan Organizations" as described in the Dental Plan Organization Act in New Jersey. 3. In California, orthodontic and pedodontic specialty services require pre-approval. Your general dentist will contact SafeGuard for pre-approval. Once approved, your dentist will contact you with the name of a network specialist. 4. Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often members visit the dentist and the cost of services rendered. 5. Negotiated fees for non-covered services may not apply in all states. 6. Office visit co-payment may apply. Please refer to your Schedule of Benefits. © 2012 MetLife, New York, NY L0112231973(exp0113)(CA,FL,IL,NJ,NY,TX)



# After You Enroll

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**Effective Date – JANUARY 1, 2013**

## **Preferred Dentist Program – Dental PPO Plan:**

- Indicate that MetLife is your dental provider when scheduling a dental visit; ID cards are not required to receive service but you may print one online.

## **Dental HMO/Managed Care Plan:**

- You may call your selected participating dentist to make an appointment any time after this date. If you do not receive an ID card by January 15, 2013, please contact MetLife to confirm your enrollment, and order replacement cards
- If you are seeing your selected participant dentist for the first time, your first appointment may include an extra treatment plan



# After You Enroll

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**Register with MyBenefits!**

**[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)**

## **Customer Service Information**

**Preferred Dentist Program**

**1-800-942-0854**

**Dental HMO/Managed Care Plan**

**1-800-880-1800**