

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 dentist.¹ 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 stroke or heart disease.²

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.

During your open enrollment period, you have a choice of two dental plans:

Dental PPO³

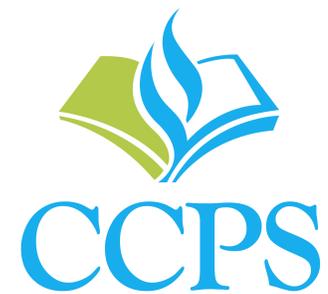
- Provides benefits for a broad range of covered services.
- Enjoy the freedom to visit any licensed dentist, in or out of the network.
- A network of carefully selected dentists gives you access to negotiated fees that are typically 15 – 45% lower than average dental charges in the same area.^{4,5}
- You may have to pay a coinsurance or copayment for covered services.
- There is a set amount your plan will pay in total each year for covered services. This is known as an “annual maximum”.

Dental HMO/Managed Care⁶

- Offers dental benefits for a wide range of services through a network of carefully selected participating dentists at significantly lower costs than typical dental fees.⁷
- You and each covered dependent pre-select a participating dentist who is responsible for your day-to-day care.
- You are responsible for any copayment or coinsurance for covered services as listed in your Schedule of Benefits, so you know up front what your out-of-pocket costs will be.
- There are no annual maximums, deductibles or claims.



You're more likely to visit the dentist when you have dental coverage.



Collier County Public Schools



continued >>

Comparing your choice of plans:

The information below compares your two plan options to help you make a more informed decision. Please refer to your enrollment materials for complete details on each plan.

Preferred Dentist Program PPO ³	Dental HMO/ Managed Care Plan ⁶
<ul style="list-style-type: none"> ✓ Visit any licensed dentist and receive benefits under the plan, no referrals necessary. ✓ Participating dentists charge negotiated fees for covered services. These fees are discounted from their usual fees. ✓ For covered services, you may have to pay a coinsurance or a copayment. ✓ When you go to a non-participating dentist you may be responsible for the difference between what your plan pays and the dentist's charge. 	<ul style="list-style-type: none"> ✓ You pre-select a participating dentist to receive benefits. Each enrolled member may select a different participating dentist. ✓ The plan helps significantly lower your costs for hundreds of dental services through a network of carefully selected dentists. ✓ Your primary dentist coordinates specialty care for you. ✓ You don't have to worry about deductibles, an annual plan maximum, or submitting claims. ✓ Your Schedule of Benefits lists the coinsurance or copayment for covered services.

Why should I enroll now?

- ✓ Help protect your smile and your wallet. You and your family can get the dental care you need in the coming year, and save money, too.⁵

Enroll today!

For added convenience, MetLife's mobile application⁸ is now available on the iTunes® App Store and Google Play. After downloading this app,⁹ you can use it to find a participating dentist, view your claims and to see your ID Card.

¹ 2013 US Survey of Dental Care Affordability and Accessibility; Empirica Research; July 2013.

² American Dental Association; Dentists: Doctors of Oral Health. Accessed May 2015, www.ada.org/en/about-the-ada/dentists-doctors-of-oral-health.

³ Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166.

⁴ 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.

⁵ 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.

⁶ 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 Plan, 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 NY. The Dental HMO/Managed Care companies are part of the MetLife family of 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.

⁷ Savings from enrolling in a dental benefits plan will depend on various factors, including how often participants visit the dentist and the cost of services covered. Negotiated fees non-covered services may not apply in all states.

⁸ The features of the MetLife Dental Mobile App are not available for all MetLife Dental Plans.

⁹ Before using the MetLife Dental App, you must register at www.metlife.com/mybenefits from a computer. Registration cannot be done from your mobile device.

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. Please contact MetLife or your plan administrator for costs and complete details.

MetLife

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