

Frequently Asked Questions

Q. Why is Dental Insurance important?

A. A good Dental plan makes it easier for you to protect your smile and save. The Dental HMO plan helps significantly lower your costs for hundreds of dental services through a wide network of carefully selected dentists.

Q. How do I find a participating dentist?

A. There are thousands of general dentists and specialists to choose from nationwide, so you are sure to find one who meets your needs. Look for a list of participating dentists online at www.metlife.com/dental.

Q. Do I need to select a dentist who participates in the network when I enroll?

A. This plan requires you to pre-select a dentist who participates in the network in order to receive benefits. When you enroll, you should select two participating dentists – this will help ensure you are able to receive the care you need if one is unable to accept new members. Each family member may select a different participating dentist. The participating dentist will provide your routine dental care and will coordinate specialty care for you. You may schedule an appointment any time after your plan's effective date.

Q. What types of services does the plan cover?

A. More than 400 procedures are covered.² The plan includes co-pays for services such as implants, veneers, white fillings, IV sedation, general anesthesia and nitrous oxide.

Q. Can I change dentists?

A. Yes. You and your enrolled dependents may change dentists as often as once per month, but make sure any dental work-in-progress is completed prior to transferring to a new dentist. You may complete the transfer at www.metlife.com/mybenefits or by calling Customer Service and the change will be effective the first of the following month.

Q. What if I need emergency care?

A. All participating dental offices in our network provide emergency access 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. Please refer to the Evidence of Coverage for the definition of what is considered "emergency care" and other specifics.

Q. What if I need to see a Specialist?

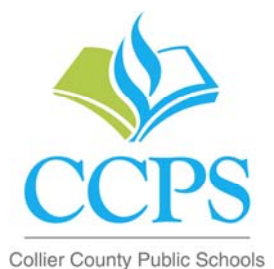
A. Your selected participating dentist will refer you to a participating Specialist in your area – there is no need to wait for approval.³

Q. Does the Dental plan cover second opinions?

A. Call Customer Service to request the name of another participating dentist for you to see for another clinical opinion.



Get protection against costly emergency dental treatments.



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Q. How could the Dental plan save me money?

A. Think about this: The average family of four spends \$1,824 a year on dental services, not including the cost of braces.⁴ Having a good dental plan in place could help you save money every year by reducing your out-of-pocket costs for dental services. You also get protection against costly emergency dental treatments.

Q. Who can enroll in the plan?

A. You and your eligible family members, such as your spouse and dependents.

Q. How are claims processed?

A. Dentists may submit claims for you which means you have little or no paperwork. You can track your claims online and even receive e-mail alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/mybenefits or call 1 800 GET-MET8.

Q. How do I pay for my Dental plan?

A. Premiums will be conveniently paid through payroll deduction. So you don't have to worry about writing a check or missing a payment.

Q. When can I enroll?

A. You can enroll during your open enrollment period.

HAVE OTHER QUESTIONS?

[Please call MetLife directly at [1 800 GET-MET8(1-800-438-6388)]
and talk with a benefits consultant.]

¹ Savings from enrolling in a dental benefits plan will depend on various factors, including plan design and premiums, how often participants visit the dentist and the cost of services rendered.

² Those services defined under your dental benefits summary are covered. Please review your plan benefits summary for a more detailed list of covered services.

³ In California, orthodontic and pedodontic specialty services require pre-approval. Your selected participating dentist will contact SafeGuard for pre-approval. Once approved, your dentist will contact you with the name of a participating specialist.

⁴ National Average; Source: Bureau of Economic Analysis, 2012.

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; 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.

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.



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