

University of Alabama in Huntsville Plan Benefits

Coverage with freedom of choice and savings!

Benefit Summary

Plan Option 1 Benefit Summary: Basic Plan

Coverage Type:	<u>In-Network</u>	<u>Out-of-Network</u>
Type A - cleanings, oral examinations	90% of PDP Fee*	90% of R&C Fee**
Type B - fillings	90% of PDP Fee*	90% of R&C Fee**
Deductible***:	<u>In-Network</u>	<u>Out-of-Network</u>
Individual	\$25	\$25
Family	\$75	\$75
Annual Maximum:	<u>In-Network</u>	<u>Out-of-Network</u>
Per Person	\$1,250	\$750

Plan Option 2 Benefit Summary: Comprehensive Plan

Coverage Type:	<u>In-Network</u>	<u>Out-of-Network</u>
Type A - cleanings, oral examinations	90% of PDP Fee*	90% of R&C Fee**
Type B - fillings	90% of PDP Fee*	90% of R&C Fee**
Type C - bridges and dentures	60% of PDP Fee*	60% of R&C Fee**
Type D - orthodontia	50% of PDP Fee*	50% of R&C Fee**
Deductible***:	<u>In-Network</u>	<u>Out-of-Network</u>
Individual	\$25	\$25
Family	\$75	\$75
Annual Maximum:	<u>In-Network</u>	<u>Out-of-Network</u>
Per Person	\$1,500	\$1,000
Orthodontia Lifetime Maximum:	<u>In-Network</u>	<u>Out-of-Network</u>
Per Person	\$1,000	\$1,000

* 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 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.

The service categories shown above represent an overview of your Plan of Benefits but are not a complete description of the Plan. An insurance certificate describing all benefits and limitations will be made available following your plan's effective date, and will govern if any discrepancies exist between this overview and the certificate of insurance and group insurance policy.

An example of savings when you visit a participating PDP dentist:

This hypothetical example* shows how receiving services from a PDP dentist can save you money.

Your Dentist says you need an Extraction, a Type B service: PDP Fee: \$58.00 R&C** Fee \$92.00 Dentist's Usual Fee: \$155.00		Your Dentist says you need a Crown, a Type C service: PDP Fee: \$375.00 R&C** Fee \$500.00 Dentist's Usual Fee: \$600.00	
<small>*Please note: This example assumes that your annual deductible has been met.</small>		<small>*Please note: This example assumes that your annual deductible has been met.</small>	
<small>**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.</small>		<small>**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.</small>	
IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
When you receive care from a participating PDP dentist:	When you receive care from a non-participating dentist:	When you receive care from a participating PDP dentist:	When you receive care from a non-participating dentist:
Dentist's Usual Fee is: \$155.00	Dentist's Usual Fee is: \$155.00	Dentist's Usual Fee is: \$600.00	Dentist's Usual Fee is: \$600.00
The PDP Fee is: \$58.00		The PDP Fee is: \$375.00	
Your Plan Pays:	Your Plan Pays:	Your Plan Pays:	Your Plan Pays:
90% X \$58 PDP Fee - \$52.20	90% X \$92 R&C Fee - \$82.80	60% X \$375 PDP Fee - \$225.00	60% X \$500 R&C Fee - \$300.00
Your Out-of-Pocket Cost: \$5.80	Your Out-of-Pocket Cost:\$72.20	Your Out-of-Pocket Cost:\$150.00	Your Out-of-Pocket Cost: \$300.00

In this example, you save \$66.40 (\$72.20 minus \$5.80)... by using a participating PDP dentist.

In this example, you save \$150.00 (\$300.00 minus \$150.00)... by using a participating PDP dentist.

List of Primary Covered Services & Limitations

Primary Covered Services Plan Option 1: Basic Plan	Primary Covered Services Plan Option 2: Comprehensive Plan
<p>Type A - Preventive <u>How Many/How Often:</u></p> <p>Prophylaxis (cleanings) Oral Examinations Topical Fluoride Applications</p> <p>X-rays</p> <p>Space Maintainers Sealants</p> <p>Periodontics</p> <ul style="list-style-type: none"> • Two per calendar year. • Two exams per calendar year. • One fluoride treatment per calendar year for dependent children under age 19. • Full mouth X-rays: one per 5 years. • Bitewing X-rays: one set per calendar year. • Space Maintainers for dependent children under age 17. • One application of sealant material every 4 years for each non-restored, non-decayed 1st and 2nd molar of a dependent child under age 17. • Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year. 	<p>Type A - Preventive <u>How Many/How Often:</u></p> <p>Prophylaxis (cleanings) Oral Examinations Topical Fluoride Applications</p> <p>X-rays</p> <p>Space Maintainers Sealants</p> <p>Periodontics</p> <ul style="list-style-type: none"> • Two per calendar year. • Two exams per calendar year. • One fluoride treatment per calendar year for dependent children under age 19. • Full mouth X-rays: one per 5 years. • Bitewing X-rays: one set per calendar. • Space Maintainers for dependent children under age 17. • One application of sealant material every 4 years for each non-restored, non-decayed 1st and 2nd molar of a dependent child under age 17. • Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year.
<p>Type B - Basic Restorative <u>How Many/How Often:</u></p> <p>Fillings Simple Extractions Denture Repair Endodontics General Anesthesia</p> <p>Oral Surgery Periodontics</p> <ul style="list-style-type: none"> • Root canal treatment limited to once per tooth per 24 months. • When dentally necessary in connection with oral surgery, extractions or other covered dental services. • Periodontal scaling and root planing once per quadrant, every 2 years. • Periodontal surgery once per quadrant, every 36 months. 	<p>Type B - Basic Restorative <u>How Many/How Often:</u></p> <p>Fillings Simple Extractions Denture Repair Endodontics General Anesthesia</p> <p>Oral Surgery Periodontics</p> <ul style="list-style-type: none"> • Root canal treatment limited to once per tooth per 24 months. • When dentally necessary in connection with oral surgery, extractions or other covered dental services. • Periodontal scaling and root planing once per quadrant, every 2 years. • Periodontal surgery once per quadrant, every 36 months.
<p>Type C - Major Restorative <u>How Many/How Often:</u></p> <p>Not Covered</p>	<p>Type C - Major Restorative <u>How Many/How Often:</u></p> <p>Crown & Bridge Repair Bridges and Dentures</p> <p>Crowns/Inlays/Onlays</p> <ul style="list-style-type: none"> • Initial placement to replace one or more natural teeth, which are lost while covered by the Plan. • Dentures and bridgework replacement: one every 5 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. • Replacement: once every 5 years.
<p>Type D - Orthodontia <u>How Many/How Often:</u></p> <p>Not Covered</p>	<p>Type D - Orthodontia <u>How Many/How Often:</u></p> <ul style="list-style-type: none"> • Adults and Dependent children are covered until the end of the month of their 19th birthday. • All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia. • Payments are on a repetitive basis. • Benefit for initial placement of the appliance will be made representing 20% of the total benefit. • Orthodontic benefits end at cancellation of coverage.

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan. A group insurance policy including a certificate of insurance will be made available following your plan's effective date, and will govern if any discrepancies exist between this overview and the actual group insurance policy.

Common Questions...Important Answers

Q. What is a participating PDP dentist?

A. A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in-full for services provided to plan participants. PDP fees typically range from 10-35%[‡] below the average fees charged by dentists in your area for the same or substantially similar services.

Q. How do I find a participating PDP dentist?

A. There are nearly 100,000 participating PDP dentist locations nationwide, including over 22,000 specialist locations. You can get a list of these participating PDP dentists online at www.metlife.com/mybenefits or call 1-800-GET-MET8 to have a list faxed or mailed to you.

Q. What services are covered by the Preferred Dentist Program (PDP)?

A. The services covered by the MetLife PDP are those defined under your group dental benefits plan. Please review the enclosed plan benefits to learn more.

Q. Does the Preferred Dentist Program (PDP) offer any discounts on non-covered services?

A. Yes. The PDP in-network discounts do extend even to non-covered services, such as cosmetic dentistry or orthodontia, providing plan participants with savings on these non-covered services as well.

Q. May I choose a non-participating dentist?

A. Yes. You are always free to select the dentist of your choice. However, if you choose a dentist who does not participate in the MetLife PDP, your out-of-pocket expenses may be more, since you will be responsible to pay for any difference between the dentist's fee and your plan's payment. If you receive services from a participating PDP dentist, you are only responsible for the difference between the PDP in-network fee and your plan's payment. Please note: plan designs may vary, so you should always refer to your company's specific plan to help determine actual out-of-network benefits. As always, plan deductibles must be met.

Q. Can my dentist apply for PDP participation?

A. Yes. If your current dentist does not participate in the PDP and you'd like to encourage him or her to apply for membership, tell your dentist to visit www.metdental.com, or call 1-877-MET-DDS9 for an application. The website and phone number are designed for use by dental professionals only.

Q. How are claims processed?

A. Dentists may submit your claims for you which help to reduce your 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, you can find one online at www.metlife.com/mybenefits or request one by calling 1-800-GET-MET8.

[‡] Based on internal analysis by MetLife

Did you know?

- It takes 26 muscles to smile, and 62 muscles to frown.¹
- The first modern toothbrush (bristled) was made in China about 1600 A. D.¹
- Aracchibutyrophobia is the fear of peanut butter sticking to the roof of your mouth.¹
- According to the Academy of General Dentistry, the average person only brushes for 45 to 70 seconds a day; the recommended amount of time is 2-3 minutes.²

1 Source: http://www.ada.org/public/events/ncdhm/activity_trivia.pdf, accessed February 2006.

2 www.dentalgentlecare.com/fun_dental_facts.htm, accessed February 2006.

Alternate Benefits: Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement, and the associated procedure charge, on the least costly treatment alternative. If you and your dentist have agreed on a treatment which is more costly than the treatment upon which the plan benefit is based, your actual out-of-pocket expense will be: the procedure charge for the treatment upon which the plan benefit is based, plus the full difference in cost between the scheduled PDP fee or, if non PDP, the actual charge, for the service actually rendered and the scheduled PDP fee or R&C fee (if non PDP) for the service upon which the plan benefit is based. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plans reimbursement for those services, and your out-of-pocket expense. Procedure charge schedules are subject to change each plan year. You can obtain an updated procedure charge schedule for your area via fax by calling 1-800-942-0854 and using the MetLife Dental Automated Information Service.

Like most group health insurance policies, MetLife group policies contain certain exclusions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife for complete details.

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