



This benefit does not require re-enrollment each year.

# Dental

## Why You Should Consider Dental Coverage

Taking care of your teeth and gums benefits more than your smile. Maintaining good dental health can mean better overall health.

## Affordable Plan Options

The average family of four spends \$1,824 a year on dental services, not including the costs of braces.

With a MetLife Dental High Option PPO Plan or Low Option PPO Plan, you can visit any licensed dentist, in or out of the Preferred Dental Provider (PDP) Plus Network, and still receive benefits. The right coverage makes it easier to visit the dentist and helps lower your costs. When you choose a participating dentist you could save even more since dentists in network accept negotiated fees that are typically 15-45% less than the average charges in the same area.

Refer to the “Summary of Benefits” section to review the services covered under each plan. To find a participating dentist, go to [www.metlife.com/dental](http://www.metlife.com/dental), enter your zip code, and select the PDP Plus Network. You can also call 1-855-676-9441 to request that a provider list be sent to you.

## Enrolling in an NCFlex Dental Plan

If you are currently enrolled in the NCFlex Dental Plan, you are not required to re-enroll. **Your current dental plan election will carry over, unless you make a change during annual enrollment.**

## Changing Dental Plan Options

Once you select your dental plan option (High Option PPO or Low Option PPO), you must keep that option for the entire plan year, even if you have a qualified life event. You may only change your dental plan option during the annual enrollment period (for example, Low Option PPO to High Option PPO, or High Option PPO to Low Option PPO).

## Monthly Cost

**New!** Lower premiums for High Option!

Rate Tier	High Option PPO	Low Option PPO
Employee Only	\$ 35.90	\$ 21.22
Employee & Spouse	\$ 72.00	\$ 42.78
Employee & Child(ren)	\$ 78.00	\$ 45.94
Employee & Family	\$123.00	\$ 73.22

## Dental Claims Processing

MetLife encourages you to discuss your treatment plan with your provider and submit a pre-estimate **before the work begins** if the estimated charge for a particular dental service is expected to be \$300 or more.

To submit a pre-estimate, simply have your dentist submit a request online at [www.metdental.com](http://www.metdental.com) or call 1-877-MET-DDS9. The dentist will need to provide the proposed treatment plan, applicable x-rays, supporting documents, and estimated charges to MetLife. This provides an opportunity to review the proposed course of treatment and estimated fees.

## Need More Information?

Visit...	And look under...	To find...
<a href="http://www.ncflex.org">www.ncflex.org</a>	Dental	<ul style="list-style-type: none"> <li>• MetLife MyBenefits website link</li> <li>• Dental Forms</li> <li>• Online Tools</li> <li>• Plan Certificates</li> </ul>
<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>	Enter “NCFlex” as the company name and create your own unique User ID and password. Click on the <i>Register Now</i> button to provide your first name, last name, date of birth, SSN, and e-mail address.	<ul style="list-style-type: none"> <li>• Dental Benefits information, claims history, etc.</li> <li>• <i>Find a Dentist</i></li> <li>• Oral Health Library</li> <li>• Mobile Application</li> </ul>

The Dental Plan is administered and underwritten by Metropolitan Life Insurance Company. For information regarding claim payment, refer to the Certificate of Coverage found at [www.ncflex.org](http://www.ncflex.org).

## Summary of Dental Benefits

**Important Note:** This is only a summary of the benefits under the dental plans. You may review and/or obtain a copy of the Certificate of Coverage on the NCFlex website at [www.ncflex.org](http://www.ncflex.org). You may register on *My Benefits* at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) to get information about what is and is not covered on your dental plan. Payments for services are subject to **maximum amounts allowed** by the plan.

Benefit Category	High Option PPO Plan Pays	Low Option PPO Plan Pays
<b>Type I — Diagnostic and Preventive</b>		
Oral Examination (two per calendar year)	100%	100%
Cleaning (two per calendar year)		
X-rays (bitewing x-rays — one per calendar year; full-mouth radiograph series or panoramic series — one every five years)		
Topical Fluoride (two per calendar year under age 19)		
Sealants for Permanent First and Second Molars (under age 16; see Certificate for frequencies)		
Space Maintainers (under age 19)		
<b>Type II — Basic Services</b>		
Fillings (amalgam, synthetic, or composite; replacements limited to once every 24 months)	80%	50%
Simple Extractions		
Endodontics (root canal treatment)		
Re-Cement Crowns, Inlays, Bridges		
Repair of Removable Dentures		
Periodontal Services (gingivectomy, gingivoplasty, osseous surgery, scaling, and root planing)	50%	
Periodontal Maintenance after Therapy (two per consecutive 12 months)		
Oral Surgery (wisdom teeth extractions)		
General Anesthesia		
<b>Type III — Major Services (Not covered under the Low Option PPO Plan)</b>		
Crowns, including Single Implant Crowns (Not eligible for dependent children under age 14; replacements limited to every seven years. Single prosthetic procedures are considered completed on the date they are inserted, not the date of impression.)	50%	Not Covered
Dentures (replacements limited to every seven years)		
Bridges (replacements limited to every seven years)		
Fixed Bridge Repairs		
Denture Adjustments/Relining (within six months of initial denture placement)		
Implants		
<b>Type IV — Orthodontics (High Option PPO Plan only - Dependent Children up to age 19)</b>		
Orthodontic Treatment in Progress (treatment plans not started under the MetLife Dental High Option PPO Plan will be prorated based on the date the benefit is eligible on the MetLife Dental PPO Plans. Reimbursement will not be paid beyond the date the child turns the age of 19).	50%	Not Covered
<b>Maximums/Deductibles</b>		
Calendar-Year Maximum (per covered person; excludes orthodontic services under the High Option PPO Plan)	\$5,000	\$1,000
Lifetime Orthodontic Maximum (per covered person) <b>The lifetime maximum will include any reimbursement received from the prior carrier.</b>	\$1,500	N/A
Calendar-Year Deductible (per person/per family)	\$50/\$150 for Types II and III only	\$25/\$75 for Types I and II

## Exclusions and Limitations

This is a partial listing of the exclusions listed with the plan policy. Please refer to your plan certificate for a complete listing. If there are any discrepancies, the plan policy certificate and/or contract shall govern. The policy will not pay for the following dental expenses and services:

- Crowns, inlays, cast restorations, or other laboratory-prepared restorations on a tooth that is not extensively decayed and/or has a complete cusp fracture and can successfully be restored with an amalgam or composite resin filling
- Procedures, services, or supplies which: (a) are not included in the policy's list of covered dental services; (b) have been rendered before the insured's insurance begins; or (c) have been rendered after the insured's insurance ends, except as defined under the plan policy
- Any procedure, service, or appliance which relates to: (a) the change in bite; (b) the alteration of the bite with the exception of periodontal surgery; (c) bite registration; (d) bite analysis; or (e) occlusal guard
- Pulp caps, adult fluoride treatments, athletic mouth guards, replacement of lost or stolen appliances, myofunctional therapy, infection control, oral hygiene instruction, separate charges for acid etch, treatment of jaw fractures, orthognathic surgery, personal supplies, broken appointments, completion of claim forms, exams required by a third party, travel time, transportation costs, or professional advice given on the phone
- Chemotherapeutic agents that are provided on the same day or within 45 days following periodontal scaling, root planing, or periodontal surgical procedures
- Procedures, services, or supplies which do not have a reasonably favorable prognosis, as determined by MetLife
- Any procedure, service, or supply provided primarily for cosmetic purposes
- Treatment performed outside of the United States of America, other than emergency treatment. For such emergency treatment, the maximum allowable charge shall not exceed the plan's allowable charge

Review your Certificate, which can be found on the NCFlex website at [www.ncflex.org](http://www.ncflex.org).

Orthodontia coverage is for covered children only to age 19. Employees/spouses are not covered for orthodontia.

### Wellness Tip

- Don't rush! Brush 2-3 times a day for at least 2-3 minutes
- Be gentle — harder is not better
- Reach for the back
- Soft bristled brushes are recommended
- Healthy teeth and gums help prevent disease, keeping the body happy and healthy!



## Dental Benefit Frequently Asked Questions

<p><b>What is a participating dentist?</b></p>	<p>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 members. Negotiated fees typically range from 15% – 45% below the average fees charged in a dentist’s community for the same or substantially similar services.</p>
<p><b>How do I find a participating dentist?</b></p>	<p>During enrollment, visit <a href="http://www.metlife.com/dental">www.metlife.com/dental</a>, enter your zip code and select the PDP Plus Network. After enrollment, you can also find the names, addresses, specialties and telephone numbers of participating dentists in your area by searching our Find a Dentist online directory at <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a> (enter “NCFlex” as the company name). You can also call 1-855-676-9441 to have a list faxed or mailed to you.</p>
<p><b>Are there any waiting periods for Services?</b></p>	<p>No. There is no waiting period for covered services in either the High Option or Low Option PPO Plans.</p>
<p><b>What services are covered by my Dental PPO Plan?</b></p>	<p>You may review and/or obtain a copy of the Certificate of Coverage on the NCFlex website at <a href="http://www.ncflex.org">www.ncflex.org</a> (select “Dental” and “Plan Information”).</p> <p>After enrollment, you may learn more about the High Option or Low Option PPO Plans by visiting the MyBenefits website at <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a> (enter “NCFlex” as the company name). You can create your own unique User ID and password. Click on the Register Now button to provide your first name, last name, date of birth, SSN and e-mail address.</p>
<p><b>May I choose a non-participating dentist?</b></p>	<p>Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist, your out-of-pocket costs may be higher. He/she hasn’t agreed to accept negotiated fees. You may be responsible for any difference in cost between the dentist’s fee and your plan’s benefit payment.</p>
<p><b>How can I get an ID Card?</b></p>	<p>ID Cards are not required by your dentist to verify coverage or eligibility. However, if you would like a card after your coverage is effective, you can go online to <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a> (enter “NCFlex” as the company name) and print a card directly from the website.</p>
<p><b>How are claims processed?</b></p>	<p>Dentists usually submit your 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 <a href="http://www.metife.com/mybenefits">www.metife.com/mybenefits</a> (enter “NCFlex” as the company name) or call 1-855-676-9441. A claim form is also available at <a href="http://www.ncflex.org">www.ncflex.org</a> (select “Dental” and “Plan Information”).</p>