

# BHE Non-Unit Employee Health & Welfare Fund Plan Benefits

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*Coverage with freedom of choice and savings!*

## Benefit Summary

Coverage Type	PDP In-Network:	Out-of-Network:
Type A – cleanings, oral examinations	100% of PDP Fee*	100% of R&C Fee**
Type B – fillings	80% of PDP Fee*	80% of R&C Fee**
Type C – bridges and dentures	50% of PDP Fee*	50% of R&C Fee**
Type D – orthodontia	50% of PDP Fee*	50% of R&C Fee**
<b>Deductible:***</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Individual	\$25.00	\$25.00
Family	\$75.00	\$75.00
<b>Annual Maximum Benefit:</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Per Person	\$1,500	\$1,500
<b>Orthodontia Lifetime Maximum:</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Per Person	\$1,500	\$1,500

\* PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full, subject to any 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 is not a complete description of the Plan. A summary plan description will be made available following your plan's effective date, and will govern if any discrepancies exist between this overview and the summary plan.

## 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 a Crown, a Type C service:**

**PDP Fee: \$375.00    R&C Fee \$500.00**

**Dentist's Usual Fee: \$600.00**

\*Please note: This example assumes that your annual deductible has been met.

<b>IN-NETWORK</b>		<b>OUT-OF-NETWORK</b>	
When you receive care from a participating PDP dentist:		When you receive care from a non-participating dentist:	
The PDP Fee is:	\$375.00	Dentist's Usual Fee is:	\$600.00
Your Plan Pays:		Your Plan Pays:	
50% X \$375 PDP Fee	- \$187.50	50% X \$500 R&C Fee	- \$250.00
Your Out-of-Pocket Cost:	\$187.50	Your Out-of-Pocket Cost:	\$350.00

**In this example, you save \$162.50 (\$350.00 minus \$187.50)...  
by using a participating PDP dentist.**

# List of Primary Covered Services & Limitations

## **Type A - Preventive**

Prophylaxis (cleanings)  
Oral Examinations  
Topical Fluoride Applications  
X-rays

Space Maintainers  
Sealants

## **How Many/How Often:**

- Two per calendar year.
- Two exams per calendar year.
- One fluoride treatment per calendar year for dependent children up to 19<sup>th</sup> birthday.
- Full mouth X-rays: one per 60 months.
- Bitewing X-rays: one set per calendar year for adults; two sets per calendar year for children, separated by a six-month period.
- Space Maintainers for dependent children up to 19<sup>th</sup> birthday.
- One application of sealant material every 5 years for each non-restored, non-decayed 1<sup>st</sup> and 2<sup>nd</sup> molar of a dependent child up to 16<sup>th</sup> birthday.

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## **Type B - Basic**

### **Restorative**

Fillings  
Simple Extractions  
Crown, Denture, and Bridge Repair  
Endodontics  
General Anesthesia  
Oral Surgery  
Periodontics

## **How Many/How Often:**

- 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 24 months.
- Periodontal surgery once per quadrant, every 36 months.
- Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year.

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## **Type C - Major**

### **Restorative**

Crowns/Inlays/Onlays  
Bridges and Dentures

## **How Many/How Often:**

- Replacement: once every 5 years.
- Initial placement to replace one or more natural teeth, which are lost while covered by the Plan.
- Dentures and bridgework replacement: once 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.

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## **Type D - Orthodontia**

Orthodontics

## **How Many/How Often:**

- Dependent children are covered until the end of the month of their 19<sup>th</sup> 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.

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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 summary plan description will be made available following your plan's effective date, and will govern if any discrepancies exist between this overview and the actual summary plan description.

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## 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%<sup>‡</sup> 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 more than 88,000 participating PDP dentist locations nationwide, including over 20,000 specialist locations. You can get a list of these participating PDP dentists online at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call 1-800-942-0854 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 usual 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.

**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](http://www.metdental.com), or call 1-877-MET-DDS9 for an application. Website and phone number are designed for use by dental professionals only.

**Q. How are claims processed?**

- A.** PDP dentists may submit your claims for you which helps 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](http://www.metlife.com/mybenefits) or request one by calling 1-800-942-0854.

<sup>‡</sup> Based on internal analysis by MetLife

## Exclusions

### **This plan does not cover the following services, treatments and supplies:**

- Temporomandibular joint disorders (TMJ)
- Those received before coverage begins
- Those not performed by a dentist, except cleaning and scaling of teeth and fluoride treatments performed by a licensed dental hygienist that is supervised and billed by a dentist
- Cosmetic services, surgery or supplies
- When covered by any workers' compensation laws, occupational disease laws or employer's liability laws, or which an employer is required by law to furnish in whole or in part
- Which are received through a medical department or similar facility maintained by your employer
- Home health aids used to prevent decay, such as toothpaste and fluoride gels
- Appliances or treatment for bruxism (grinding teeth), including, but not limited to, occlusal guards and night guards
- Duplicate appliances or duplicate prosthetic devices
- Received where no charge would have been made in the absence of dental expense benefits, or which are not required to be paid
- Materials or services that are experimental under generally accepted dental standards
- Received as a result of dental disease, defect or injury due to an act of war, or a warlike act in time of peace, which occurs while coverage is in effect
- Instruction for oral care such as hygiene or diet
- Periodontal splinting
- Benefits otherwise provided under your employer's plan or any other plan that your employer or an affiliate contributes to or sponsors
- Implants
- Charges for broken appointments or for completing dental forms
- Sterilization supplies
- Furnished by a family member
- For Type C Expenses: 1) Replacement of a lost, missing or stolen crown, bridge or denture; (2) Initial installation of a denture or bridgework to replace one or more natural teeth lost before the Dental Expense Benefits started; 3) replacement of an existing crown, removable denture or fixed bridgework unless it is needed because the existing crown, denture or bridgework can no longer be used and was installed at least 5 years prior to its replacement; 4) replacement of existing immediate temporary full denture by a new permanent full denture unless: (a) the existing denture cannot be made permanent; and (b) the permanent denture is installed within 12 months after the existing denture was installed.
- Adjustment of a denture or bridgework which is made within 6 months after installation by the same dentist who installed it
- Temporary or provisional restorations and appliances

### **Cancellation/Termination of Benefits:**

Coverage is provided under a group insurance policy (Policy form GPNP99) issued by MetLife. Coverage terminates when your membership ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder. The group policy may also terminate for non-payment of premium, if participation requirements are not met, if the Policyholder fails to perform any obligations under the policy, or at MetLife's option. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

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.