

Health Options Program

The MetLife Dental Plan

Important! This year is an Open Enrollment for the dental plan.

This year is an Open Enrollment for the dental plan. If you do not enroll this year, or enroll but choose to drop your coverage at a later date, you will not be able to re-enroll unless there is an Open Enrollment for the dental plan or you experience a Qualifying Event.

You and your spouse, if he or she is Medicare-eligible, can enroll in the MetLife Dental Plan if you enroll in either the HOP Medical Plan or the Value Medical Plan. The MetLife Dental Plan is not available on a stand-alone basis or with a Medicare Advantage plan.

Dental Plan Highlights

- You don't need to change dentists when you join. You can visit any dentist you want, but choosing one that's part of the MetLife network (an in-network dentist) saves you money.*
- If you use an in-network dentist, there's no annual deductible, which means you start saving on dental care the first time you visit a dentist in 2020.
- When you see an in-network dentist, you pay nothing for preventive care (exams and cleanings) and less than half the cost for all other services as compared to going out-of-network.
- Each year, you can receive up to \$1,350 in basic and major restorative services. Preventive services do not count toward the maximum annual benefit.
- If you use an in-network dentist after you receive the maximum annual benefit, you'll continue to pay discounted rates.

The Plan at a Glance

Here's how much you would pay for in-network and out-of-network dental care in 2020. See "Covered Services and Limitations" on page 3 for additional important information about benefits.

	IN-NETWORK	OUT-OF-NETWORK**
Preventive Services		
Deductible	\$0	\$0
Oral exams, cleanings, full mouth or panoramic x-rays, bitewing x-rays, intraoral, periapical and extraoral x-rays, fluoride treatments (for dependent child(ren) up to age 14)	\$0	20% of MetLife's discounted rate plus 100% of the difference between the actual and discounted rates
Basic and Major Restorative Services		
Deductible	\$0	\$100
Basic Services (pulp vitality tests, diagnostic casts, bacteriological studies, sealants, space maintainers, palliative care, sedative fillings, fillings, periodontal maintenance, pulp capping, therapeutic pulpotomy, periodontics—non-surgical, simple extractions, surgical extractions/oral surgery)	30% of MetLife's discounted rate	50% of MetLife's discounted rate plus 100% of the difference between the actual and discounted rates
Major Services (recementations and repairs, rebases/relines, general anesthesia, consultations, inlays/onlays, crowns, crown build-ups, dentures, bridges, endodontics/root canal, periodontics—surgical, placement of implants)	40% of MetLife's discounted rate	50% of MetLife's discounted rate plus 100% of the difference between the actual and discounted rates

* Savings from enrolling in a dental benefits plan featuring the MetLife Preferred Dentist Program will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.

** These out-of-network reimbursement levels do not apply in Texas, Mississippi, Louisiana, Montana, Massachusetts or Alaska. If you live in one of these states, call the HOP Administration Unit (1-800-773-7725) for reimbursement levels.

Understanding In-Network and Out-of-Network Dental Benefits

Each time you need dental care, you decide whether to use an in-network dentist or one that is not part of the MetLife network. While you are free to go out of network whenever and as often as you like, using a MetLife dental provider is your lower-cost option.

Here's why:

- With in-network providers, **you never pay a deductible**. If you use out-of-network dentists, you must satisfy a \$100 deductible before the Plan pays any benefits for basic or major restorative services.
- Your **percentage of the cost is always lower** with an in-network provider.
- MetLife negotiates **discounted rates*** with in-network dentists. This means they are under contract to accept a specific amount for each service. Out-of-network dentists can charge any amount, but MetLife will pay benefits based only on the amount it has established for in-network providers. This means, if you use an out-of-network dentist, you pay 100% of the difference between what the dentist charges and MetLife's discounted rate.

Example. You need a periodontal scaling and root planing (a basic restorative service), which has a discounted rate of \$119. You have a choice of two equally qualified dentists. One dentist belongs to the MetLife network and charges the discounted rate of \$119. You pay \$35.70 (30% of \$119), and MetLife pays \$83.30.

The other dentist is not in the MetLife network and charges \$239 for the service. Assuming that you have already met the \$100 annual deductible for out-of-network restorative services, your cost consists of two charges:

- \$59.50 (50% of the \$119 discounted rate), plus
- \$120 (100% of the difference between the dentist's actual charge of \$239 and the discounted rate of \$119).

So you pay \$179.50 (\$59.50 + \$120) and MetLife pays \$59.50. In this example, **you would save \$143.80** (\$179.50 - \$35.70) by using an in-network dentist.

To Find a MetLife Dentist

There are thousands of general dentists and specialists to choose from nationwide—so you are sure to find one who meets your needs. You can find a list of MetLife dentists online at www.metlife.com/dental. Click on the "Find a participating dentist" tool on the home page, enter your ZIP code and choose **PDP Plus** as your network in the drop-down list. You can also call MetLife toll-free at 1-855-700-7997 and request that a list of dentists be mailed to you.

If your current dentist does not participate in the network and you would like to encourage him or her to apply, ask your dentist to visit www.metdental.com or call 1-866-PDP-NTWK (737-6895) for an application. (This website and phone number are for use by dental professionals only.)

When You Go to the Dentist

You are not required to show an ID card to your dentist as proof of coverage. Just tell your dentist's office that MetLife is your dental carrier when you schedule an appointment. 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.

Pre-treatment Estimates

You can get an estimate of what your out-of-pocket expenses will be before receiving a service by asking for a pre-treatment estimate. It is recommended that you request a pre-treatment estimate for services in excess of \$300. Simply have your dentist submit a request online at www.metdental.com or call 1-877-MET-DDS9 (638-3379). (This website and phone number are for use by dental professionals only.) You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

* Discounted rates refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Discounted rates are subject to change.

Maximum Benefits

Once you receive \$1,350 in dental benefits (in-network and out-of-network combined; this doesn't include preventive and diagnostic care), you pay 100% for any additional care you receive for the rest of the calendar year. However, **in-network dentists accept MetLife's negotiated rates for covered services even after the maximum has been reached**—which means you continue to receive discounts on covered dental services.

Covered Services and Limitations*

Preventive Services	
Oral exams	One oral exam every six consecutive months
Cleanings (prophylaxis)	One cleaning every six consecutive months
X-rays	One full-mouth x-ray and panoramic x-ray per 60 consecutive months
	Bitewing x-rays: one set per calendar year for adults; one set per six consecutive months for children
Topical fluoride treatments	One fluoride treatment in 12 months for dependent children up to age 14
Basic and Major Restorative Services	
Basic Services	
Sealants	Limitation of one application of sealant material for each non-restored permanent 1st and 2nd molar tooth of a dependent child to age 19, once every 60 consecutive months
Space maintainers	Space maintainers for dependent children up to age 14
Fillings	One per tooth surface per 24 consecutive months
Periodontics-Non Surgical	Periodontal scaling and root planing once per quadrant, every 12 months
	Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year
Major Services	
Crown, denture and bridge repair/re cementations	Replacement: once every 84 consecutive months
General anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Inlays/onlays, crowns	Replacement: once every 84 consecutive months
Bridges and dentures	Initial placement to replace one or more natural teeth, which are lost while covered by the Plan
	Dentures and bridgework replacement: one every 84 consecutive months
	Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 consecutive months after the temporary denture was installed
Endodontics	Root canal treatment not more than once in any 24 consecutive month period for the same tooth
Periodontics surgery	Periodontal surgery once per quadrant, every 36 months
	Tissue conditioning, but not more than once in a 36 month period
Implants	Once in 84 consecutive months

* The service categories and plan limitations shown above represent an overview of the Dental Plan benefits. This document presents the majority of services within each category but is not a complete description of the Plan.

What Is Not Covered

The MetLife Dental Plan does not cover the following services, treatments and supplies:

- Services that are not dentally necessary, that do not meet generally accepted standards of care for treating the particular dental condition, or that MetLife deems experimental in nature
- Services that are neither performed nor prescribed by a dentist, except for those services of a licensed dental hygienist that are supervised and billed by a dentist and are for scaling and polishing of teeth or are fluoride treatments
- Services for which you would not be required to pay in the absence of dental insurance
- Services or supplies received by you or your dependent before the MetLife Dental Plan starts for that person
- Services that are primarily cosmetic
- Services or appliances that restore or alter occlusion or vertical dimension
- Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease
- Restorations or appliances used for the purpose of periodontal splinting
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco
- Personal supplies or devices including, but not limited to, water flossers, toothbrushes or dental floss
- Decoration or inscription of any tooth, device, appliance, crown or other dental work
- Missed appointments
- Temporary or provisional restorations
- Temporary or provisional appliances
- Prescription drugs
- Services for which the submitted documentation indicates a poor prognosis
- Services to the extent such services, or benefits for such services, are available under a government plan
- The following when charged by the dentist on a separate basis: claim form completion; infection control such as gloves, mask, and sterilization or supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide
- Dental service arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food
- Caries susceptibility tests
- Appliances or treatment for bruxism including, but not limited to, occlusal guards and night guards
- Orthodontic services or appliances
- Repair or replacement of an orthodontic device
- Intra and extraoral photographic images
- Initial installation of a denture to replace one of more natural teeth that were missing before such person was insured under the MetLife Dental Plan, except for congenitally missing natural teeth
- Precision attachments associated with fixed and removable prostheses
- Adjustment of a denture made within six months after installation by the same dentist who installed it
- Duplicate prosthetic devices or appliances
- Replacement of a lost or stolen appliance or crown, inlay/onlay or denture
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of Minnesota
- Implant-supported prosthetics to replace one or more natural teeth that were missing before such person was insured under the MetLife Dental Plan, except for congenitally missing natural teeth

If You Are Traveling Outside the U.S.

The MetLife Dental Plan includes international dental travel services. If you are traveling abroad and need a dentist, you can obtain a local referral by calling 1-312-356-5970 (collect). This service is available 24/7 and gives you access to international dental providers in more than 200 countries. With just one phone call, you will reach a multilingual assistance coordinator who will help you get the care you need. If you submit all receipts and a claim form to MetLife, coverage will be considered under your out-of-network benefits.

International travel assistance is provided by AXA Assistance USA, Inc. AXA Assistance provides dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations.

Submitting Claims

In most cases, your dentist will submit claims for you. However, if you need to submit a claim yourself (for example, for out-of-network services) you can request a claim form by calling 1-855-700-7997. All claim forms should be mailed to MetLife Dental Claims, P.O. Box 981282, El Paso, TX 79998-1282.

Additional Resources

Visit the dental education website at www.oralfitnesslibrary.com for important tools and resources to help you become more informed about dental care. You can also put your oral health to the test by taking an online risk assessment.

Other Important Information

- **Coordination of benefits.** A coordination of benefits provision is a set of rules that is followed when a patient is covered by more than one benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife Dental Plan is primary, MetLife will pay the full amount of benefits that would normally be available under the Plan. If the MetLife Dental Plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife

may be reduced due to the benefits paid under the primary plan.

- **Alternate benefits.** Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on **the least costly treatment alternative.** If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, you should discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits (see page 2) prior to receiving certain high-cost services such as crowns, bridges or dentures.
- **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 PSERS or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if PSERS fails to perform any obligations under the policy. 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 benefit programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask MetLife or the HOP Administration Unit for costs and complete details.

* Discounted rates refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Discounted rates are subject to change.

Metropolitan Life Insurance Company
200 Park Avenue, New York, NY 10166
L0719516703[exp0720][All States][DC]



Pennsylvania Public School Employees' Retirement System (PSERS) Notice of Nondiscrimination

The Pennsylvania Public School Employees' Retirement System (PSERS) Health Options Program complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Pennsylvania Public School Employees' Retirement System (PSERS) Health Options Program does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The PSERS Health Options Program:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Peter Camacci, Director, Health Insurance Office.

If you believe that the PSERS Health Options Program has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Peter Camacci, Director, Health Insurance Office
Public School Employees' Retirement System
5 N 5th Street
Harrisburg, PA 17101-1905
Phone: 1-888-773-7748; TTY use: 711; Fax: 717-772-3860; Email: pcamacci@pa.gov

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Peter Camacci is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Attention: Free Language Assistance

This chart displays, in various languages, the phone number to call for free language assistance services for individuals with limited English proficiency.

Language	Message About Language Assistance
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-773-7725; TTY: 711.
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-773-7725; TTY: 711。
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-773-7725; TTY: 711.
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-773-7725; TTY: 711.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-773-7725; TTY: 711.
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-773-7725; TTY: 711.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-773-7725; TTY: 711.
Arabic	ملحوظة: إذا كنت تتحدث العربية اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم . TTY: 711; 1-800-773-7725
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-773-7725; TTY: 711 번으로 전화해 주십시오.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-773-7725; TTY: 711.
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-773-7725; TTY: 711.
Serbo-Croatian	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-773-7725; TTY: 711.
Gujarati	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-773-7725; TTY: 711.
Ukrainian	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-773-7725; TTY: 711.
Cambodian	ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អូល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-773-7725; TTY: 711។
French Creole (Haitian)	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-773-7725; TTY: 711.
Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-773-7725; TTY: 711.
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-773-7725; TTY: 711.
Pennsylvania Dutch	Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-773-7725; TTY: 711.