

# MetLife Dental Comparison Chart

You may choose one of four dental plans, offered by SafeGuard, a MetLife Company and Metropolitan Life. Select one of the SafeGuard DHMO Plans or one of the MetLife Indemnity Dental Plans. Indicated below is a comparison chart of all the plans.


	<b>SAFEGUARD (Standard DHMO) SGC1033</b>	<b>SAFEGUARD (High DHMO) SGC1034</b>	<b>METLIFE Standard Plan</b>		<b>METLIFE High Plan</b>	
	<ul style="list-style-type: none"> <li>• Low co-payments</li> <li>• No deductible</li> <li>• Use panel dentist</li> </ul>	<ul style="list-style-type: none"> <li>• Low co-payments</li> <li>• No deductible</li> <li>• Use panel dentist</li> </ul>	<ul style="list-style-type: none"> <li>• In-Network* and Out-of-Network Benefits</li> <li>• Choose a MetLife Preferred Dentist for lower out-of-pocket costs</li> </ul>			
<b>ANNUAL CALENDAR YEAR DEDUCTIBLE (deductible applies to)</b>	None N/A	None N/A	<b>IN-NETWORK*</b> None N/A	<b>OUT-OF-NETWORK</b> \$50/person \$150/family (types A,B,C)	<b>IN-NETWORK*</b> \$50/person \$150/family (types B,C)	<b>OUT-OF-NETWORK</b> \$50/person \$150/family (types A,B,C)
<b>Annual calendar year maximum benefit (per person)</b>	None	None	<b>\$1500</b> (types A,B,C)	<b>\$1500</b> (types A,B,C)	<b>\$1500</b> (types A,B,C)	<b>\$1500</b> (types A,B,C)
	<b>EMPLOYEE PAYS</b>	<b>EMPLOYEE PAYS</b>	<b>EMPLOYEE PAYS</b>	<b>PLAN PAYS</b>	<b>PLAN PAYS</b>	<b>PLAN PAYS</b>
<b>TYPE A</b>						
Office visit	\$5	\$5	No Charge	90% of PDP fees**	100% of PDP fees*	100% of PDP fees**
Oral exam	No Charge	No Charge	\$5	90% of PDP fees**	100% of PDP fees*	100% of PDP fees**
Prophylaxis (routine cleaning)	No Charge	No Charge	\$15	90% of PDP fees**	100% of PDP fees*	100% of PDP fees**
<b>TYPE B</b>						
Amalgam (fillings)						
2 surface (adult)	\$25	No Charge	\$45	60% of PDP fees**	80% of PDP fees*	80% of PDP fees**
3 surface (adult)	\$30	No Charge	\$55	60% of PDP fees**	80% of PDP fees*	80% of PDP fees**
<b>TYPE C</b>						
Endodontics (root canals)						
Anterior	\$200	\$80	\$300	30% of PDP fees**	50% of PDP fees*	50% of PDP fees**
Bicuspid	\$210	\$115	\$355	30% of PDP fees**	50% of PDP fees*	50% of PDP fees**
Molar	\$310	\$200	\$490	30% of PDP fees**	50% of PDP fees*	50% of PDP fees**
Partial Dentures						
Resin Base	\$375	\$240	\$420	30% of PDP fees**	50% of PDP fees*	50% of PDP fees**
Cast Metal Framework	\$375	\$260	\$820	30% of PDP fees**	50% of PDP fees*	50% of PDP fees**
Periodontics (gum treatment)						
	\$45 (1-3 teeth)	\$30 (1-3 teeth)				
	\$60 (4 or more teeth)	\$40 (4+ teeth)	\$85 per quadrant	30% of PDP fees**	50% of PDP fees*	50% of PDP fees**
Scaling & root planing	\$248 (1-3 teeth)	\$210 (1-3 teeth)	\$460 per quadrant	30% of PDP fees**	50% of PDP fees*	50% of PDP fees**
Osseous surgery	\$330 (4+ teeth)	\$295 (4+ teeth)				
Crowns						
Porcelain to metal	\$370	\$280	\$475	30% of PDP fees**	50% of PDP fees*	50% of PDP fees**
Post & Core (in addition to crown)	\$60	\$60	\$125			
Cosmetic Procedures						
Labial veneers (bonding)	\$350	\$280	N/A	N/A	N/A	N/A
Tooth bleaching	\$125/Arch R&C less 25%	\$125/Arch R&C less 25%	N/A	N/A	N/A	N/A
<b>TYPE D</b>						
Orthodontia (braces)						
Evaluation	\$35	\$0		50% of PDP fees**	50% of PDP fees*	50% of PDP fees**
Treatment plan & records	\$250	\$250		50% of PDP fees**	50% of PDP fees*	50% of PDP fees**
Child	\$2095	\$1800		50% of PDP fees**	50% of PDP fees*	50% of PDP fees**
Adult	\$2095	\$1800		50% of PDP fees*	50% of PDP fees*	50% of PDP fees**
Lifetime maximum benefit per person	N/A	N/A	\$2100***	\$1500	\$1500	\$1500

† South Florida (Area 3) consists of zip codes that begin with the digits 330, 331, 333, 334, 339, 340, 349, 320-329, 335-338, 341-348. If you do not reside in a zip code that begins with these digits, please contact MetLife at 1-800-942-0854 for a more accurate in-network schedule of benefits and fees.

\* In-Network: Member pays balance of PDP fees, after plan pays.

\*\* Out-of-Network: Member pays balance of PDP fees, in addition to the remaining balance of claim. Balance equals the difference between total claim and PDP fee. For information on PDP fees in your area, contact MetLife directly at 1-800-942-0854.

\*\*\* The co-payment amount for a full course of treatment is \$3600 minus your plan's lifetime orthodontic benefit maximum of \$1500 (\$3600 - \$1500 = \$2100).

 Any co-payment or out-of-pocket cost may be reimbursed through your Medical Expense FSA.

**See Page 56 for a partial list of eligible expenses or visit FBMC's Web site at [www.myFBMC.com](http://www.myFBMC.com) for the full version of eligible expenses.**

# MetLife Indemnity Dental Plan

The MetLife dental plans are the traditional indemnity insurance plan whereby you and your family may select the dentist of your choice. MetLife offers you a choice of two different plans. The Standard Plan is a low cost plan that is designed for those individuals who primarily would need only diagnostic and preventive dental services. The Standard Plan includes a co-pay schedule that applies to the various dental procedures. You do not have to satisfy an annual calendar year deductible if you seek services from an in-network PDP dentist. The High Plan is designed for those individuals who have more extensive dental needs. This plan provides a reimbursement of either 100 percent, 80 percent or 50 percent of the plans Preferred Dental Program fees, depending on the service provided, after you have satisfied the plan deductible. MetLife offers quality dental care at affordable prices with their Preferred Dental Program (PDP). This program includes a nationwide network of dentists who have agreed to reduce their fees below the average reasonable and customary charge for their services. You are free to choose an in-network or out-of-network dentist at the time you make your appointment. However, when using an out-of-network dentist, the level of coverage is reduced and your out-of-pocket expenses will increase.

	STANDARD PLAN		HIGH PLAN	
	In-Network South Florida (Area 3) <sup>†</sup>	Out-of-Network	In-Network South Florida (Area 3) <sup>†</sup>	Out-of-Network
<b>ANNUAL CALENDAR YEAR DEDUCTIBLE</b> Deductible applies to	None N/A	<b>\$50/person</b> \$150/ family (type A,B,C)	<b>\$50/ person</b> \$150/ family (type B,C)	<b>\$50/ person</b> \$150/ family (type A,B,C)
<b>ANNUAL CALENDAR YEAR MAXIMUM</b> Maximum benefit allowed per person for Types A, B & C Combined	\$1500	\$1500	\$1500	\$1500
<b>PREVENTIVE (Type A)</b> X-rays (bitewing 2 per year) X-rays (full mouth or panoramic every 3 years) Cleaning and scaling (2 per year) Fluoride treatment (up to age 19 - one per year)	<b>EMPLOYEE PAYS</b> \$0 \$0 \$15 \$0	<b>PLAN PAYS</b> 90% of PDP fees** 90% of PDP fees** 90% of PDP fees** 90% of PDP fees**	<b>PLAN PAYS</b> 100% of PDP fees* 100% of PDP fees* 100% of PDP fees* 100% of PDP fees*	<b>PLAN PAYS</b> 100% of PDP fees** 100% of PDP fees** 100% of PDP fees** 100% of PDP fees**
<b>BASIC SERVICE (Type B)</b> Space Maintainers - unilateral (up to age 19) Sealants (Dependent child up to age 19 - once every 5 years on permanent molars only) Amalgams (2 surfaces) Periodontics maintenance (unlimited after periodontic treatment)	\$105 \$15 \$45 \$40	60% of PDP fees** 60% of PDP fees** 60% of PDP fees** 60% of PDP fees**	100% of PDP fees* 100% of PDP fees* 80% of PDP fees* 80% of PDP fees*	100% of PDP fees** 100% of PDP fees** 80% of PDP fees** 80% of PDP fees**
<b>MAJOR SERVICE (Type C)</b> Denture relining (chairside) Denture adjustments General anesthesia (30 minutes) Impacted Teeth Periodontics (gum treatment) scaling and root planning Crowns Bridges Full dentures Partial dentures resin base Inlays Onlays Simple extractions Additional extraction Surgical extractions Root canal therapy Anterior Bicuspid Molar Repairs to prosthetics	\$105 \$30 \$155 \$145 \$85 per quad \$475 \$435 \$535 \$420 \$330 \$475 \$50 \$50 \$105 \$300 \$355 \$490 \$80	30% of PDP fees** 30% of PDP fees** 30% of PDP fees** 30% of PDP fees** 30% of PDP fees** 30% of PDP fees** 30% of PDP fees** 30% of PDP fees** 30% of PDP fees** 30% of PDP fees** 30% of PDP fees** 30% of PDP fees** 30% of PDP fees** 30% of PDP fees** 30% of PDP fees** 30% of PDP fees** 30% of PDP fees** 30% of PDP fees** 30% of PDP fees** 30% of PDP fees**	50% of PDP fees* 50% of PDP fees* 50% of PDP fees* 50% of PDP fees* 50% of PDP fees* 50% of PDP fees* 50% of PDP fees* 50% of PDP fees* 50% of PDP fees* 50% of PDP fees* 50% of PDP fees* 50% of PDP fees* 50% of PDP fees* 50% of PDP fees* 50% of PDP fees* 50% of PDP fees* 50% of PDP fees* 50% of PDP fees* 50% of PDP fees* 50% of PDP fees*	50% of PDP fees** 50% of PDP fees** 50% of PDP fees** 50% of PDP fees** 50% of PDP fees** 50% of PDP fees** 50% of PDP fees** 50% of PDP fees** 50% of PDP fees** 50% of PDP fees** 50% of PDP fees** 50% of PDP fees** 50% of PDP fees** 50% of PDP fees** 50% of PDP fees** 50% of PDP fees** 50% of PDP fees** 50% of PDP fees** 50% of PDP fees** 50% of PDP fees**
<b>ORTHODONTIA (Type D)</b> Amount	\$2,100***	50% of PDP fees** \$1500/person	50% of PDP fees* \$1500/person	50% of PDP fees** \$1500/person

† South Florida (Area 3) consists of zip codes that begin with the digits 330, 331, 333, 334, 339, 340, 349, 320-329, 335-338, 341-348. If you do not reside in a zip code that begins with these digits, please contact MetLife at 1-800-942-0854 for a more accurate in-network schedule of benefits and fees.

\* In-Network: Member pays balance of PDP fees, after plan pays.

\*\* Out-of-Network: Member pays balance of PDP fees, in addition to the remaining balance of claim. Balance equals the difference between total claim and PDP fee.

\*\*\* The co-payment amount for a full course of treatment is \$3600 minus your plan's lifetime orthodontic benefit maximum of \$1500 (\$3600 - \$1500 = \$2100).



Any co-payment or out-of-pocket cost may be reimbursed through your Medical Expense FSA.

See Page 56 for a partial list of eligible expenses or visit FBMC's Web site at [www.myFBMC.com](http://www.myFBMC.com) for the full version of eligible expenses.

# MetLife Indemnity Dental Plan

Your Rates are listed below.

## MetLife Dental Plan Rates (per pay period)

<i>Standard Indemnity</i>	10-MONTH	11-MONTH	12-MONTH
Employee	\$9.97	\$8.31	\$7.67
Employee & Family	\$30.59	\$25.49	\$23.53
<i>High Indemnity</i>	10-MONTH	11-MONTH	12-MONTH
Employee	\$20.83	\$17.36	\$16.02
Employee & Family	\$62.27	\$51.90	\$47.90

## Limitations

### Type A (Preventive & Diagnostic)

- Two oral exams per calendar year
- One fluoride treatment per calendar year up to age 19
- Two cleanings (oral prophylaxis) per calendar year
- Full mouth and panorex X-rays: once per 36 months
- Bitewing X-rays: twice per calendar year for adults; twice per calendar year for children

### Type B (Operative & Restorative)

- Space maintainers for premature loss of primary teeth for dependent children to age 19
- Sealants: limitation of one appliance of sealant material for each non-restored permanent first and second molar tooth of a dependent child to age 19, once every 60 months
- Periodontal maintenance where periodontal treatment (including scaling, root planning, and periodontal surgery such as gingivectomy, gingivoplasty, gingival curettage and osseous surgery) has been performed. Periodontal maintenance is limited to four times in any year, less number of teeth cleanings received during such 12-month period.

### Type C (Prosthetics)

- Relines and rebases to dentures are limited to one per 36 months (minimum is six months after initial installation)
- Adjustment of dentures (minimum is six months after initial installation)
- Consultations are limited to two times per year
- Periodontal scaling and root planning, but not more than once per quadrant in any 24-month period
- Periodontal surgery, including gingivectomy or gingivoplasty, gingival curettage, osseous surgery, bone replacement graft and guided tissue regeneration once per quadrant every 36 months
- Root canal treatment is limited to once per tooth in a 24-month period
- Initial installation of fixed bridgework
- Initial installation of partial or full removable dentures
- Denture replacement: 10 years
- Initial installation of crowns, inlays and onlays
- Immediate denture replacement: 12 months
- Crown replacement: five years

### Type D (Orthodontics)

- Benefit for initial preparation, work up and installation of Orthodontic appliances is 20 percent of the total covered expense
- All dental procedures performed in connection with Orthodontic treatment are payable as Orthodontia
- Payments are on a repetitive basis (quarterly installments)
- Benefits end at cancellation

## Exclusions

- Temporomandibular joint disorder (TMJ)
- Implantology
- Services or supplies received before dental expense benefits start for that person
- Services not performed by a dentist except for those of a licensed dental hygienist for scaling and polishing of teeth, fluoride treatment
- Cosmetic surgery, treatment of supplies, unless required for the treatment or correction of a congenital defect of a newborn dependent child
- Replacement of a lost, missing or stolen crown, bridge or denture
- Services or supplies covered by any workers' compensation laws or occupational disease laws
- Services or supplies which are covered by any employers' liability laws
- Services or supplies received through a medical department or similar facility which is maintained by the Covered Person's employer
- Repair or replacement of an orthodontic appliance
- Services or supplies for which no charge would have been made in the absence of dental expense benefits
- Services or supplies for which a covered person is not required to pay
- Services or supplies which are deemed experimental in terms of generally accepted dental standards
- Services or supplies received as a result of dental disease, defect or injury due to an act of war, or a warlike act in time of peace
- Adjustment of a denture or a bridgework which is made within six months after installation by the same dentist who installed it

## Continuation of Exclusions

- Any duplicate appliance or prosthetic device
- Use of material or home health aids to prevent decay, such as toothpaste or fluoride gels, other than the topical application of fluoride provided in a dental office
- Instruction for oral care such as hygiene or diet
- Periodontal splinting
- Temporary or provisional restorations
- Temporary or provisional appliances
- Services or supplies to the extent that benefits are otherwise provided under the plan or under any other plan which the employer contributes to or sponsors
- Appliances or treatment for bruxism (grinding teeth) including, but not limited to, occlusal guards and night guards
- Initial installation of a denture or bridgework to replace one or more natural teeth lost before dental expense benefits started or as a replacement for congenitally missing natural teeth
- Charges for broken appointments
- Charges by the dentist for completing dental forms
- Sterilization supplies or charges
- Services or supplies furnished by a family member

## How to select the MetLife Dental Plans

### Employee-Paid Benefits:

1. You may cover yourself by selecting the "Employee Only" benefit.
2. You may cover yourself and your eligible dependent(s) by selecting the "Employee and Family" benefit.

**NOTE:** If you choose dependent dental coverage, your dependents must be covered by the same dental plan and level of coverage (Standard or High) which you selected for yourself.

## About the MetLife Dental Plans

### Pre-determination of benefits:

Pre-determination of benefits should be requested for a program of treatment which the dentist estimates will be more than \$200. This provision does not apply to charges for emergency treatment.

*To access the provider directory, log on to [www.dadeschools.net](http://www.dadeschools.net) or you may contact the provider at 800-942-0854.*

## How does the MetLife Preferred Dentist Program (PDP) work?

Dentists who participate in MetLife's Preferred Dentist Program (PDP) have agreed to accept a schedule of maximum fees for services rendered. These scheduled fees are below the average Reasonable & Customary charge. Additionally, dentists agree not to charge for the oral examination during periodic checkups other than the initial exam under the program. **At the point of service, you decide whether to use a dentist in the PDP or any other dentist. Your out-of-pocket costs are less when services are rendered by a participating dentist.**

## How do I know if a dentist is in the MetLife Preferred Dentist Program (PDP)?

Visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) for a PDP listing of the participating dentists in the South Florida area. To find a participating dentist in your area, call 1-800-474-PDP1 (7371), Monday-Friday, 6 a.m.-11 p.m. (ET), and Saturday, 7 a.m. – 4 p.m. (ET). Input the information as requested and a customized PDP directory will be mailed to you.

## How can I make an appointment with my dentist?

You may schedule appointments by calling a dentist with MetLife's Preferred Dentist Program (PDP) or any other licensed dentist you choose on or after your effective date of coverage. When you arrive at your dental office, notify them that you have insurance benefits through Metropolitan Life Insurance Company. It will be necessary to use claim forms in order to receive reimbursement.

### IN-NETWORK (PDP)

Preferred Dentist's Fee	\$62.60
Plan pays 80% of PDP Fee	— \$50.08
<b>You pay 20% of PDP Fee</b>	<b>\$12.52</b>
<b>Your Cost</b>	<b>\$12.52*</b>

**This example indicates your savings using the MetLife High Dental Plan (Filling-Type B service):**

### OUT-OF-NETWORK

Dentist's Fee	\$190.00
PDP Fee	\$62.60
Plan pays 80% of PDP Fee	— \$50.08
<b>You pay 20% of PDP Fee charge over Dentist Fee</b>	<b>\$ 12.52</b>
	<b>\$ 127.40</b>
<b>Your cost</b>	<b>\$139.92**</b>

**Total \$\$\$ saved by using a MetLife Preferred Dentist = \$127.40**

\* Example assumes \$50 deductible has been satisfied.

\*\* Example assumes \$150 deductible has been satisfied.

Plan Provider: Metropolitan Life Insurance Company.

## Where can I get MetLife Dental Plan claim forms?

Dental claim forms will be provided to you upon request at the Office of Risk and Benefits Management. For claims assistance or status, log on to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call MetLife's Customer Service at 1-800-942-0854.

## Where may I call for inquiries or additional questions?

All inquiries and questions should be directed to Metropolitan Life Insurance Company Customer Service at 1-800-942-0854.

## Who is an eligible dependent for this coverage?

Eligible dependents for this plan include:

- Spouse/Domestic Partner
- Unmarried natural children, adopted children, and stepchildren to the end of the calendar year they reach age 26
- Children older than age 26 will remain covered under this plan only if proof is submitted that he/she suffers from a physical handicap or mental retardation, provided the child remains chiefly dependent upon you for support.
- Children of a Domestic Partner, as long as the Domestic Partner is also covered.

**NOTE:** This product description does not constitute an insurance certificate or policy. The information provided is intended only to assist in the selection of benefits. Final determination of benefits, exact terms and exclusion of coverage for each benefit plan are contained in the certificates of coverage.

Certificate(s) of Coverage for your insurance benefits are available to you online throughout the year. A hard copy of these certificates will not be mailed to you automatically. Your Certificate(s) of Coverage are document(s) issued by the insurance company for benefits registered with the State of Florida. These documents are available for the benefits you selected during Open Enrollment or as a new employee. To view or print a copy of a Certificate of Coverage for any benefit, log on to [www.dadeschools.net](http://www.dadeschools.net). Click on Employee Benefits, then click on "Employee Benefits." Your Certificate(s) of Coverage will be located under your tab (i.e., M-DCPS Employees, Retirees, Part-Time Food Service or COBRA). If you prefer to have a hard copy mailed to your home address, please contact the appropriate insurance company directly. Their phone numbers are listed on the M-DCPS Web site under "Important Phone Numbers."

Plan Provider: Metropolitan Life Insurance Company.