Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Memorial Sloan Kettering Cancer Center

Network: PDP Plus[1]

	Plan A		Plan B	
Coverage Type	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Type A: Preventive (cleanings, exams, X-rays)	100% of Negotiated Fee*	90% of R&C Fee**	100% of Negotiated Fee*	90% of R&C Fee**
Type B: Basic Restorative (fillings, extractions)	80% of Negotiated Fee*	70% of R&C Fee**	80% of Negotiated Fee*	70% of R&C Fee**
Type C: Major Restorative (bridges, dentures)	60% of Negotiated Fee*	50% of R&C Fee**	70% of Negotiated Fee*	60% of R&C Fee**
Type D: Orthodontia – Child(ren)	50% of Negotiated Fee*	50% of R&C Fee**	60% of Negotiated Fee*	60% of R&C Fee**
Type D: Orthodontia – Adult	Not Covered	Not Covered	60% of Negotiated Fee*	60% of R&C Fee**
TMJ	60% of Negotiated Fee*	50% of R&C Fee**	70% of Negotiated Fee*	60% of R&C Fee**
Deductible†				
Individual	$50		$50	
Annual Maximum Benefit				
Per Person	$1,000		$2,500	
Orthodontia Lifetime Maximum				
Per Person	$1,000***		$2,500***	
TMJ Lifetime Maximum				
Per Person	$1,000		$1,000	
Incentive Provision Benefit				
Annual Maximum Incentive (capped after 3 years) Per Person	$200		$200	

*Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated Fee fees are subject to change.

**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. Out-of-Network benefits may vary in certain states as required by applicable state law.

***Please Note:** Orthodontic Lifetime Maximum calculation is based on the plan year the orthodontic appliance was placed even if you change to a different option under the Employer's plan during the course of orthodontic treatment. However, actual benefits paid are determined based on the plan year in which the benefits are paid and the orthodontic maximum for the current year.

†Applies only to Type B & C and TMJ Services

L0325047071[exp0327] © 2025 MetLife Services and Solutions, LLC

Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Memorial Sloan Kettering Cancer Center

Incentive Provision Benefit

By completing regular preventive care visits, each member covered under the plan can increase their annual maximum **by $200** the following year (see chart below). Each member can receive up to three annual increases.

Plan	Individual Annual Maximum Benefit*	Incentive Provision Benefit	New Individual Annual Maximum for qualifying members**
Plan A	**$1,000**	Members who receive one exam and one cleaning earn a $200 increase in their annual max the following year (capped after three increases)	Year 1: $1,000 Year 2: $1,200 Year 3: $1,400 Year 4: $1,600
Plan B	**$2,500**	Members who receive one exam and one cleaning earn a $200 increase in their annual max the following year (capped after three increases)	Year 1: $2,500 Year 2: $2,700 Year 3: $2,900 Year 4: $3,100

** The annual maximum benefit is the maximum reimbursement the plan will pay for covered services for each covered member.*

*** The years do not need to be consecutive. Once a $200 incentive is earned, the member's plan maximum will continue to reflect that additional amount in succeeding years (even if the member moves between Plan A and Plan B). If a member does not meet the qualifying criteria in a given year, their annual maximum will stay the same for the following year. Each member is limited to three (3) incentives per lifetime.*

Group dental plans featuring the Preferred Dentist Program are provided by Metropolitan Life Insurance Company, New York, NY 10166.

Like most group benefits programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. You may be financially responsible for copayments, deductibles, or any other amounts in excess of those MetLife is required to pay for covered services as described in your dental summary plan description booklet.

L0325047071[exp0327] © 2025 MetLife Services and Solutions, LLC

Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Memorial Sloan Kettering Cancer Center

In Network Savings* Example

These hypothetical examples** show how receiving services from a participating dentist can help save you money.

Applicable to Plan A and B

Your Dentist says you need a Crown, a Type B service —

- Negotiated Fee: $900.00
- R&C Fee: $2,418.00***
- Dentist's Usual Fee: $2,500.00

IN-NETWORK When you receive care from a participating dentist		**OUT-OF-NETWORK** When you receive care from a non-participating dentist	
Dentist's Usual Fee is:	$2,500.00	Dentist's Usual Fee is:	$2,500.00
The Negotiated Fee is:	$900.00	The R&C Fee is:	$2,418.00
Your Plan Pays:		***Your Plan Pays:***	
80% X $900 Negotiated Fee:	- $720.00	80% X $2,418 R&C Fee:	- $1,934.40
Your Out-of-Pocket Cost:	$180.00	Your Out-of-Pocket Cost:	$483.60
In this example, you save $303.60.00 ($483.60 minus $180.00) by using a participating dentist.			

*Savings from enrolling in the MetLife Preferred Dentist Program will depend on various factors, including how often participants visit the dentist and the cost for services rendered.

**Please note: This is a hypothetical example that reviews a porcelain/ceramic crown (D2740) in the New York City area, zip 10017. It assumes that the annual deductible has been met.[2]

***Reasonable and Customary (R&C) charge is based on the lowest of (1) the dentist's actual charge, or (2) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife. The example shown reflects a 90th percentile R&C fee. The R&C percentile used to calculate out-of-network benefits for your plan may differ.

L0325047071[exp0327] © 2025 MetLife Services and Solutions, LLC

Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Memorial Sloan Kettering Cancer Center

Orthodontia Lifetime Maximum Examples[2]

The hypothetical examples below show how the Orthodontia Lifetime Maximum would be determined if treatment is started in one plan and then completed in another plan.

Switching from Plan A to the Plan B

The benefit allowable will be based upon the Orthodontic Lifetime Maximum at the time that the orthodontic treatment began. If the current orthodontia treatment started while under the *$1,000.00* orthodontic lifetime maximum, payments will remain the same throughout the course of treatment up to the *$1,000.00* maximum. For the second plan year with the different lifetime maximum of *$2,500.00* in the high plan the higher maximum will only be available for future phases of orthodontia treatment after the first course of treatment is completed. Note that any orthodontia benefits previously benefitted will be applied towards the new lifetime maximum.

Example: A child begins orthodontia treatment and *$500.00* is the benefits paid while enrolled in the low plan with a *$1,000.00* orthodontia lifetime maximum. If the employee enrolls in the high plan while the child is still in orthodontia treatment, they are only entitled to the additional *$500.00* for the remainder of this treatment since it began while enrolled in the low plan. Any future orthodontia treatment plans or phases will apply to the new orthodontia lifetime maximum less what was already paid out during any previous orthodontia treatment plan.

**If you are currently in the middle of treatment and considering switching plans, contact MetLife at 1-866-832-5756.

Switching from Plan B to the Plan A

For the current plan year the benefit allowable will be based upon the Orthodontic Lifetime Maximum at the time that the treatment began. If the current orthodontia treatment started while under the *$2,500.00* lifetime maximum dental plan, payments will remain the same up to the *$2,500.00* maximum throughout the course of treatment for that plan year. For the second plan year orthodontic benefits will only be available up until the low plan orthodontia lifetime maximum of *$1,000.00* has been reached. Therefore, if in the first plan year *$1,000.00* or more has already been benefitted for orthodontic treatment then no additional benefits are available in the second year under the low plan option.

Example*:* A child begins orthodontia treatment and *$1,000.00* is the benefits paid while enrolled in the high plan with a *$2,500.00* orthodontia lifetime maximum. If the employee enrolls in the low plan while the child is still in orthodontia treatment, their payments will stop, since the patient has already received the lifetime maximum available under the low plan *($1,000.00*). Any future orthodontia treatment plans or phases will apply to the new orthodontia lifetime maximum *($1,000.00*) less what was already paid out during any previous orthodontia treatment plan. Therefore, if the employee stays enrolled in the low plan, for this scenario, the dependent would not be eligible for any additional orthodontic benefits.

**If you are currently in the middle of treatment and considering switching plans, contact MetLife at 1-866-832-5756.

L0325047071[exp0327] © 2025 MetLife Services and Solutions, LLC

Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Memorial Sloan Kettering Cancer Center

List of Primary Covered Services & Limitations

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan. Please refer to your Summary Plan Design or view your dental benefit plan online at www.metlife.com/mybenefits.

Plan A – Low Plan

Plan B – High Plan

Type A – Preventive	How Many/How Often	Type A - Preventive	How Many/How Often
Prophylaxis (cleanings)	▪ Two per calendar year	Prophylaxis (cleanings)	▪ Two per calendar year
Oral Examinations	▪ Two exams per calendar year	Oral Examinations	▪ Two exams per calendar year
Topical Fluoride Applications	▪ Two fluoride treatment per calendar year for dependent children up to his/her 23th	Topical Fluoride Applications	▪ Two fluoride treatment per calendar year for dependent children up to his/her 23rd birthday
X-rays	▪ Full mouth X-rays; one every 5 years ▪ Bitewings X-rays; one set per calendar year	X-rays	▪ Full mouth X-rays; one every 5 years ▪ Bitewing X-rays; one set per calendar year
Space Maintainers	▪ Unlimited	Space Maintainers	▪ Unlimited
Sealants	▪ One application of sealant material every 5 calendar years for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 19th birthday	Sealants	▪ One application of sealant material every 5 calendar years for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 19th birthday
Periodontics Maintenance Treatment	▪ Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year	Periodontics Maintenance Treatment	▪ Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year
Problem Focused Exam	▪ 1 per calendar year	Problem Focused Exam	▪ 1 per calendar year
Type B – Basic Restorative	**How Many/How Often**	**Type B – Basic Restorative**	**How Many/How Often**
Fillings	▪ Replacement once every 24 months	Fillings	▪ Replacement once every 24 months
Simple Extractions	▪ Unlimited	Simple Extractions	▪ Unlimited
Repair/ Recementations	▪ Unlimited	Repair/ Recementations	▪ Unlimited
Oral Surgery Simple Extractions, Surgical Extractions (erupted teeth)	▪ Unlimited	Oral Surgery Simple Extractions, Surgical Extractions (erupted teeth)	▪ Unlimited
Endodontics	▪ Unlimited	Endodontics	▪ Unlimited
Periodontics	▪ Periodontal Non-Surgical	Periodontics	▪ Periodontal Non-Surgical
Type C – Major Restorative	**How Many/How Often**	**Type C – Major Restorative**	**How Many/How Often**
General Anesthesia	▪ When dentally necessary in connection with oral surgery, extractions or other covered dental services	General Anesthesia	▪ When dentally necessary in connection with oral surgery, extractions or other covered dental services
Denture and Bridge	▪ Replacement limited once every 10 calendar years	Denture and Bridge	▪ Replacement once every 10 calendar years
Implants	▪ Replacement limited once every 10 calendar years	Implants	▪ Replacement once every 10 calendar years
Crowns, Inlays and Onlays	▪ Replacement once every 10 calendar years	Crowns, Inlays and Onlays	▪ Replacement once every 10 calendar years
Consultations	▪ Covered Service	Consultations	▪ Covered Service
Harmful Habits Appliance	▪ Covered Service	Harmful Habit Appliance	▪ Covered Service
Periodontics	▪ Periodontal Surgery	Periodontics	▪ Periodontal Surgery
Oral Surgery Surgical Impacted Extractions & All Other Oral Surgery	▪ Unlimited	Oral Surgery Surgical Impacted Extractions & All Other Oral Surgery	▪ Unlimited

L0325047071[exp0327] © 2025 MetLife Services and Solutions, LLC

Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Memorial Sloan Kettering Cancer Center

Type D – Orthodontia	How Many/How Often	Type D – Orthodontia	How Many/How Often
	▪ CHILDREN ONLY, up to age 26, are covered while Dental insurance is in effect ▪ All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia ▪ Payments are on a repetitive basis ▪ 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary ▪ Orthodontic benefits end at cancellation of coverage **Please Note:** Orthodontic Lifetime Maximum calculation is based on the plan year the orthodontic appliance was placed even if you change to a different option under the Employer's plan during the course of orthodontic treatment. However, actual benefits paid are determined based on the plan year in which the benefits are paid and the orthodontic maximum for the current year.		▪ You, Your Spouse/Domestic Partner, and Your Children/Domestic Partner's Children, up to age 26, are covered while Dental Insurance is in effect ▪ All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia ▪ Payments are on a repetitive basis ▪ 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary ▪ Orthodontic benefits end at cancellation of coverage **Please Note:** Orthodontic Lifetime Maximum calculation is based on the plan year the orthodontic appliance was placed even if you change to a different option under the Employer's plan during the course of orthodontic treatment. However, actual benefits paid are determined based on the plan year in which the benefits are paid and the orthodontic maximum for the current year.

Questions & Answers

Q. Who is a participating dentist?

A. A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees typically range from 30% – 45% below the average fees charged in a dentist's community for the same or substantially similar services. Based on internal analysis by MetLife. Negotiated Fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.†

Q. How do I find a participating dentist?

A. There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at www.metlife.com/mybenefits or call 1-866-832-5756 to have a list faxed or mailed to you.

Q. What services are covered under this plan?

A. The Plan documents set forth the services covered by your plan. The List of Primary Covered Services & Limitations herein contains a summary of covered services. All services defined under the group dental benefits plan are covered. Please refer to your Summary Plan Design or view your dental benefit plan online at www.metlife.com/mybenefits.

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 non-participating dentist, your out-of-pocket costs may be higher. He/she hasn't agreed to accept negotiated fees. So you may be responsible for any difference in cost between the dentist's fee and your plan's benefit payment.

Q. Can my dentist apply for participation in the network?

A. Yes. If your current dentist does not participate in the network and you would like to encourage him/her to apply, ask your dentist to visit www.metdental.com, or call 1-866-PDP-NTWK for an application.* The website and phone number are for use by dental professionals only. Due to contractual requirements, MetLife is prevented from soliciting certain providers.††

Q. What are incentive provisions?

A. These features could increase your annual maximum and or increase your plan coinsurance percentages and or decrease your plan deductible based on claims behavior or utilization. You must meet the criteria to receive the incentive. The criteria is based on your plan design.

L0325047071[exp0327] © 2025 MetLife Services and Solutions, LLC
DN-ANY-PPO-DUAL

Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Memorial Sloan Kettering Cancer Center

Q. How are claims processed?

A. Dentists may submit your claims for you, which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/mybenefits or request one by calling 1-866-832-5756.

Q. Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?

A. Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend 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. 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.

Q. Can MetLife help me find a dentist outside of the U.S. if I am traveling?

A. Yes. Through international dental travel assistance services* you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits. ** Please remember to hold on to all receipts to submit a dental claim.

*Travel Assistance services are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Virginia Surety Company, Inc. AXA Assistance and Virginia Surety are not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. **Refer to your dental benefits plan summary for your out-of-network dental coverage.

Q. How does MetLife coordinate benefits with other insurance plans?

A. Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan, subject to applicable law. If the MetLife dental benefit 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, subject to applicable law.

Q. Do I need an ID card?

A. No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

Q. What are Alternate Benefits?

A. 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, 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 plan's 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 1-866-832-5756 and using the MetLife Dental Automated Information Service. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

Q. Cancellation/Termination of Benefits?

A. Coverage is provided under a group insurance policy (Policy form GPNP99/G.2130-S) issued by MetLife. Coverage terminates when your membership ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder 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 90 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

L0325047071[exp0327] © 2025 MetLife Services and Solutions, LLC

Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Memorial Sloan Kettering Cancer Center

This dental benefits plan is made available through a self-funded arrangement. MetLife administers this dental benefits plan, but has not provided insurance to fund benefits.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

[1] Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166.

[2] This is for illustrative purposes only, as actual cost may vary.

†Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for certain services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Negotiated fees do not apply to non-covered services in states that prohibit limitations for services not covered under a plan. Participating providers in these states may charge their non-negotiated fees for non-covered services.

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 a dentist, and the cost of services rendered.

††Due to contractual requirements, MetLife is prevented from soliciting certain providers.

*AXA Assistance USA, Inc. 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. Exclusions: The AXA Travel Assistance Program is available for participants in traveling status. Whenever a trip exceeds 120 days, the participant is no longer considered to be in traveling status and is therefore no longer eligible for the services. Also, AXA Assistance USA will not evacuate or repatriate participants without medical authorization; with mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home; or with infections under treatment and not yet healed. Benefits will not be paid for any loss or injury that is caused by or is the result from: pregnancy and childbirth except for complications of pregnancy, and mental and nervous disorders unless hospitalized. Reimbursements for non-medical services such as hotel, restaurant, taxi expenses or baggage loss while traveling are not covered. The maximum benefit per person for costs associated with evacuations, repatriations or the return of mortal remains is US$500,000. Treatment must be authorized and arranged by AXA Assistance's designated personnel to be eligible for benefits under this program. All services must be provided and arranged by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.

**Refer to your dental benefits plan summary for your out-of-network dental coverage.

L0325047071[exp0327] © 2025 MetLife Services and Solutions, LLC