

Dental Benefits

Savings, flexibility and service. For healthier smiles.



MetLife

Overview of Benefits for: COLUMBIA NEUROSURGICAL ASSOCIATES

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With all of the emphasis on healthy living, it may be refreshing to know you have access to a group dental plan that helps you and your family maintain an oral health regimen with the savings you need, the flexibility you want and service you can count on.

Coverage Type	In-Network: % of PDP Fee	Out-of-Network: % of R&C Fee ¹
Type A	100%	100%
Type B	80%	80%
Type C	50%	50%
Orthodontia	50%	50%
Deductible: Individual*	\$50 (Type B & C)	\$50 (Type B & C)
Annual Maximum Benefit: Per Individual	\$1000	\$1000
Orthodontia Lifetime Maximum: Per Individual	\$1000	\$1000
	Ortho applies to Child Only (up to age 19)	

Understanding Your Dental Benefits Plan

With the MetLife Preferred Dentist Program (PDP), you can visit the dentist of your choice - an "in-network" dentist (a participating MetLife PDP dentist) or an "out-of-network" dentist.

- Plan benefits for in-network services are based on the percentage of the PDP fee - MetLife's negotiated fees that PDP dentists have agreed to accept as payment in full.
- Plan benefits for out-of-network services are based on the percentage of the Reasonable and Customary (R&C) charges. 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 for paying any difference between the dentist's fee and your plan's payment for the approved service. Please refer to the last page of this document for details regarding how R&C charges are defined under this plan.

Take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating PDP dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits online

If you are not already registered, just go to www.metlife.com/mybenefits and follow the easy registration instructions.

* If you are enrolled for dependent coverage, a maximum family deductible may apply.

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

Selected Covered Services and Frequency Limitations*

Type A	
• Oral Examinations	1 in 6 months
• Cleanings	1 in 6 months
• Fluoride	Children to age 14 / 1 in 12 months
• Bitewing X-rays	Adult - 1 in 1 period / Children - 2 in 1 period separated by six months
• Full Mouth X-rays	1 in 60 months
• Periodontal Maintenance	4 in 1 year less the number of teeth cleanings
Type B	
• Composite Fillings	Anterior Teeth Only
• Amalgam Fillings	
• Simple Extractions	
• Root Canal	
• Surgical Extractions	
• Repairs (Crowns)	
Type C	
• Crowns	
• Dentures	
• Bridges	
Orthodontia	
• Dependent children are covered up to 19 th birthday.	
• 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.	

The service categories and plan limitations shown in this document represent an overview of your plan benefits, but are not a complete description of the plan. Before making any purchase or enrollment decision you should review the certificate of insurance which is available through MetLife or your employer. In the event of a conflict between this overview and your certificate of insurance, your certificate of insurance governs. Like most group dental insurance policies, MetLife group policies contain certain exclusions, limitations and waiting periods and terms for keeping them in force. The certificate of insurance sets forth all plan terms and provisions, including all exclusions and limitations.

***Alternate Benefits:** Your dental plan provides that if there are two or more professionally acceptable dental treatment alternatives for a dental condition, your plan bases reimbursement, and the associated procedure charge, on the least costly treatment alternative. If you receive a more costly treatment alternative, your dentist may charge you or your dependent for the difference between the cost of the service that was performed and the least costly treatment alternative.

¹. The Reasonable and Customary charge is based on the lowest of the: "Actual Charge" (the dentist's actual charge); or "Usual Charge" (the dentist's usual charge for the same or similar services); or "Customary Charge" (the 90th percentile charge of most dentists in the same geographic area for the same or similar services as determined by MetLife).