MetLife | BaylorScott&White Health Plan

Dental Insurance

# How to find a participating Dentist?

You can find the names, addresses, languages spoken and phone numbers of participating dentists by searching our online Find a Dentist directory.

## Step 1:

**Go to metlife.com**

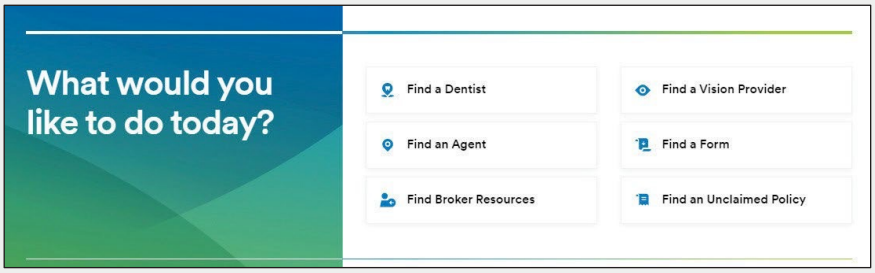
## Step 2:

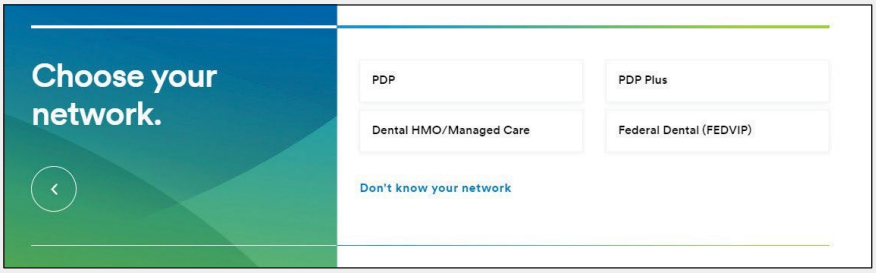
**Select "Find a Dentist" next to "What would you like to do today?"**

## Step 3:

**Choose your network.**

**Enter your Zip, City or State and select the "Find a Dentist" button. You will then be prompted to select your plan from the list. The plan name is located in your Schedule of Benefits.**



# Scott and White Health Plan and MetLife — A Winning Combination

## High Plan

### Dental Benefits – Savings, flexibility and service. For healthier smiles.

*High Plan Overview and Options:*

| Procedures | Covered percentage | | Members' minimum payment[1] | |
|---|---|---|---|---|
| | In Network[2] – based on the Negotiated Fee | Out of Network[3] – based on the R&C Fee | In Network – based on the Negotiated Fee | Out of Network – based on the R&C Fee |
| Periodic Oral Evaluations[4] | 100% | 100% | 0% | 0% |
| Cleanings (prophylaxis)[4] | 100% | 100% | 0% | 0% |
| Bitewings[4] | 100% | 100% | 0% | 0% |
| Sealants (up to 15th birthday) | 80% | 80% | 20% | 20% |
| Topical Fluoride (up to 15th birthday) | 80% | 80% | 20% | 20% |
| Fillings[5] | 80% | 80% | 20% | 20% |
| Root Canals | 80% | 80% | 20% | 20% |
| Extractions | 80% | 80% | 20% | 20% |
| Crowns | 70% | 70% | 30% | 30% |
| Partials & Dentures – Procedures & Services | 70% | 70% | 30% | 30% |
| Bridge Work | 70% | 70% | 30% | 30% |
| Space Maintainers | 70% | 70% | 30% | 30% |

**Annual Maximum Amounts: High Plan: $1,000; $500 Lifetime Maximum for Orthodontia (ortho coverage up to age 19)**

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.

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 the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

A "Dental Expense Period" means a period which starts on any January 1 and ends on the next December 31.

(continued)

1. If the actual charge is greater than the R&C fee, the member's out-of-pocket expense is the amount remaining after the covered percentage of the R&C fee is reimbursed plus the difference between the R&C fee and the actual charge.
2. "In-Network Benefits" means benefits provided under this plan for covered dental services that are provided by a participating dentist.
3. "Out-of-Network Benefits" means benefits provided under this plan for covered dental services that are provided by a non-participating dentist.
4. Limited to two per year.
5. Composite fillings are only covered on anterior teeth, no coverage for composite fillings on molar teeth.

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## What's covered – Covered dental expenses fall into one of the following categories:

### Basic Services:

- Periodic oral evaluations, two per year.
- Dental prophylaxis (cleanings), two per year.
- Topical fluoride treatment limited to one in 12 month for children up to 15th birthday.
- Sealants covered on molars only, one per molar in 36 months for a child under age 15.
- Radiographs – intraoral, extraoral, bitewings – two per year. Panoramic film (once every 36 months), cephlametric film.
- Fillings – amalgam or resin composite fillings. Composite fillings are only covered on anterior teeth.
- Sedative fillings.
- Recement inlays, bridge and crowns.
- Prefabricated stainless steel crown – primary or permanent (replacement within 36 months not covered).
- Endodontics – pulpotomy.
- Root canal therapy, limited to one per tooth per lifetime.
- Palliative (emergency) treatment of dental pain – minor procedure.
- Local anesthesia not in conjunction with operative or surgical procedure.
- Oral surgery – extractions of teeth and roots, including local anesthesia and routine postoperative care.
- Professional consultations, two in 12 months.

### Complex Services:

- Space maintainers for covered dependents under age 14 (limited to initial passive appliance only).
- Crowns – single restoration only. Limited to one restoration every 60 months. Prefabricated stainless steel and resin crowns are limited 1 per tooth in 24 months.
- Pin retention, per tooth, in addition to restoration.
- Prefabricated post and core in addition to crown.
- Crown repair.
- Endodontics – apicoectomy, retrograde filling per root or root amputation per root; hemisection, not including root canal therapy.
- Installation of a partial of full removable denture. Limited to once every 60 months.
- Repairs or adjustments to complete dentures. Repairs to partial dentures.
- Denture relining or rebasing, limited to once every 24 months.
- Overdenture complete or partial, limited to one every 60 months.
- Installation of fixed bridgework, including bridge pontics, retainers, bridge retainers-crowns. Replacement within 60 months is not a covered expense.
- Bridge repair.
- Oral surgery – alveoplasty and surgical incisions.
- General anesthesia (limited to first 30 minutes) and intravenous sedations.

### Eligibility:

- Student Age - Dependent children are covered to age 26.

### Limitations:

- Coordination of Benefits - Our plans contain a coordination of benefits clause that reduces benefits paid under our plan based on benefits received from other group, employer or government sponsored plans except Medicaid. The benefits under a MetLife group dental plan and any other plan providing benefits for covered dental services cannot exceed 100% of the allowable charge.
- Generally Accepted Dental Standards – MetLife determines benefit payments for dental expenses under a MetLife group dental plan. Benefits will be payable for a recommended dental service only if it is classified as "necessary," under generally accepted dental standards.

### Exclusions:

*(The following expenses are not Covered Dental Expenses)*

- Services or Supplies:
  - related to teeth lost before dental benefits began or for congenitally missing natural teeth;
  - received by a covered person before the dental expense benefits start for that person;
  - which are covered by any worker's compensation laws or occupational disease laws;
  - which are covered by any employer's liability laws;
  - which an employer is required by law to furnish in whole or in part;
  - received through the medical department or similar facility which is maintained by the covered person's employer;
  - received by a covered person for which no charge would have been made in the absence of dental expense benefits for that covered person;
  - for which a covered person is not required to pay;
  - which are not necessary, according to generally accepted dental standards, or which are not recommended or approved by a dentist;
  - which do not meet generally accepted dental standards, including experimental treatment;
  - received as a result of dental disease, defect, or injury due to an act of war, or warlike act in time of peace, which occurs while the dental expense benefits for the covered person are in effect;
  - which are provided by any other plan which the employer (or an affiliate) contributes to or sponsors.
- Services not performed by a dentist except for those of a licensed dental hygienist which are supervised and billed by a dentist and which are for cleaning and scaling of teeth or fluoride treatments.

(continued)

## What's covered – Covered dental expenses fall into one of the following categories: (continued)

Exclusions: (continued)

- Cosmetic surgery or supplies. However, any such surgery or supply will be covered if it otherwise is a covered dental expense and it is required for reconstructive surgery that is incidental to or follows surgery that results from a trauma, an infection or other disease of the involved part; or is required for reconstructive surgery because of a congenital disease or anomaly of a dependent child that has resulted in a functional defect.
- Replacement of a lost, missing or stolen crown, bridge or denture.
- Repair or replacement of an orthodontic appliance.
- Adjustment of a denture or a bridgework which is made within six months after it is installed by the same dentist who installed it.
- Any duplicate appliance or prosthetic device.
- Use of materials or home health aids to prevent decay, such as toothpaste or fluoride gels, other than the topical application of fluorides.
- Instruction for oral care such as hygiene or diet.
- Periodontal splinting.
- Myofunctional therapy or correction of harmful habits.
- Implantology.
- Charges by a dentist for completing dental forms.
- Charges for broken appointments.
- Treatment of temporomandibular joint disorders.
- Sterilization supplies.
- Services or supplies furnished by a family member.
- Periodontics.
- Orthodontia (For Low and Mid plans only).

Cancellation/Termination:

Coverage is subject to the terms and provisions in the Group Policy (Form GPNP99-DSC-SWM) and certificates of insurance (Form G.23000-Cert.1-SW-FAM) issued to each insured member. In any state validly exercising extraterritorial jurisdiction, the plan will be modified to meet applicable laws.

Coverage terminates:

- All benefits on account of a dependent will end on the earlier of the date that dependent ceases to be a dependent or on the date of the member's death; or
- Cease to be an active member of the Scott and White Health Plan.

## Questions?

**Please call 1-800-ASK-4-MET (1-800-275-4638).**

**Hours of Operation: 8 a.m. – 7 p.m. (CST) TDD #: 1-888-638-4863 (24 hours)**

**Dental Claims**
**Address: MetLife**
**Dental Claims**
**P.O. Box 981282**
**El Paso, TX 79998-1282**



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