

University of Pennsylvania

#300187

Type A Services	In-Network 100% PDP Fee Out-of-Network 100% R&C
Procedure Description	Frequency
Exams	2 times in 1 fiscal year
Consultations	No limit
Cleanings	2 times in 1 fiscal year
Flouride	1 time per fiscal year to max age 18
Bitewing X-ray	2 times in 1 fiscal year
Full Mouth X-ray	1 time in 3 fiscal years
Labs and Tests	No limit
Emergency Palliative Treatment	No limit
Sealants	2 times in 14 fiscal years to under age 14
Recement Inlays, Crowns, & Bridges	No limit
Relines (only ADA codes 5730-5741)	1 in 36 months
Simple Extractions	
Surgical Extractions	
Other Oral Surgery	
General Anesthesia	
Pins (ADA Code 2951)	When part of restoration used instead of crown

University of Pennsylvania Dental Plan Benefits

For the savings you need, the flexibility you want and service you can trust.

Benefit Summary

Coverage Type	PDP In-Network	Out-of-Network
Type A – prophylaxis cleanings, oral examinations, topical fluoride applications, x-rays, sealants, simple extractions, oral surgery, general anesthesia	100% of PDP Fee*	100% of R&C Fee**
Type B – fillings	90% of PDP Fee*	90% of R&C Fee**
Endodontics, periodontics, bruxism, consultation	80% of PDP Fee*	80% of R & C Fee**
Type C –bridges and dentures, crowns, inlays and onlays, space maintainers, harmful habits	50% of PDP Fee*	50% of R&C Fee**
Type D – orthodontia	50% of PDP Fee*	50% of R&C Fee**
Deductible[†]	In-Network	Out-of-Network
Individual	\$50	\$50
Annual Maximum Benefit	In-Network	Out-of-Network
Per Person	\$2,000	\$2,000
Orthodontia Lifetime Maximum	In-Network	Out-of-Network
Per Person	\$1,000	\$1,000

*PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full, subject to any co-payments, deductibles (excluding Type A and D services), cost sharing and benefits maximums.

**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.

[†] Applies only to Type B and C Services.

PDP Savings* Example

This hypothetical example** shows how receiving services from a PDP (in-network) dentist can save you money.

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

- PDP Fee: \$375.00
- R&C Fee: \$500.00
- Dentist's Usual Fee: \$600.00

IN-NETWORK When you receive care from a participating PDP dentist		OUT-OF-NETWORK When you receive care from a non-participating dentist	
Dentist's Usual Fee is:	\$600.00	Dentist's Usual Fee is:	\$600.00
The PDP Fee is:	\$375.00	R&C Fee is:	\$500.00
Your Plan Pays:		Your Plan Pays:	
50% X \$375 PDP Fee:	- \$187.50	50% X \$500 R&C Fee:	- \$250.00
Your Out-of-Pocket Cost:	\$187.50	Your Out-of-Pocket Cost:	\$350.00

In this example, you save \$162.50 (\$350.00 minus \$187.50)...
by using a participating PDP dentist.

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

**Please note: These examples assume that your deductible has been met.

List of Primary Covered Services & Limitations

Type A - Preventive	How Many/How Often
Prophylaxis (cleanings)	<ul style="list-style-type: none"> Twice in each fiscal year.
Oral Examinations	<ul style="list-style-type: none"> Twice in each fiscal year.
Topical Fluoride Applications	<ul style="list-style-type: none"> One fluoride treatment for dependent children up to 18, no more than one in each fiscal year.
X-rays	<ul style="list-style-type: none"> Full mouth X-rays: Once in each three fiscal years. Bitewing X-rays: Twice in each fiscal year.
Sealants	<ul style="list-style-type: none"> Topical application of sealant – two times in 14 fiscal years, permanent molars only, excluding wisdom, to under age 14.
Type B - Basic Restorative	How Many/How Often
Fillings	
Simple Extractions	
Relines/Rebases of existing removable dentures	<ul style="list-style-type: none"> Once every 36 months.
Endodontics	<ul style="list-style-type: none"> Root canal treatment.
General Anesthesia	<ul style="list-style-type: none"> When dentally necessary in connection with oral surgery, extractions or other covered dental services.
Oral Surgery	
Periodontics	<ul style="list-style-type: none"> Periodontal scaling and root planing. Periodontal surgery. Total number of periodontal maintenance treatments cannot exceed four treatments in a fiscal year (combined with prophylaxis/cleanings).
Type C - Major Restorative	How Many/How Often
Space Maintainers	<ul style="list-style-type: none"> Space Maintainers for dependent children up to age 19.
Bridges and Dentures	<ul style="list-style-type: none"> Initial placement to replace one or more natural teeth, which are lost while covered by the Plan. Dentures and bridgework replacement: one every 5 fiscal years. Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed.
Crowns/Inlays/Onlays	<ul style="list-style-type: none"> Replacement: once every 5 fiscal years.
Crown, Denture, and Bridge Repair/Recementations	
Type D - Orthodontia	How Many/How Often
	<ul style="list-style-type: none"> Adults, as well as dependent children until the end of the year of their 19th birthday All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia. Payments are on a repetitive basis. 25% 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 above 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.

Common Questions... Important Answers

Who is a participating Preferred Dentist Program (PDP) dentist? A participating dentist is a general dentist or specialist who has agreed to accept MetLife's negotiated fees as payment in-full for services provided to plan participants. PDP fees typically range from 15-45%* below the average fees charged in a dentist's community for the same or substantially similar services.

*Based on internal analysis by MetLife.

How do I find a participating PDP dentist? There are more than 145,000 participating PDP dentist locations nationwide, including over 35,000 specialist locations. You can receive a list of these participating PDP dentists online at www.metlife.com or call 1-800-942-0854 to have a list faxed or mailed to you.

What services are covered by my plan? All services defined under your group dental benefits plan are covered. Please review the enclosed plan benefits to learn more.

Does the Preferred Dentist Program (PDP) offer any discounts on non-covered services? MetLife's negotiated fees with PDP (in-network) dentists may extend to services not covered under your plan and services received after your plan maximum has been met, where permitted by applicable state law. If you receive services from a PDP dentist that are not covered under your plan or where the maximum has been met, in those states where permitted by law, you may only be responsible for the PDP (in-network) fee.

May I choose a non-participating dentist? Yes. You are always free to select the dentist of your choice. However, 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 to pay for any difference between the dentist's fee and your plan's payment for the approved service. If you receive services from a participating PDP dentist, you are only responsible for the difference between the PDP in-network fee for the service provided and your plan's payment for the approved service. Please note: any plan deductibles must be met before benefits are paid.

Can my dentist apply for PDP participation? Yes. If your current dentist does not participate in the PDP and you'd like to encourage him or her to apply, tell your dentist to visit www.metdental.com, or call 1-877-MET-DDS9 for an application. The website and phone number are designed for use by dental professionals only.

How are claims processed? Dentists may submit your 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. If you need a claim form, visit www.metlife.com or request one by calling 1-800-942-0854.

Can I find out what my out-of-pocket expenses will be before receiving a service? Yes. MetLife recommends 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're still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

How can I learn about what dentists in my area charge for different procedures? If you have MyBenefits you can access the Dental Procedure Fee Tool provided by go2dental.com where you can learn more about approximate fees for services such as exams, cleanings, fillings, crowns and more. Simply visit www.metlife.com/mybenefits and use the Dental Procedure Fee Tool to help you estimate the in-network (PDP fees) and out-of-network fees* for dental services in your area.

* Out-of-network fee information is provided by go2dental.com, Inc., an industry source independent of MetLife. This site does not provide the benefit payment information used by MetLife when processing your claims. Prior to receiving services, we recommend that you obtain pre-treatment estimates through your dentist.

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

*International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. AXA Assistance is not affiliated with MetLife, and the services they provide are separate and apart from the benefits provided by MetLife.

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

How does MetLife coordinate benefits with other insurance plans? Coordination of benefits provision 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. 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.

Exclusions

This plan does not cover the following services, treatments and supplies:

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- 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 Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
 - Scaling and polishing of teeth; or
 - Fluoride treatments;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- 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 picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
 - Covered under any workers' compensation or occupational disease law;
 - Covered under any employer liability law;
 - For which the employer of the person receiving such services is not required to pay; or
 - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the Dentist on a separate basis:
 - Claim form completion;
 - Infection control such as gloves, masks, and sterilization of supplies; or
 - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services 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;
- Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Other fixed Denture prosthetic services not described elsewhere in the certificate;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Initial installation or replacement of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Implants including, but not limited to any related surgery, placement, restorations, maintenance, and removal;
- Repair of implants;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of Minnesota;
- Repair or replacement of an orthodontic device;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images.

Alternate Benefits: Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement, and the associated procedure charge, on the least costly treatment alternative. If you and your dentist have agreed on a treatment which is more costly than the treatment upon which the plan benefit is based, your actual out-of-pocket expense will be: the procedure charge for the treatment upon which the plan benefit is based, plus the full difference in cost between the scheduled PDP fee or, if non PDP, the actual charge, for the service actually rendered and the scheduled PDP fee or R&C fee (if non PDP) for the service upon which the plan benefit is based. 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 plans 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 1-800-942-0854 and using the MetLife Dental Automated Information Service.

Cancellation/Termination of Benefits: Coverage terminates when your membership ceases or when your dental contributions cease. 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 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.

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.

Metropolitan Life Insurance Company, New York, NY

L0810124116(exp0811)(All States)(DC, GU, MP, PR, VI)

Type B Services **	In-Network 90% PDP Fee Out-of-Network 90% R&C
Procedure Description	Frequency
Amalgam Fillings	No limit
Resin Composite Fillings	No limit
Type B Services **	In-Network 80% PDP Fee Out-of-Network 80% R&C
Procedure Description	Frequency
Root Canal Treatment	No limit
Pulp Capping	No limit
Periodontal Cleaning	4 per fiscal year (combined with regular cleanings)
Periodontal Scaling & Root Planing	No limit
Periodontal Surgery	No limit
Simple Extractions	
Relines/Rebases of existing removable dentures	1 every 36 months
Grinding - Bruxism	No limit

Type C Services **	In-Network 50% PDP Fee Out-of-Network 50% R&C
Procedure Description	Frequency
Space Maintainers	No limit, max age 19
Crowns	1 per tooth every 5 fiscal years
Inlavs/Onlavs	1 per tooth every 5 fiscal years
Prefabricated Crowns	
Dentures	1 time in 5 fiscal years
Crown, denture, & bridge repair	
Bridges	1 time in 5 fiscal years
Harmful Habit Appliances	
Type D Services	In-Network 50% PDP Fee Out-of-Network 50% R&C
Procedure Description	Frequency
Orthodontia	<ul style="list-style-type: none"> • Ortho is paid repetitively with 25% considered initially for preparation and installation. • All dental procedures completed in connection with orthodontic treatment are payable as orthodontics • Maximum ortho age 19 (child only)

Maximums	\$2,000 per fiscal year A,B,C Services \$1,000 lifetime orthodontia
Deductible **	\$50 per fiscal year – Individual Deductible amount – Applicable only to Type B and C Services

Exclusions	
Cosmetic Surgery	
Replacement of lost, missing, or stolen crown, bridge, or denture	
Repair or replacement of orthodontic appliance	
Adjustments of a denture or bridgework made within 6 months of initial placement	
Temporary or provisional restorations or appliances	
Instruction for oral care such as hygiene or diet	
Periodontal splinting	
Implants	
Initial installation of a denture or bridgework to replace one or more natural teeth lost before the dental expense benefits started for the person or as a replacement for congenitally missing natural teeth (missing tooth exclusion)	
Charges for broken appointments	
Services or supplies furnished by a family member	
Sterilization supplies	
Treatment of temporomandibular joint disorders	
Prescriptions	
Miscellaneous Plan Provisions	
Expense Period is fiscal year beginning 7/1	
Regular Coordination of Benefits: Birthday Rule	

Miscellaneous Plan Provisions cont'd	
Pre-determination is not mandatory, but recommended for services over \$300	
Accidents are considered medical expenses	
Dependent maximum age is 26.	
Claim filing limit: 3 months following end of fiscal year	
Domestic Partners are covered	
31 day extension for bridges, dentures, crowns, and root canals upon termination of benefits	
Dental Expense Benefits will be based on the materials and method of treatment which cost the least and which, in our view, meet generally excepted dental standards. (alternate benefits provision)	