Slide 1

Thank you for taking time out of your day to listen to a short talk about the importance of dental benefits.

Your dental benefits are an important part of your personal benefits plan that protects you and your family.

During this presentation, I’ll explain how the plan works, and then I’ll give you important details on how to enroll. But before we get into the details of the plan, let’s briefly talk about why dental benefits are important.

Slide 2

With the Preferred Dentist Program, you’ll have access to thousands of participating dental locations all across the country. Each and every participating dentist is a qualified, pre-screened professional who has agreed to offer negotiated fees that typically range from 30% to 45% less than average dental charges in the same community.

Even if you visit a non-participating dentist, you’re still covered, although you may have increased out-of-pocket costs.

And, if you are traveling internationally, MetLife's International Travel Assistance program offers you referrals to a local dentist for immediate care until you can see your dentist. This service is available in more than 200 countries with access to providers selected under strict criteria including: local accreditation, English-language proficiency, patient care and more. Information about coverage and claim status is available to you conveniently online or by calling Customer Service. You can even have your dentist request a pre-treatment estimate while you’re in his or her office, so you know approximately how much your procedure will cost before you get the work done. It all adds up to less hassles and more service.

One note on pre-treatment estimates: your actual payment for services may differ from the estimate you received if payment features like deductibles, plan maximums, etc. changed between the time of the estimate and actual claim payment.

Slide 3

Here are the highlights of your dental benefits, for services provided by in-network and out-of-network dentists.

- Type A, preventative services like examinations and check-ups, are covered 100%.
- Type B, basic services, includes fillings under level 1 and root canal work, periodontics and other services under Basic Services Level 2. If you use a participating dentist for a
basic services procedure, your benefit plan covers 90% of the scheduled fee for level 1 and 80% for level 2, once you’ve paid your annual deductible.

- On the other hand, if you choose to use a dentist out of the network, basic services are covered at 90% of the reasonable and customary fees for Level 1 or 80% for Level 2.
- You can also see the coverage specifics for Type C, major services, including the annual deductible and the annual benefits maximum per person.

You can find additional details include service frequencies and limitations in the plan summary attached to this presentation.

**Slide 4**

Now let’s take a look at the orthodontia services covered by your plan.

If you, your spouse or eligible children require orthodontia services and you visit an in-network orthodontist — you are covered at 50% of the scheduled negotiated fee until you have reached your Orthodontia Lifetime Benefits Maximum. The remaining balance is your out-of-pocket expense.

If you use a non-participating dentist for these same procedures, your coverage will be 50% of the R&C charge. You will be responsible for the coinsurance, and remaining balance of the orthodontist’s bill.

Your orthodontia benefit maximum is a lifetime amount of $1,500 per person. This is separate from the annual maximum for Type A, B AND C services.

**Slide 5**

You can enroll through the University of Pennsylvania’s WorkDay system. If there are any questions related to the dental enrollment process, please reach out to Health Advocate at 1-866-799-2329. Health Advocate is able to assist you by reviewing, electing benefits on your behalf and can provide you with confirmation of changes. You may reach out to the MetLife Dental Customer Service team for claim status and more.

**Slide 6**

After you enroll visit MyBenefits for plan information, to find a provider, view claims status and more.

Health Advocate is able to assist you by reviewing, electing benefits on your behalf and can provide you with confirmation of changes.

**Slide 7**
Not only are we concerned about reducing your cost of dental care, we also want to help you and your family maintain good oral health. That’s why we think it’s so important to go beyond the plan coverage by providing you with helpful tools and resources to help you take better choices about your oral health and dental benefits. The MyBenefits website includes some tools and resources pertaining to oral health that we recommend.

You can find information, risk assessments and Q&A’s conveniently online via oralfitnesslibrary.com by clicking the link on the slide.

**Slide 8**

Thank You.