



Plan Design for: Engineering Resource Group Inc

Original Plan Effective Date: November 1, 2016

Network: PDP Plus

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver affordable protection for a healthier smile and a healthier you.

Coverage Type:	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of R&C Fee ⁴
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	80%
Type C - Major Restorative	50%	50%
Type D - Orthodontia	50%	50%
Deductible³		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit:		
Per Individual	\$2000	\$2000
Orthodontia Lifetime Maximum - Ortho applies to Child Only	Child to age 19	
	\$1000 per Person	\$1000 per Person
Dependent Age:	Eligible for benefits until the day that he or she turns 26.	
<p>1. "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.</p> <p>2. 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 fees are subject to change.</p> <p>3. Applies to Type B and C services only.</p> <p>4. Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:</p> <ul style="list-style-type: none"> • the dentist's actual charge (the 'Actual Charge'), • the dentist's usual charge for the same or similar services (the 'Usual Charge') or • the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). For your plan, the Customary Charge is based on the 90th percentile. Services must be necessary in terms of generally accepted dental standards. 		

Understanding Your Dental Benefits Plan

The Preferred Dentist Program is designed to provide the dental coverage you need with the features you want. Like the freedom to visit the dentist of your choice – in or out of the network. .

If you receive in-network services, you will be responsible for any applicable cost sharing, negotiated charges after benefit maximums are met, and costs for non-covered services. If you receive out-of-network services, you will be responsible for any applicable cost sharing, charges in excess of the benefit maximum, charges in excess of the negotiated fee schedule amount, and charges for non-covered services.

- Plan benefits for in-network services are based on a percentage of the Negotiated fee – the Fee that participating dentists have agreed to accept as payment in full.
- Plan benefits for out-of-network services are based on a percentage of the Reasonable and Customary (R&C) Fee. If you choose a dentist who does not participate in the network, 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

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.

Transition of Care Guidelines¹

When moving your dental benefits plan from one carrier to another, some of the most common services that may be affected include orthodontic, endodontic (e.g., root canal), and prosthodontic (e.g., crowns, bridgework and dentures) services. MetLife has established “Transition of Care” guidelines for participants whose dental treatment is in progress during the benefit plan transition to MetLife.

Generally, MetLife will credit to each participant the annual or lifetime maximum usage, deductibles, and other plan limits used under the prior carrier to the MetLife plan. Any remaining benefits will be paid according to the MetLife Plan. Customers may elect to alter the guidelines to meet their needs.

Orthodontia Treatments

For orthodontia services, there are two critical steps — obtaining payment history and treatment plan information. MetLife will apply this information to the participants’ MetLife dental plans² — pro-rating the charges prior to the MetLife effective date — and issue benefits from the effective date forward, under the MetLife dental plan. This process ensures the total benefit paid between the two carriers does not exceed the lifetime orthodontia maximum under the MetLife PPO plan.

Prior Carrier is a DHMO Plan: MetLife will not apply the payment information that was rendered while under the DHMO plan to the participant’s MetLife PPO plan. MetLife will prorate the charges prior to the MetLife effective date and issue benefits from the effective date forward under the MetLife PPO plan.

- Payment history: This information can be obtained two ways:

During the transitioning period, the current carrier can provide MetLife with a report containing a list of participants with orthodontic work in progress. The report contains the name of the employee (or identification number), the name of the patient, and the amount that has been paid towards the lifetime orthodontia maximum.

Once the plan is effective and MetLife receives an orthodontia claim with banding dates prior to the effective date of coverage, we will deny the claim pending the following information from the dental office to determine plan benefits — total orthodontic treatment fee, amount paid by the prior carrier, date the appliance was placed, total number of estimated months of treatment, and orthodontic appliance code from the current American Dental Association *Common Dental Terminology (CDT) manual*.

- Treatment plan: In order for participants to receive benefits from MetLife for services rendered after the effective date, the first submitted claim must include the following information - name of dentist, assignment of benefits, date the appliance was placed, total orthodontic treatment fee & total number of estimated months of treatment.

“New Hires” or Added Dependents After the Effective Date — The total benefit payable under the MetLife plan will be determined based on the lifetime orthodontia maximum under the MetLife dental plan minus the estimated value of service rendered prior to the participant’s effective date. The remaining benefit will be considered over the course of treatment.

Value of Services Rendered: The value of the services rendered will be established by subtracting the benefit amount *MetLife would have paid* for the treatment rendered prior to the MetLife effective date from the maximum benefit for the entire treatment (up to the MetLife lifetime orthodontia maximum).

Endodontic Treatments³	Root Canal — A tooth opened prior to, but completed AFTER the MetLife effective date will be considered an eligible expense ³ under the MetLife dental plan.
Prosthodontic Treatments	<p>Crowns and Bridgework - Treatment (preparation and impressions) started prior to, but placed AFTER the MetLife effective date will be considered an eligible expense⁴ under the MetLife dental plan.</p> <p>Partial or Full Dentures - Final impressions for appliances completed prior, but delivery made AFTER the MetLife effective date will be considered eligible expenses⁴ under the MetLife dental plan subject to MetLife plan frequency limits.</p>
	<p>Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions of benefits, limitations and terms for keeping them in force. Please contact MetLife for complete details.</p> <p>¹ This document provides MetLife’s standard guidelines for some of the most common services affected when transitioning from one carrier to another due to work-in-progress. These guidelines are not intended to be comprehensive and are subject to change.</p> <p>² MetLife dental plans include plans underwritten by MetLife (insured) and those administered by MetLife (self-insured).</p> <p>³ Endodontic and Prosthodontic treatments, as well as other services eligible for transition of care, are subject to annual maximums and plan frequency limits as set by the MetLife dental plan.</p> <p>⁴ Please note that MetLife assumes that the dentist is using the completion date (not the preparation date) as the billing date. Based on this assumption claims received with dates of service prior to the MetLife effective date will be declined.</p>