

Scott & White Health Plan— Basic Dental Insurance

	Covered Percentage		Members' Minimum Payment ⁴	
	In-Network ¹	Out-of-Network ²	In-Network ¹	Out-of-Network ²
Periodic Oral Evaluations ³	100% of PDP Fee	100% of R&C Fee	0% of PDP Fee	0% of R&C Fee
Cleanings (prophylaxis) ³	100% of PDP Fee	100% of R&C Fee	0% of PDP Fee	0% of R&C Fee
Bitewings ³	100% of PDP Fee	100% of R&C Fee	0% of PDP Fee	0% of R&C Fee
Sealants (age 14 & under)	50% of PDP Fee	50% of R&C Fee	50% of PDP Fee	50% of R&C Fee
Topical Fluoride (age 14 & under)	50% of PDP Fee	50% of R&C Fee	50% of PDP Fee	50% of R&C Fee
Fillings	50% of PDP Fee	50% of R&C Fee	50% of PDP Fee	50% of R&C Fee
Root Canals	50% of PDP Fee	50% of R&C Fee	50% of PDP Fee	50% of R&C Fee
Extractions	50% of PDP Fee	50% of R&C Fee	50% of PDP Fee	50% of R&C Fee
Crowns	25% of PDP Fee	25% of R&C Fee	75% of PDP Fee	75% of R&C Fee
Partials & Dentures - Procedures & Services	25% of PDP Fee	25% of R&C Fee	75% of PDP Fee	75% of R&C Fee
Bridge Work	25% of PDP Fee	25% of R&C Fee	75% of PDP Fee	75% of R&C Fee
Space Maintainers	25% of PDP Fee	25% of R&C Fee	75% of PDP Fee	75% of R&C Fee

\$500 Annual Maximum

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

PDP Fee refers to the PDP Table of Maximum Allowed Charges (PDP Schedule). Participating PDP dentists have agreed to accept the PDP fee schedule as payment in full for services rendered.

R&C (Reasonable and Customary) charges are 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 usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

¹ "In-Network Benefits" means benefits provided under this plan for covered dental services that are provided by a participating PDP provider.

² "Out-of-Network Benefits" means benefits provided under this plan for covered dental services that are provided by a non-participating PDP provider.

³ Limited to two per year.

⁴ 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.

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 for dependent children age 14 and under.
- Sealants covered on molars only, once per tooth for dependents age 14 and under.
- Radiographs — intraoral, extraoral, bitewings - two per year. Panoramic film (once every 36 months), cephalometric film.
- Fillings — amalgam or resin composite fillings.
- Sedative fillings.
- Recement inlays; Recement 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 procedures.
- Oral Surgery- Extractions of teeth and roots, including local anesthesia and routine postoperative care.
- Professional Consultations, two per year.

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.
- 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 or 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.
- Recement bridge.
- Bridge repair.
- Oral Surgery - Alveoplasty and surgical incisions.
- General anesthesia (limited to first 30 minutes) and intravenous sedations.

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Eligibility

- **Student Age** - Dependent children are covered to age 25.

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.
- × 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

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 & White Health Plan.

Note: Like most group insurance policies, MetLife group policies contain certain exclusions, limitations, reductions of benefits and terms for keeping them in force. Call or write MetLife for costs and complete details of coverage. In addition, full description of the benefits will be provided in the certificate.

**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:
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El Paso, TX 79998-1282**