



# Dental Benefits

August 2009

## Your Choice of Dental Plans

As a benefits eligible associate, you have a choice of three Dental coverage options: the First Commonwealth/Guardian Dental Health Maintenance Organization (Dental HMO), the MetLife Preferred Dentist Program (MetLife PDP) and the MetLife Preferred Dentist Program with Orthodontia (MetLife PDP with Orthodontia).

### Dental HMO

Dental HMO coverage is designed to encourage preventive dental care and the early detection of dental problems. With this option, you select and receive services from a primary care dentist in the Dental HMO network. There is no charge for preventive and diagnostic services, and all other services—including orthodontia—are provided at substantial savings.

Each covered family member may choose a separate participating general dentist. First Commonwealth selects licensed private practice dentists who meet its high standards for delivering quality dental care.

To ensure quality care, a variety of credentialing processes have been implemented including in-depth, onsite facility reviews, license and malpractice insurance review, continuing education seminars, patient satisfaction surveys and ongoing peer review audits.

### MetLife PDP

MetLife PDP allows you to choose any dentist you want for your dental care needs. There are deductible and coinsurance amounts to pay and claim forms to file. You'll be reimbursed when the Dental Plan Administrator receives the dental claim from the dentist. Claims will be considered if the dental expense is incurred while you are covered under the plan.

### When you use a MetLife PDP participating dentist:

You receive maximum benefits and reduce your out-of-pocket costs. MetLife PDP participating providers have agreed to discount their fees and this savings is passed along to you, reducing your out-of-pocket costs. Reimbursements are based on a negotiated fee schedule for participating providers after the deductible is met. These negotiated fees are typically discounted 20-30% from reasonable and customary charges.

### When you use a non-participating dentist:

Your benefits will be lower and your out-of-pocket costs will be higher. For non-participating providers, reimbursement is based on reasonable and customary charges. When you use non-participating providers for your dental care, the plan covers expenses as a percentage of the reasonable and customary charges according to the plan's reimbursement schedule.

### MetLife PDP with Orthodontia

This option offers the same coverage as the MetLife PDP, but offers something more: benefits for orthodontic services for you and your covered family members.

Dental HMO	MetLife PDP/MetLife PDP with Orthodontia
<ul style="list-style-type: none"> <li>• No annual maximum benefit</li> <li>• No copayment for eligible preventive care services</li> <li>• No deductible</li> <li>• No claim forms to file</li> <li>• Comprehensive benefit coverage and savings on general and specialty dental services</li> <li>• Accessible dental care from a large network of participating dentists</li> <li>• Orthodontic benefit for children and adults</li> </ul>	<ul style="list-style-type: none"> <li>• \$3,000 annual maximum benefit (network benefits)</li> <li>• 100% coverage for eligible preventive services (no deductible)</li> <li>• \$25 individual deductible (\$75 family) with participating PDP providers</li> <li>• \$50 individual deductible (\$150 family) with nonparticipating PDP providers</li> <li>• Claim forms to file only at nonparticipating PDP providers</li> <li>• Discounted fee schedule if you use a MetLife PDP participating provider</li> <li>• Orthodontic benefits—MetLife PDP with orthodontia only</li> </ul>

Both options cover the removal of complete bony impacted teeth.

## Dental Plans At-a-Glance

	Dental HMO*	MetLifePDP/MetLife PDP with Orthodontia	
		If your dentist is a MetLife PDP participating provider	Nonparticipating providers
<b>Diagnostic/Preventive Services</b>			
Oral examinations—initial, periodic, emergency	No copayment	Plan pays 100% of negotiated rate	Plan pays 100% of reasonable and customary (R&C) charges. You pay any amount in excess of R&C charges
X-rays, intraoral, periapical, occlusal, bitewing, panoramic	No copayment	Plan pays 100% of negotiated rate	Plan pays 100% of R&C charges. You pay any amount in excess of R&C charges
Cleaning/protection of teeth—prophylaxis, topical application of fluoride, sealants	No copayment	Plan pays 100% of negotiated rate	Plan pays 100% of R&C charges. You pay any amount in excess of R&C charges
Other preventive services—space maintainors	\$63 – \$101 copayment	Plan pays 100% of negotiated rate	Plan pays 100% of R&C charges. You pay any amount in excess of R&C charges
<b>Individual/Family Deductible</b>			
	No deductible	\$25/\$75	\$50/\$150
<b>Other Features</b>			
Claim forms required	No	Yes	Yes
Pre-existing condition exclusions	No	Yes	Yes
Pre-estimate review	No	Yes	Yes
Subject to usual and customary limits	No	Yes	Yes
Annual benefit maximum	No annual limit	\$3,000/per person	\$1,000/per person

**MetLifePDP/MetLife PDP with Orthodontia**

**Dental HMO\***

**If your dentist is a MetLife PDP participating provider**

**Nonparticipating providers**

<b>Basic Dental Services</b>			
Minor restorative—amalgams, composite resin filling	\$22 – \$61 copayment	Plan pays 80% You pay 20% of negotiated fee after deductible is applied	Plan pays 80% You pay 20% plus any amount in excess of R&C charges after the deductible is applied
Endodontics—pulp capping, root canal therapy, apicoectomies	\$10 – \$400 copayment	Plan pays 80% You pay 20% of negotiated fee after deductible is applied	Plan pays 80% You pay 20% plus any amount in excess of R&C charges after the deductible is applied
Oral Surgery—simple extractions/surgical extractions of soft tissue and partially bony impacted teeth, alveoplasties	\$17 – \$259 copayment	Plan pays 80% You pay 20% of negotiated fee after deductible is applied	Plan pays 80% You pay 20% plus any amount in excess of R&C charges after the deductible is applied
Periodontics—periodontal maintenance procedures, periodontal sealing, gingival curettage, gingival/osseous surgery	\$27 – \$225 copayment	Plan pays 80% You pay 20% of negotiated fee after deductible is applied	Plan pays 80% You pay 20% plus any amount in excess of R&C charges after the deductible is applied
Adjustments/repairs—denture adjustments, repairs, relining, rebating, recementation/repairs of crown, bridge work	\$29 – \$200 copayment	Plan pays 80% You pay 20% of negotiated fee after deductible is applied	Plan pays 80% You pay 20% plus any amount in excess of R&C charges after the deductible is applied
Miscellaneous services—general anesthesia	\$79 – \$198 copayment	Plan pays 80% You pay 20% of negotiated fee after deductible is applied	Plan pays 80% You pay 20% plus any amount in excess of R&C charges after the deductible is applied

**MetLifePDP/MetLife PDP with Orthodontia**

<b>Dental HMO*</b>		<b>If your dentist is a MetLife PDP participating provider</b>	<b>Nonparticipating providers</b>
<b>Major Dental Services</b>			
Prosthodontics—full/partial removable dentures	\$379 – \$688 copayment	Plan pays 50% You pay 50% of negotiated fee after deductible is applied	Plan pays 50% You pay 50% plus any amount in excess of R&C charges after the deductible is applied
Crown/bridge—inlays, onlays, crowns, labial veneers, fixed bridgework	\$108 – \$496 copayment	Plan pays 50% You pay 50% of negotiated fee after deductible is applied	Plan pays 50% You pay 50% plus any amount in excess of R&C charges after the deductible is applied
Post/core/core build-ups	\$122 – \$172 copayment	Plan pays 50% You pay 50% of negotiated fee after deductible is applied	Plan pays 50% You pay 50% plus any amount in excess of R&C charges after the deductible is applied
Implants	No	Plan pays 50% You pay 50% of negotiated fee after deductible is applied	Plan pays 50% You pay 50% plus any amount in excess of R&C charges after the deductible is applied
Orthodontics Child braces Adult braces Orthodontic records Retainer	\$2,980 copayment \$3,330 copayment \$150 \$250	MetLife PDP: Not covered but discounted  MetLife PDP with Orthodontia: Plan pays 50% up to maximum lifetime benefit of \$1,000 per person	Not covered  Not covered

\* These are ranges of copayments for services within categories. For actual copayment amounts for a particular service, refer to the current Dental HMO Copayment Schedule.

## MetLife PDP/MetLife PDP with Orthodontia Limitations & Exclusions

### Limitations

- Oral examinations, prophylaxis (routine or periodontal maintenance) and fluoride applications are limited to twice every calendar year.
- Fluoride applications are covered for dependent children under the age of 19 and limited to two per calendar year.
- Full-mouth or panoramic x-rays are limited to one every 36 months. Additional bite-wings and periapicals are allowed once every calendar year.
- Emergency oral exams are covered only if no other services, other than palliative treatment, are billed for the same treatment session.
- Periodontal scaling and/or root planning is limited to once a calendar year.
- If more than one periodontal service is performed per quadrant on the same day, only the more complex procedure will be a covered dental benefit.
- Benefits for fillings are limited to silver amalgam, silicate and plastic. Temporary restorations, bases or sedative fillings are not covered.
- Pulp vitality tests are limited to one every calendar year per tooth.
- This plan provides for crowns and replacement of missing teeth with complete or partial dentures or fixed bridges using standard procedures. Treatment involving the use of the following procedures or materials is considered optional and, if performed, the applicable fee is the responsibility of the patient to pay:
  - Noble and high noble metal, such as gold, for crowns and removable or fixed appliances.
  - Precision partials, precision attachments to any appliance, and copings.
  - Personalization or characterization of any prosthetic.
- Crowns are provided only if there is insufficient tooth structure to retain an amalgam, silicate or plastic restoration.
- Crowns and bridgework are provided in the presence of sufficient breakdown or decay, and adequate bone support.
- Benefits for laboratory relining or prosthetic appliances are limited to once every five years.
- Benefits for general anesthesia are limited to professional fees and payable only when medically necessary and administered with a covered oral surgical dental procedure by a person who is licensed to administer general anesthesia.
- Space maintainers are limited to fixed unilateral for dependent children under the age of 19 and not in conjunction with orthodontic treatment.

### QUESTIONS?

**For additional information or questions about Dental HMO coverage, call First Commonwealth at 800-775-2246. For additional information or questions about MetLife PDP or MetLife PDP with Orthodontia coverage, call MetLife at 800-942-0854.**

## Exclusions

- Experimental dental care procedures or procedures which are not medically necessary, which do not have uniform professional endorsement or which are for cosmetic purposes only.
- Any amount over the reasonable and customary charge or benefit maximums established by this plan.
- Treatment rendered by someone other than a licensed dentist except when such services are rendered under the supervision and guidance of a dentist.
- Sealants which are:
  - Not applied to a permanent bicuspid or molar
  - Applied after the patient attains age 19, or
  - Reapplied to a bicuspid or molar tooth within three years from the date of the last application.
- Educational programs, including but not limited to, plaque control programs, oral hygiene instructions and nutritional counseling.
- Procedures, appliances or restorations, other than fillings, that are necessary to alter, restore or maintain occlusion. Excluded services include, but are not limited to:
  - Increasing vertical dimension
  - Periodontal splinting
  - Realignment of teeth
  - Orthognathis recordings, and
  - Replacing or stabilizing tooth structure loss by attrition.
- Procedures, appliances or restorations to correct congenital or developmental malformations, except for congenital malformations which would prevent normal dental functioning and that would respond to dental treatments listed as plan benefits.
- Treatment for cleft palate, mandibular prognathism, micrognathism, anodontia or temporomandibular joint disorders.
- Treatment for malignancies, neoplasms, cysts or genetic malformations.
- Replacement of any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge within five years of the last placement date, unless the replacement is required as a result of an accidental bodily injury sustained while the person is insured and provided that benefits are not available from any other policy covering services rendered as a result of accidental injury.
- Charges incurred for reline and adjustment of a denture within the first six months from the date the denture is installed.
- Any treatment or procedure initiated after plan benefits terminate and any prosthetic dental appliance installed or delivered more than 30 days after plan benefits terminate.
- Any treatment or procedure rendered prior to the member's coverage date.

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- A charge for services and expenses incurred for such treatment started prior to the member's coverage date for any of the following:
  - An appliance, or modification of one, if an impression for it was made
  - An inlay, onlay, crown or bridgework if a tooth has been prepared, or
  - Root canal therapy, if the pulp chamber was opened.
- Replacement of damaged, lost or stolen appliances.
- Any facing to a crown, abutment or pontic, or any plastic composite or resin restoration on a tooth posterior to the second bicuspid.
- Temporary bridges, dentures or crowns.
- Subgingival curettage and/or root planning (ADA codes 4220, 4341, and 4345), unless the presence of periodontal disease is confirmed by x-rays and periodontal charging of pocket depths for each tooth involved.
- Nightguards, mouthguards, or habit controlling appliances.
- Charges for home medicaments, prescribed drugs, premeditation, analgesia or local anesthesia.
- Charges incurred for retreatment of a previously treated tooth unless five years has elapsed since the original service was rendered or such treatment consists of an entirely separate procedure.
- Completion of claim forms or charges for broken or missed appointments.
- Dental services performed in a hospital or in any outpatient facility other than a dentist's office, and all charges related to such services.
- Services and/or supplies for which a person is not liable, or for which payment would not have been made had no insurance been in force, or for which payment is not legal where the person is living at the time expenses are incurred.
- Changes for any procedure not shown on the list of covered dental procedures, or for which satisfactory results cannot be obtained.
- Charges for any procedure not completed, or any prosthetic appliance unless appliance is actually inserted or delivered.
- Permanent crowns and bridgework on deciduous teeth.
- Orthodontic supplies and services—MetLife PDP only.