



Dental Benefits

January 2010

As a benefits eligible associate, you have a choice of three dental plans:

- First Commonwealth/Guardian Dental Health Maintenance Organization (Dental HMO)
- MetLife Preferred Dentist Program (MetLife PDP)
- 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 (R&C) charges. When you use non-participating providers for your dental care, the plan covers expenses as a percentage of the R&C 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"> • No annual maximum benefit • No copayment for eligible preventive care services • No deductible • No claim forms to file • Comprehensive benefit coverage and savings on general and specialty dental services • Accessible dental care from a large network of participating dentists • Orthodontic benefit for children and adults | <ul style="list-style-type: none"> • \$3,000 annual maximum benefit (network benefits) • 100% coverage for eligible preventive services (no deductible) • \$25 individual deductible (\$75 family) with participating PDP providers • \$50 individual deductible (\$150 family) with nonparticipating PDP providers • Claim forms to file only at nonparticipating PDP providers • Discounted fee schedule if you use a MetLife PDP participating provider • Orthodontic benefits—MetLife PDP with Orthodontia only |

All three options cover the removal of complete bony impacted teeth.

Dental Plans At-a-Glance

| | Dental HMO* | MetLifePDP/MetLife PDP with Orthodontia | |
|---|------------------------|--|---|
| | | MetLife PDP participating providers | Nonparticipating providers |
| Diagnostic/Preventive Services | | | |
| Oral examinations—initial, periodic, emergency | 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 |
| 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 maintainers | \$65 – \$104 copayment | Plan pays 100% of negotiated rate | Plan pays 100% of R&C charges. You pay any amount in excess of R&C charges |
| Individual/Family Deductible | | | |
| | No deductible | \$25/\$75 | \$50/\$150 |
| Other Features | | | |
| Claim forms required | No | Yes | Yes |
| Pre-existing condition exclusions | No | Yes | Yes |
| Pre-estimate review | No | Yes | Yes |
| Subject to R&C limits | No | Yes | Yes |
| Annual benefit maximum | No annual limit | \$3,000/per person | \$1,000/per person |
| Basic Dental Services | | | |
| Minor restorative—amalgams, composite resin filling | \$23 – \$63 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 |

| | Dental HMO* | MetLifePDP/MetLife PDP with Orthodontia | |
|---|-------------------------|--|---|
| | | MetLife PDP participating providers | Nonparticipating providers |
| Endodontics—pulp caps and pulpotomies/pulpal therapy | \$10 – \$400 copayment | Plan pays 80%, you pay 20% 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 |
| Endodontics—root canals, apexification, apicoectomy and all other endodontic services | \$10 – \$400 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 |
| Oral Surgery—simple extractions | \$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 |
| Oral Surgery—surgical extractions of soft tissue and partially bony impacted teeth, alveoplasties | \$17 – \$259 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 |
| Periodontics—periodontal maintenance procedures, periodontal sealing, gingival curettage, gingival/ osseous surgery | \$28 – \$231 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 | \$30 – \$206 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 | \$82 – \$204 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 |
| Major Dental Services | | | |
| Prosthodontics—full/partial removable dentures | \$379 – \$709 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 – \$511 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 | \$126 – \$177 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 | \$3,070 copayment | MetLife PDP: Not covered but discounted | Not covered |
| Adult braces | \$3,430 copayment | MetLife PDP with Orthodontia: Plan pays 50% up to maximum lifetime benefit of \$1,000 per person | Not covered |
| Orthodontic records | \$200 | | |
| Retainer | \$250 | | |

* 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/panoramic x-rays are limited to one every 60 months. Additional bite-wings 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.
- These plans provide 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 replacement of crowns, dentures, bridges, inlays, onlays and implants are limited to once every 10 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.

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 R&C 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.

QUESTIONS?

For additional information or questions about:

- Dental HMO coverage—call First Commonwealth at 800.775.2246.
- MetLife PDP or MetLife PDP with Orthodontia coverage—call MetLife at 800.942.0854.

- 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.
- 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, premedication, 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.
- Charges 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.