



Summary of Benefits and Rate Guide

For plans effective January 1, 2018

MetLife Dental

Product Overview	2
Plan Benefits	2
Program Guidelines	3
Rates	4-5
Limitations and Exclusions	6-7
Enrollment Checklist	8

Part of the CoPower *SELECT*[™] portfolio of dental plans underwritten by MetLife and made available through CoPower.

MetLife Dental

For groups of 2-99 eligible employee

Select more with handpicked choices from MetLife

MetLife, through CoPower, is offering access to five great Dental Preferred Provider Organization (DPPO) Plans.¹

These freshly selected plans offer exceptional voluntary and employer paid solutions that will meet your clients' needs at rates employees can afford.

DPPO

The Preferred Dentist Program (PDP) provides both coverage for a broad range of services and the flexibility to visit any dentist, regardless of network status. PDP dentists have agreed to accept negotiated fees as payment in full, even for non-covered services. This means out-of-pocket costs are 15–45% less than the average fees charged by dentists in the same community!²

Key Features

MetLife offers exceptional voluntary and employer sponsored solutions that will meet employers' needs at rates that employees can afford. With an extensive network of providers and locations, MetLife is one of the largest dental carriers in the state. All plans offer the following:

- Implants and composites are covered
- No waiting period
- No DE-9C required
- Orthodontics available down to groups of 5 enrollees



**Meet
MetLife**

With more than 140 years of experience in the insurance business and 90 years in the group benefits business, MetLife is positioned to meet its obligations to your clients and their employees both today and in the future.

MetLife is the largest administrator of dental benefit plans among all single commercial carriers, providing dental plan coverage for nearly 21 million people.³

Plan Benefits

DPPO	Classic MAC \$1500		Classic \$1500		Preferred \$1500		Elite \$1500		Elite \$2000 (for groups of 10+)	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Out of Network Reimbursement Level⁴	MAC ⁵		UCR ⁵ (90 th Percentile)		UCR ⁵ (90 th Percentile)		UCR ⁵ (90 th Percentile)		UCR ⁵ (90 th Percentile)	
Calendar Year Max	\$1,500	\$1,000	\$1,500		\$1,500		\$1,500	\$1,000	\$2,000	
Deductible (waived for Preventive Services)	\$50 Individual \$150 Family	\$75 Individual \$225 Family	\$50 Individual \$150 Family	\$75 Individual \$225 Family	50 Individual \$150 Family		\$50 Individual \$150 Family	\$75 Individual \$225 Family	\$50 Individual \$150 Family	
Diagnostic and Preventive Services (Cleaning, exam, bite-wing x-rays)	100%	80%	100%	80%	100%		100%		100%	
Basic Services (Composite fillings, sealants, space maintainers, etc.)	80%		80%	60%	80%		90%	80%	80%	
Major Services (Crowns, bridges, dentures, implants)	50%		50%	40%	50%		60%	50%	50%	
Orthodontics (Lifetime maximum)	Not Covered		Not Covered		Ortho Option for 5+: Child only to age 19, 50% to \$1,000 Max		Not Covered		Ortho Option for 10+: Child only to age 19, 50% to \$1,500 Max	
Endodontics and Periodontics	Covered in Major		Covered in Major		Covered in Basic		Covered in Basic		Covered in Basic	
Voluntary Option	No		Yes for 5+		Yes for 5+		No		No	

¹ Group dental insurance policies featuring the Preferred Dentist program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166

² Based on internal analysis by MetLife. Negotiated Fees refers to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change

³ LIMRA data, based on enrolled lives as of 12/13/13

⁴ In-Network Reimbursement is based on the negotiated fee, which is the fee that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums.

⁵ Maximum Allowed Charge means the lesser of (1) the amount charged by the dentist or (2) the maximum amount which the in-network dentist has agreed with MetLife to accept as payment-in-full for the dental service. UCR refers to the Usual and Customary Rate, which is 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.

Program Guidelines

PROGRAM GUIDELINES	MetLife Dental
Group Size and Eligibility	<ul style="list-style-type: none"> • Groups with 2-99, (Ortho and Voluntary for 5+, plans with \$2,000 Calendar Year Max require 10+) • For groups under 10 members, no more than 75% of the group can be members of the same family (husband, wife, siblings, children and parents) • Must be an active full time employee working at least 30 hours per week • COBRA participants not to exceed 15% of enrolled employees • Documented proof of active, full time employment for all employees who are age 70 or older • Groups currently enrolled with MetLife are not eligible for administration through CoPower
Employer Contribution	<ul style="list-style-type: none"> • Employer Sponsored DPPO: More than 50% of employee premium • Voluntary Dental: No more than 50% of employee premium
Participation	<p>Employer Sponsored DPPO:</p> <ul style="list-style-type: none"> • Without Ortho: Minimum 2 enrolled. With Ortho: Minimum 5 enrolled (Exception: plans with \$2,000 Calendar Year Max require 10 enrolled lives) • Total participation must meet or exceed 75% of the group's total eligible lives. Employees with valid waivers due to spousal or military coverage will not be counted in the eligible lives when determining the group's participation <p>Voluntary DPPO:</p> <ul style="list-style-type: none"> • With or without Ortho: Minimum 5 enrolled (Exception: plans with \$2,000 Calendar Year Max require 10 enrolled lives) • Total participation must meet or exceed 35% of the group's total eligible lives. Employees with valid waivers due to spousal or military coverage will not be counted in the eligible lives when determining the group's participation
Product Combinations	<ul style="list-style-type: none"> • The coinsurance must be different so groups can choose any 2 plans as long as they are not from the same card • Employer must contribute an amount equal to at least 50% of Employee Only premium for the lowest cost plan • Employer Sponsored: Minimum of 10 eligible lives with at least 3 enrolled per plan • Voluntary: minimum of 10 eligible lives with at least 5 enrolled per plan
Carve-outs	Allowed
Ineligible Industries	SIC Codes: 8020-8021, 8070, 8072, 8200-8299
Waiting Period for Services	None, except for dental late entrants
Dependents	Dependent children are eligible until age 26
Ineligible Employees	Retirees, part-time, temporary, seasonal, 1099
Voluntary	Yes
Rate Guarantee	12 months
Industry Loads	None
Out-of-State	Dental plan rates are developed for California based companies. Please contact MetLife for additional rates and plans when more than 25% of the employees do not reside in California
Open Enrollment	Not Available. Qualifying event required



Additional Benefits

- The DPPO dental network includes over 358,270 participating dentist access points, including over 84,617 specialists¹
- Employees can view and manage their dental benefits online

¹ MetLife data as of 7/16

Rates

For groups of 2-99 eligible employee



Finding a MetLife Participating Dentist

Visit www.metlife.com and click on "Find a Dentist" on the right side of the home page. Enter your zip code and select your plan. For DPPO dentists, choose PDP Plus network.

Dental PPO ZIP Code Regions

Region 1 ZIP Codes: 932, 933, 936, 937

Region 2 ZIP Codes: 919-925, 934, 956-958

Region 3 ZIP Codes: 917, 926, 928, 930, 931, 935, 952-954, 959

Region 4 ZIP Codes: 902, 905, 907, 908, 910, 911, 913, 916, 927, 939-941, 945, 946, 947, 949, 960

Region 5 ZIP Codes: 901-904, 906, 912, 914, 915, 918, 948, 950, 951, 961

Region 6 ZIP Codes: 942-944, 955

PLAN NAME		Region 1		Region 2		Region 3		Region 4		Region 5		Region 6	
		2-50 lives	51-99 lives	2-50 lives	51-99 lives	2-50 lives	51-99 lives	2-50 lives	51-99 lives	2-50 lives	51-99 lives	2-50 lives	51-99 lives
Classic MAC \$1500	EE	\$35.73	\$31.45	\$36.52	\$32.14	\$39.10	\$34.40	\$41.25	\$36.30	\$42.69	\$37.57	\$48.65	\$42.81
	EE +1	\$71.32	\$62.76	\$72.89	\$64.15	\$77.97	\$68.62	\$82.28	\$72.40	\$85.16	\$74.94	\$96.97	\$85.34
	EE+ 2 or more	\$121.50	\$106.91	\$124.17	\$109.26	\$132.79	\$116.85	\$139.99	\$123.19	\$144.92	\$127.53	\$164.86	\$145.08
Classic \$1500	EE	\$37.61	\$33.09	\$39.26	\$34.56	\$42.22	\$37.15	\$44.90	\$39.51	\$47.09	\$41.44	\$53.38	\$46.98
	EE+1	\$75.03	\$66.02	\$78.33	\$68.93	\$84.19	\$74.09	\$89.53	\$78.78	\$93.88	\$82.62	\$106.34	\$93.58
	EE+ 2 or more	\$127.57	\$112.26	\$133.10	\$117.12	\$142.89	\$125.74	\$151.97	\$133.74	\$159.16	\$140.06	\$179.92	\$158.33
Preferred \$1500	EE	\$43.27	\$38.08	\$46.19	\$40.64	\$50.90	\$44.79	\$55.56	\$48.89	\$58.89	\$51.82	\$67.84	\$59.70
	EE+1	\$86.20	\$75.86	\$91.97	\$80.94	\$101.38	\$89.22	\$110.66	\$97.39	\$117.29	\$103.22	\$135.11	\$118.89
	EE+ 2 or more	\$144.42	\$127.08	\$154.11	\$135.62	\$169.90	\$149.51	\$185.35	\$163.11	\$196.50	\$172.93	\$226.40	\$199.23
Elite \$1500	EE	\$45.48	\$40.02	\$47.73	\$42.00	\$51.60	\$45.41	\$55.48	\$48.82	\$58.29	\$51.30	\$66.35	\$58.39
	EE+1	\$90.51	\$79.65	\$95.04	\$83.64	\$102.80	\$90.47	\$110.42	\$97.18	\$116.16	\$102.22	\$132.35	\$116.46
	EE+ 2 or more	\$151.03	\$132.90	\$158.95	\$139.88	\$172.42	\$151.73	\$184.70	\$162.53	\$195.09	\$171.68	\$223.46	\$196.65

Note: based on eligible employees and effective January 1, 2018 through December 31, 2018.

Rates (continued)

For groups of 5-99 eligible employee

PLAN NAME		Region 1		Region 2		Region 3		Region 4		Region 5		Region 6	
		5-50 lives	51-99 lives	5-50 lives	51-99 lives	5-50 lives	51-99 lives	5-50 lives	51-99 lives	5-50 lives	51-99 lives	5-50 lives	51-99 lives
Classic \$1500-Vol	EE	\$42.19	\$37.13	\$44.05	\$38.77	\$47.37	\$41.68	\$50.38	\$44.33	\$52.84	\$46.49	\$59.89	\$52.71
	EE +1	\$84.18	\$74.08	\$87.89	\$77.33	\$94.46	\$83.13	\$100.45	\$88.39	\$105.34	\$92.70	\$119.32	\$104.99
	EE+ 2 or more	\$143.13	\$125.96	\$149.33	\$131.41	\$160.33	\$141.08	\$170.51	\$150.05	\$178.57	\$157.15	\$201.87	\$177.64
Preferred \$1500 w/Ortho	EE	\$43.27	\$38.08	\$46.19	\$40.64	\$50.90	\$44.79	\$55.56	\$48.89	\$58.89	\$51.82	\$67.84	\$59.70
	EE+1	\$92.38	\$81.73	\$98.15	\$86.81	\$109.11	\$96.56	\$118.39	\$104.73	\$125.01	\$110.56	\$142.83	\$126.24
	EE+ 2 or more	\$151.88	\$134.18	\$161.58	\$142.72	\$178.91	\$158.07	\$194.36	\$171.67	\$205.52	\$181.49	\$235.42	\$207.79
Preferred \$1500-Vol	EE	\$48.55	\$42.72	\$51.82	\$45.60	\$57.11	\$50.26	\$62.34	\$54.86	\$66.06	\$58.14	\$76.11	\$66.98
	EE+1	\$96.72	\$85.12	\$103.19	\$90.82	\$113.75	\$100.11	\$124.17	\$109.27	\$131.59	\$115.81	\$151.59	\$133.40
	EE+ 2 or more	\$162.04	\$142.58	\$172.91	\$152.16	\$190.62	\$167.76	\$207.96	\$183.01	\$220.48	\$194.02	\$254.03	\$223.54
Preferred \$1500 w/Ortho-Vol	EE	\$48.55	\$42.72	\$51.82	\$45.60	\$57.11	\$50.26	\$62.34	\$54.86	\$66.06	\$58.14	\$76.11	\$66.98
	EE+1	\$103.65	\$91.70	\$110.13	\$97.40	\$122.42	\$108.35	\$132.83	\$117.50	\$140.27	\$124.05	\$160.26	\$141.64
	EE+ 2 or more	\$170.41	\$150.54	\$181.29	\$160.12	\$200.74	\$177.36	\$218.07	\$192.61	\$230.59	\$203.63	\$264.13	\$233.14

For groups of 10-99 eligible employees

PLAN NAME		Region 1		Region 2		Region 3		Region 4		Region 5		Region 6	
		10-50 lives	51-99 lives	10-50 lives	51-99 lives	10-50 lives	51-99 lives	10-50 lives	51-99 lives	10-50 lives	51-99 lives	10-50 lives	51-99 lives
Elite \$2000	EE	\$45.33	\$39.89	\$48.36	\$42.56	\$53.40	\$47.00	\$58.28	\$51.28	\$61.79	\$54.38	\$71.42	\$62.85
	EE +1	\$90.21	\$79.38	\$96.25	\$84.70	\$106.27	\$93.51	\$115.93	\$102.02	\$122.94	\$108.19	\$142.10	\$125.04
	EE+ 2 or more	\$150.27	\$132.24	\$160.35	\$141.10	\$177.05	\$155.81	\$193.08	\$169.91	\$204.81	\$180.23	\$236.82	\$208.40
Elite \$2000 w/Ortho	EE	\$45.33	\$39.89	\$48.36	\$42.56	\$53.40	\$47.00	\$58.28	\$51.28	\$61.79	\$54.38	\$71.42	\$62.85
	EE+1	\$100.44	\$89.10	\$106.49	\$94.43	\$118.61	\$105.23	\$128.27	\$113.74	\$135.28	\$119.91	\$154.43	\$136.76
	EE+ 2 or more	\$162.08	\$143.46	\$172.16	\$152.32	\$191.49	\$169.52	\$207.52	\$183.62	\$219.25	\$193.95	\$251.25	\$222.12

Note: based on eligible employees and effective January 1, 2018 through December 31, 2018.

Dental Plan Limitations and Exclusions

Dental Frequency & Allocations for DPPO Plan

Benefits are payable immediately from the start date of an individual's benefits.

TYPE A:

- Examinations: 1 time in 6 months
- Prophylaxis—Cleanings: 1 time in 6 months
- Sealants: 1 per molar in 36 months for a child under age 16
- Space Maintainers: 1 per lifetime for a child under age 14
- Flouride: 1 time in 12 months for a dependent child under age 16
- Full Mouth X-Rays: Once in 36 months
- Bitewing X-Rays—For a child under 14: 2 times in 1 calendar year
- Bitewing X-Rays—Adult: 1 time in 1 calendar year
- Emergency Palliative Treatment
- Periapical X-Rays
- Other X-Rays

TYPE B:

- Amalgam Fillings: 1 replacement per surface in 24 months
- Consultations: 1 in 12 months
- Examinations—Problem Focused: 1 time in 12 months
- Root Canal: 1 in 24 months
- Periodontal Maintenance: 2 periodontal treatments in 1 calendar year, includes 2 cleanings (total combination: 2)
- Periodontal Surgery: 1 per quadrant in any 36 month period
- Scaling and Root Planing: 1 per quadrant in any 24 month period
- Resin Composite Fillings: Includes Coverage for Composite Fillings on Molars
- Labs and Other Tests
- Pulpotomy
- Pulp Capping
- Pulp Therapy
- Apexification and Recalcification
- Periodontal Surgery—Soft and Connective Tissue Grafts
- Periodontics—Non-Surgical
- Oral Surgery—Simple Extractions
- Oral Surgery—Surgical Extractions
- Other Oral Surgery
- General Anesthesia
- General Services

TYPE C:

- Prefabricated Crowns: 1 per tooth in 24 months
- Crown Buildups/Post Core: 1 per tooth in 10 Calendar years
- Repairs: 1 in 12 months
- Recementations: 1 in 12 months
- Dentures: 1 in 5 calendar years
- Immediate Temporary Dentures—Complete/Partial: 1 replacement in 12 months
- Dentures—Rebases/Relines: 1 in 36 months
- Denture Adjustments: 1 in 12 months
- Fixed Bridges: 1 in 5 calendar years
- Inlays/Onlays/Crowns: 1 replacement per tooth in 10 calendar years
- Implant Services: 1 per tooth position in 60 months
- Implant Repairs: 1 per tooth in 12 months
- Implant Supported Prosthetic: 1 per tooth in 60 months
- Tissue Conditioning: 1 in 36 months
- Occlusal Adjustments: 1 in 12 months

ORTHODONTICS:

- Orthodontic Diagnostics
- Orthodontic Treatment

Dental Exclusions for DPPO without Orthodontia

LATE ENTRANTS

Employees who do not elect coverage during their 31-day application period may still elect coverage later. Dental coverage would be subject to the following waiting periods:

- Type A Services: No waiting period
- Type B Services—Fillings: 6-month waiting period
- Type B Services—All Other Services: 12-month waiting period
- Type C Services: 12-month waiting period
- Orthodontic Services (if applicable): 12-month waiting period
- Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deems experimental in nature.
- Services for which a covered person would not be required to pay in the absence of dental insurance.
- Services or supplies received by a covered person before the insurance starts for that person.
- Services which are neither performed nor prescribed by a dentist except for those services of a licensed dental hygienist which are supervised and billed by a dentist and which are for scaling or polishing of teeth or fluoride treatment.
- Services which are primarily cosmetic. (For residents of Texas: Services which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a newborn child).
- Services or appliances which restore or alter occlusion or vertical dimension.
- Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease.
- Restorations or appliances used for the purpose of periodontal splinting.
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
- Personal supplies or devices including, but not limited to water picks, toothbrushes, or dental floss.
- Initial installation of a denture to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
- Decoration or inscription of any tooth, device, appliance, crown or other dental work.
- Missed appointments.
- Services covered under any workers' compensation or occupational disease law.
- Services covered under any employer liability law.
- Services for which the employer of the person receiving such services is not required to pay.
- Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital.
- Services covered under other coverage provided by the Policyholder.
- Temporary or provisional restorations.
- Temporary or provisional appliances.
- Prescription drugs.
- Services for which the submitted documentation indicates a poor prognosis.
- Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. MetLife will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first.
- The following when charged by the dentist on a separate basis—Claim form completion; infection control such as gloves, masks, and sterilization of supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing and biting of food.
- Caries susceptibility tests.

Additional Information About MetLife Dental Plans

- Precision attachments associated with fixed and removable prostheses.
- Adjustment of a denture made within 6 months after installation by the same dentist who installed it.
- Duplicate prosthetic devices or appliances.
- Replacement of a lost or stolen appliance, cast restoration or denture.
- Intra- and extra-oral photographic images.
- Fixed and removable appliances for correction of harmful habits.
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
- Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.

Dental Exclusions for DPPO with Orthodontia

All of the exclusions above, plus:

- Orthodontia services or appliances.
- Repair or a replacement of an orthodontic appliance.

Benefits for DPPO Plans

Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement, and the associated procedure charge, on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. UCR refers to the Usual and Customary Rate, which is 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.

To avoid any misunderstandings, MetLife suggests you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving certain high-cost services such as crowns, bridges or dentures. If you submit a pre-treatment estimate request, you and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your estimated out-of-pocket expense. Procedure charge schedules are subject to change each plan year. You can obtain an updated procedure charge schedule for your area via fax by calling 1-800-942-0854 and using the MetLife Dental Automated Information Service.

Cancellation/Termination of Benefits

Coverage is provided under a group insurance policy (Policy form GPNP99 issued by MetLife). Coverage terminates when your membership ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: completion of a prosthetic device, crown or root canal therapy.

Enrollment Checklist

- CoPower *SELECT* through MetLife Employer Application Packet
 - Packet combines all of the necessary employer applications for coverage
- Completed Employee enrollment (*choose one*):
 - CoPower *SELECT* Census Enrollment form
 - Enrolling employees may also complete the CoPower Employee Enrollment/Change Form – All Plans. A company check for the first month's premium made payable to CoPower
- Brokers not yet appointed with MetLife will need to submit the CoPower *SELECT* Broker Appointment Inquiry Form
- Brokers not yet appointed with CoPower will need to submit a completed CoPower Producer Agreement with a copy of their current insurance license, proof of E&O insurance, and W-9 form

Plan Administration:

CoPower

1600 W. Hillsdale Blvd.
San Mateo, California 94402
T: 888.920.2322
E: sales@copower.com
www.copower.com

Carrier Contact Information:

MetLife

800.275.4638
www.metlife.com



Benefits made easy

© 2016 Metropolitan Life Insurance Company, New York, NY
L0217490985[exp0418][CA]

While the information provided in this guide is believed to be accurate as of the print date, it is subject to change without notice. For the most up-to-date information, contact CoPower. The benefit information contained in this booklet is summary in nature.

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 CoPower for complete details.