

Diocese of Oakland Plan Benefits

Coverage with freedom of choice and savings!

Benefit Summary

Coverage Type	PDP In-Network:	Out-of-Network:
Type A – prophylaxis cleanings, oral examinations, topical fluoride applications, full-mouth or bitewing x-rays	80% of PDP Fee*	80% of R & C Fee**
Type B – fillings, simple extractions, endodontics, general anesthesia, oral surgery, periodontics, space maintainers, sealants	80% of PDP Fee*	80% of R & C Fee**
Type C – crown, denture and bridge repair, crowns, inlays and onlays	80% of PDP Fee*	80% of R & C fee**
Type D – orthodontia	80% of PDP Fee*	80% of R & C Fee**
Deductible:***	In-Network	Out-of-Network
Individual	\$25.00	\$25.00
Family	\$75.00	\$75.00
Annual Maximum Benefit:	In-Network	Out-of-Network
Per Person	\$1,500	\$1,500
Orthodontia Lifetime Maximum:	In-Network	Out-of-Network
Per Child (to age 19)	\$3,000	\$3,000

* PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full, subject to any deductibles, cost sharing and benefits maximums.

** R&C fee refers to the Reasonable and Customary (R&C) charge, 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 charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

*** Applies to type A, B and C Services.

The service categories shown above represent an overview of your Plan of Benefits but is not a complete description of the Plan. A summary plan description will be made available following your plan's effective date, and will govern if any discrepancies exist between this overview and the summary plan.

An example of savings when you visit a participating PDP dentist:

This hypothetical example* shows how receiving services from a PDP dentist can save you money.

Your Dentist says you need a Crown, a Type C service:

PDP Fee: \$375.00 R&C Fee \$500.00

Dentist's Usual Fee: \$600.00

*Please note: This example assumes that your annual deductible has been met.

IN-NETWORK		OUT-OF-NETWORK	
When you receive care from a participating PDP dentist:		When you receive care from a non-participating dentist:	
Dentist's Usual Fee is:	\$600.00	Dentist's Usual Fee is:	\$600.00
The PDP Fee is:	\$375.00		
Your Plan Pays:		Your Plan Pays:	
80% X \$375 PDP Fee	- \$300.00	80% X \$500 R&C Fee	- \$400.00
Your Out-of-Pocket Cost:	\$75.00	Your Out-of-Pocket Cost:	\$200.00

**In this example, you save \$125.00 (\$200.00 minus \$75.00)...
by using a participating PDP dentist.**

Common Questions...Important Answers

Q. What is a participating PDP dentist?

- A.** A participating PDP dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in-full for services provided to plan participants. PDP fees typically range from 10-35%[‡] below the average fees charged by dentists in your area for the same or substantially similar services.

Q. How do I find a participating PDP dentist?

- A.** There are more than 88,000 participating PDP dentist locations nationwide, including over 20,000 specialist locations. You can get a list of these participating PDP dentists online at www.metlife.com/dental or call 1-800-942-0854 to have a list faxed or mailed to you.

Q. What services are covered by the Preferred Dentist Program (PDP)?

- A.** The services covered by the MetLife PDP are those defined under your group dental benefits plan. Please review the enclosed plan benefits to learn more.

Q. Does the Preferred Dentist Program (PDP) offer any discounts on non-covered services?

- A.** Yes. The PDP in-network discounts do extend even to non-covered services, such as cosmetic dentistry or orthodontia, providing plan participants with savings on these non-covered services as well.

Q. May I choose a non-participating dentist?

- A.** Yes. You are always free to select the dentist of your choice. However, if you choose a dentist who does not participate in the MetLife PDP, your out-of-pocket expenses may be more, since you will be responsible to pay for any difference between the dentist's usual fee and your plan's payment. If you receive services from a participating PDP dentist, you are only responsible for the difference between the PDP in-network fee and your plan's payment. Please note: plan designs may vary, so you should always refer to your company's specific plan to help determine actual out-of-network benefits.

Q. Can my dentist apply for PDP participation?

- A.** Yes. If your current dentist does not participate in the PDP and you'd like to encourage him or her to apply for membership, tell your dentist to visit www.metdental.com, or call 1-877-MET-DDS9 for an application. Website and phone number are designed for use by dental professionals only.

Q. How are claims processed?

- A.** PDP dentists may submit your claims for you which helps to reduce your paperwork. You can track your claims online and even receive e-mail alerts when a claim has been processed. If you need a claim form, you can find one online at www.metlife.com/dental or request one by calling 1-800-942-0854.

[‡] Based on internal analysis by MetLife

Did you know?

- It takes 26 muscles to smile, and 62 muscles to frown.¹
- The first modern toothbrush (bristled) was made in China about 1600 A. D.¹
- Aracchibutyrophobia is the fear of peanut butter sticking to the roof of your mouth.¹
- According to the Academy of General Dentistry, the average person only brushes for 45 to 70 seconds a day; the recommended amount of time is 2-3 minutes.²

1 Source: http://www.ada.org/public/events/ncdhm/activity_trivia.pdf, accessed February 2006.

2 www.dentalgentlecare.com/fun_dental_facts.htm, accessed February 2006.

Cancellation/Termination of Benefits:

Coverage is provided under a group insurance policy (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. The group policy may also terminate for non-payment of premium, if participation requirements are not met, if the Policyholder fails to perform any obligations under the policy, or at MetLife's option. 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.

Like most group health insurance policies, MetLife group policies contain certain exclusions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife for complete details.

This dental benefits plan is made available through a self-funded arrangement. MetLife administers this dental benefits plan, but has not provided insurance to fund benefits.

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Metropolitan Life Insurance Company, New York, NY