

Dental



Plan Design for: City of Concord Effective Date: July 1st, 2020

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver affordable protection for a healthier smile and a healthier you.

Coverage Type:	In-Network ¹ % of PDP Fee ²	Out-of-Network ¹ % of R&C Fee ⁴
Type A - Preventive	100%	100%
Type B - Basic Restorative	60%	60%
Type C - Major Restorative	50%	50%
Type D - Orthodontia	50%	50%
Deductible³		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit Per Individual For Type A, B, C & D (Ortho) Services Combined:		
	Up to dependent age limit	
Ortho applies to Adult and Child	\$1250 per Person	\$1250 per Person
<p>1. "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.</p> <p>2. Negotiated fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.</p> <p>3. Applies to Type A,B and C services only.</p> <p>4. Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary Charge is based on the lesser of:</p> <ul style="list-style-type: none"> - the dentist's actual charge (the 'Actual Charge') or - the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). For your plan, the Customary Charge is based on the 99th percentile. 		

Selected Covered Services and Frequency Limitations*

Type A - Preventive

How Many/How Often:

Oral Examinations	2 in 12 months
Full Mouth X-rays	1 in 3 years
Bitewing X-rays (Adult/Child)	1 in 12 months
Prophylaxis - Cleanings	2 in 12 months
Topical Fluoride Applications	1 in 12 months - Children to age 19
Sealants	1 in 3 years - Children to age 14
Space Maintainers	1 per lifetime per tooth area - Children up to age 14
Periodontal Maintenance	4 in 1 year, includes 2 cleanings

Type B - Basic Restorative

How Many/How Often:

Amalgam and Composite Fillings	1 in 24 months. Anterior teeth only
Repairs	1 in 12 months
Endodontics Root Canal	1 per tooth per lifetime
Periodontal Surgery	1 in 36 months per quadrant
Periodontal Scaling & Root Planing	1 in 24 months per quadrant
Oral Surgery (Simple Extractions)	
Oral Surgery (Surgical Extractions)	
Other Oral Surgery	
Emergency Palliative Treatment	
General Anesthesia	

Type C - Major Restorative

How Many/How Often:

Crowns/Inlays/Onlays	1 per tooth in 5 years
Prefabricated Crowns	1 per tooth in 5 years
Bridges	1 in 5 years
Dentures	1 in 5 years
Consultations	2 in 12 months
Implant Services	1 service per tooth in 60 months - 1 repair per 60 months

Type D – Orthodontia

<ul style="list-style-type: none"> - Adult and Child Coverage. Dependent children up to age 26. Age limitations may vary by state. Please see your Plan description for complete details. In the event of a conflict with this summary, the terms of the certificate will govern. - All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia. - Benefits for the initial placement will not exceed 20% of the Lifetime Maximum Benefit Amount for Orthodontia. Periodic follow-up visits will be payable on a monthly basis during the scheduled course of the orthodontic treatment. Allowable expenses for the initial placement, periodic follow-up visits and procedures performed in connection with the orthodontic treatment, are all subject to the Orthodontia coinsurance level and Lifetime Maximum Benefit Amount as defined in the Plan Summary. - Orthodontic benefits end at cancellation of coverage

***Alternate Benefits:** Your dental plan provides that if there are two or more professionally acceptable dental treatment alternatives for a dental condition, your plan bases reimbursement, and the associated procedure charge, on the least costly treatment alternative. If you receive a more costly treatment alternative, your dentist may charge you or your dependent for the difference between the cost of the service that was performed and the least costly treatment alternative.

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents many services within each category, but is not a complete description of the Plan. Please see your Plan description/Insurance certificate for complete details. In the event of a conflict with this summary, the terms of your insurance certificate will govern.