

## Frequently Asked Questions

### **How does this plan work?**

This Dental HMO/Managed Care plan is designed to support you in maintaining and improving your oral health, providing coverage on hundreds of procedures. There are no deductibles or annual maximum, making it easier for you to receive the preventive care you need to help avoid more costly procedures.

With this plan, you are responsible for the co-payment associated with each covered procedure when you visit a participating (network) dentist. Please refer to the Schedule of Benefits for a full list of covered services including information on any limitations and additional charges for certain procedures as well as what is not covered by the plan.

### **Do I need to select a dentist who participates in the network when I enroll?**

Yes. At the time of enrollment, you will select two participating dentists. This will help ensure you are able to receive the care you need if your first choice is unable to accept new members. The participating dentist you select at enrollment will provide your routine dental care. You may schedule an appointment with your dentist anytime after your plan's effective date.

### **Who are the dentists who participate in your network?**

This plan's network includes both private practice dentists and those who are in a clinic environment. Every dentist in the network has been thoroughly screened prior to acceptance. Participating dentists are also subject to regular audits, including onsite visits to the dental offices. You can find the names, addresses, languages spoken and telephone numbers of participating dentists in the directory included with your enrollment material or by searching our online "Find a Dentist" directory at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) for the most up to date information.

### **I noticed some dental offices in your directory appear to be closed to new members. What if one of them is my current dentist?**

While these facilities cannot accept new patients, you may not have to change dentists if you are currently a patient in one of those offices. It is important that you contact Customer Service in order to ensure that you can continue using your current facility under the plan.

## Frequently Asked Questions (continued)

### **Can I change dentists?**

Yes. You and your enrolled dependents may each select different participating dentists and may change dentists as often as once per month. You can change dentists for you and your enrolled dependents online at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or by calling Customer Service. Your transfer will be effective the first of the following month. Please note: any requests made after the 25<sup>th</sup> of the month will occur effective the first of the following month (e.g., a facility request change made on March 28<sup>th</sup> will go into effect on May 1<sup>st</sup>). Please note: you should ensure any dental work-in-progress is completed prior to transferring to a new dentist. Refer to your Evidence of Coverage included with your enrollment materials for more information.

### **What if I need emergency care?**

All participating dental offices in our network provide emergency access 24 hours a day, 7 days a week. If you cannot reach your selected participating dentist, you may receive emergency care from any licensed dental care professional. The definition of what is considered “emergency care” and other specifics can be found in the Evidence of Coverage located in your enrollment booklet.

### **What if I need to see a specialist?**

This is a “direct referral” plan which means your selected participating dentist will refer you to a participating specialist in your area – there is no need to wait for approval.\* Any co-payment amount for services is listed on your Schedule of Benefits. This co-payment applies whether the services are provided by your selected participating general dentist or by a participating specialist.

\*In California, orthodontic and pedodontic specialty services require pre-approval. Your selected participating dentist will contact SafeGuard for pre-approval. Once approved, your dentist will contact you with the name of a participating specialist.

### **Do these plans cover second opinions?**

Yes. Just contact Customer Service to let us know that you would like another clinical opinion and we will provide the name of a dentist for you to see.

### **If my dentist does not participate in my plan’s network, can he/she apply for participation?**

Yes. If your current dentist does not participate in the network, we will be happy to accept your nomination. Just call Customer Service, or to submit your nomination online, visit the MyBenefits website at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) and click the “Find a Dentist” link. Once submitted, we will contact that dentist and provide them with an application to join our dental network.

Dental Managed Care Plan benefits are provided by Metropolitan Life Insurance Company, a New York corporation in NY. Dental HMO plan benefits are provided by: SafeGuard Health Plans, Inc., a California corporation in CA; SafeGuard Health Plans, Inc., a Florida corporation in FL; SafeGuard Health Plans, Inc., a Texas corporation in TX; and MetLife Health Plans, Inc., a Delaware corporation and Metropolitan Life Insurance Company, a New York corporation in NJ. The Dental HMO/Managed Care companies are part of the MetLife family of companies. “DHMO” is used to refer to product designs that may differ by state of residence of the enrollee, including but not limited to: “Specialized Health Care Service Plans” in California; “Prepaid Limited Health Service Organizations” as described in Chapter 636 of the Florida statutes in Florida; “Single Service Health Maintenance Organizations” in Texas; and “Dental Plan Organizations” as described in the Dental Plan Organization Act in New Jersey.

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