



FAQs

Frequently Asked Questions

The MetLife Dental Insurance Plan for Members and Their Spouses/Domestic Partners and Dependent Children.

Why is having a good dental plan so important? Because keeping your teeth healthy can be an important step in maintaining overall health. And because keeping up with your dental cleanings and other preventive care now can help you avoid expensive dental problems and costly treatments later on.

Q. Who is eligible for this dental insurance plan?

A. Members of a participating association, their spouses/domestic partners and dependent children may enroll.*

Q. How do I find a participating dentist?

A. There are thousands of general dentists and specialists to choose from nationwide — so you are sure to find one who meets your needs. You can receive a list of these participating dentists online at www.metlife.com/dental.

Q. Can I see my current dentist?

A. Yes, absolutely. Chances are your dentist participates in the MetLife network. But if not, you are always free to select any general dentist or specialist. However, your out-of-pocket expenses may be greater if you visit a dentist who does not participate in the network.

Q. What types of services does the plan cover?

A. Dental procedures covered include: exams and cleanings, X-rays, fillings, root canals and much more. See plan summary for more information.¹

Q. Can I get an estimate of my out-of-pocket expenses?

A. Yes, we recommend that you request a pre-treatment estimate for services totaling more than \$300. Ask your dentist to submit a request online at www.metdental.com or call **1-877-MET-DDS9**. You and your dentist will receive an estimate for most procedures while you're still in the office — however, actual payments may vary depending on plan maximums, deductibles, frequency limits or other conditions.

Q. How can the plan save me money?

A. While costs will vary based on where you live, the average family of four spends \$1,824 a year on dental services.² With a dental plan, you get help in covering costs for unexpected dental care with low to no costs for preventive care.

Q. How are claims processed?

A. Dentists may submit your claims for you which means you have little or no paperwork.

If you have any questions, please call My Benefit Advisor at **1-855-874-0267**.

*Dependent Child(ren) means under 26, fully supported by member (unless resident of a state that doesn't require full support), and is unmarried.

¹Those services set forth defined under your dental benefits summary are covered. Please review your certificate of insurance for a more detailed list of covered services.

²Statistic Brain Research Institute, Consumer Spending Statistics, October 2015. <http://www.statisticbrain.com/what-consumers-spend-each-month>. Accessed February 14, 2017.

Coverage may not be available in all states. Please call My Benefit Advisor at 1-855-874-0267 for more information.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.