How does the MetLife PDP work?
With a dental benefit plan featuring the MetLife PDP, you receive benefits whether or not you and/or each eligible dependent visit a participating dentist. But, when you visit a participating dentist, you have the opportunity to maximize your benefit plan with access to lower, out-of-pocket expenses. The MetLife PDP is a Preferred Provider Organization, wherein you choose a provider at the time of treatment. You do not have to pre-select a primary dentist nor do you need an ID card or referrals for specialty care.

What is a participating PDP dentist?
A general dentist or specialist who meets MetLife’s strict credentialing standards and accepts negotiated fees as payment-in-full for services rendered. There are more than 100,000 participating dentist locations nationwide, including more than 23,000 specialist locations. This makes it easier to find a participating PDP dentist near your home or workplace, while you’re away on vacation, or while your covered dependents are away at college.

How do I find a Participating PDP dentist?
You can call the PDP automated Computer Voice Response line to obtain an up-to-date directory of participating dentists in your area. A list of up to 205 participating dentists in the requested ZIP code is then mailed to your home the next business day. To receive your personalized directory, call 1-800-474-PDP1 (7371) Mon.-Fri. 6:00am to 11:00 pm ET or Saturday 7 am to 4:00 pm ET. You can also conduct online provider searches (with direction and mapping capabilities) via MetLife’s Dental Internet site at www.metlife.com/dental. Please Note: Be sure to verify provider participation when you make your appointment.

What is a negotiated fee?
A negotiated fee refers to the PDP fee schedule which participating dentists agree to accept as payment in full. The fee is typically 10% to 35% below average fees of dentists in your area. Your plan may reimburse you for all or part of the PDP fee. When you use a participating PDP dentist, you are responsible only for the difference between MetLife’s benefit payment amount and the PDP fee.

Do I need an ID card?
No, you do not need to present an ID card to confirm that you’re eligible. You should notify your dentist that you participate in MetLife’s PDP. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

Do my dependents have to visit the same dentist that I select?
No, you and your dependents each have the freedom to choose any dentist.

My dentist does not participate in the PDP. Is there anything I can do to encourage my dentist to participate?
The MetLife PDP Network is continually expanding, and new providers may be added if they meet MetLife’s credentialing standards. You may ask your dentist to complete a MetLife PDP nomination card or visit the dentist directory online at www.metlife.com/dental, and MetLife will send him or her information on how to apply for participation. The timing depends on how quickly MetLife receives the necessary information. Please note that there may be instances where a dentist chooses not to participate and others where MetLife does not accept the application under their stringent credentialing requirements.

Can I find out how much services will cost and obtain an estimate of what will be covered prior to treatment?
Yes, MetLife recommends that you have your dentist submit a request for a pre-treatment estimate for services in excess of $300.00. This often applies to services such as: crowns, bridges, inlays, and periodontics. When your dentist suggests treatment, have him or her send an undated claim form, along with the proposed treatment plan, to MetLife. A pre-treatment estimate will be sent to you and the dentist detailing an estimate of what services your plan will cover and at what payment level.

How do I file a claim?
Claim forms are available from your human resources department or can be downloaded and printed out from MetLife’s dental website at www.metlife.com/dental. Remember to bring one with you to your appointment. Complete the employee portion, and your dentist will assist you with the rest. You can use the same claim form whether or not your dentist is a participating PDP dentist. MetLife will mail you a concise explanation of benefits (EOB) statement after each claim submission. If you have a claim inquiry or benefit questions, please call MetLife’s Dental Customer Service Department at 1-800-ASK-4-MET after your plan’s effective date.
Dental Claims Address: MetLife Dental Claims, P.O. BOX 981282, El Paso, TX 79998-1282

If I do not enroll during my initial enrollment period can I still purchase Dental Insurance at a later date?
Yes, 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.

- 6 months on Basic Restorative (Fillings)
- 12 months on all other Basic Services
- 24 months on Major Services
- 24 months on Orthodontia Services (if applicable)

* Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based 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. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plans reimbursement for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.