MetLife | Dental Insurance

PARTNERS FOR HEALTH

2027

GROUP DENTAL MEMBER HANDBOOK

For Partners for Health Members



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ADF#D4012.26

INTRODUCTORY STATEMENT

MetLife does not support any practice that excludes participation in its benefit programs or activities or denies the benefits of such programs on the basis of race, color, national origin, sex, age or disability. If you have a complaint regarding discrimination, please call MetLife's dedicated customer service phone number at 1-855-700-8001. Live support is available 7 a.m. – 10 p.m. CT, Monday – Friday.

English
If you need interpretation services and/or ADA communication aids for the MetLife benefit programs for the State of Tennessee, please call 1-855-700-8001.

Spanish
Llame al 1-855-700-8001 si necesita servicios de interpretación o asistencia de comunicación según la ADA para los programas de beneficios de MetLife en el estado de Tennessee.

Arabic
إذا كنت بحاجة إلى خدمات الترجمة الفورية و/أو وسائل الاتصال المساعدة وفقًا لقانون الأمريكيين ذوي الإعاقة (**Americans with Disabilities Act, ADA**) التابعة لبرامج مزايا متلايف لولاية تينيسي، يُرجى الاتصال على الرقم 1-855-700-8001.

Chinese
如果您需要為田納西州大都會人壽福利計劃申請口譯服務和／或 ADA 溝通輔助，請致電 1-855-700-8001。

Vietnamese
Nếu quý vị cần dịch vụ phiên dịch và/hoặc hỗ trợ giao tiếp ADA cho các chương trình phúc lợi MetLife của Tiểu bang Tennessee, vui lòng gọi số 1-855-700-8001.

Korean
테네시주 MetLife 복리후생 프로그램에 대한 통역 서비스 및/또는 ADA 커뮤니케이션 지원이 필요한 경우 1-855-700-8001로 전화해 주시기 바랍니다.

French
Si vous avez besoin de services d'interprétation et/ou d'aides à la communication en vertu de l'ADA dans le cadre des programmes de prévoyance MetLife pour l'État du Tennessee, veuillez contacter le 1-855-700-8001.

Laotian
ຖ້າທ່ານຕ້ອງການບໍລິການແປພາສາ ແລະ/ຫຼື ການຊ່ວຍເຫຼືອການສື່ສານ ADA ສໍາລັບໂຄງການສິດຜົນປະໂຫຍດ MetLife ຂອງລັດ Tennessee, ກະລຸນາໂທຫາ 1-855-700-8001.

Amharic
ለቴነሲ ስቴት የMetLife ጥቅማጥቅሞች ፕሮግራሞች የማስተርጎም አገልግሎቶች እና/ወይም ADA የመገናኛ እርዳታዎች ከፈለጉ፣ እባክዎ በ1-855-700-8001 ይደውሉ።

German
Wenn Sie Dolmetschdienste und/oder Kommunikationshilfen gemäß dem Americans with Disabilities Act (ADA) für die Leistungsprogramme von MetLife für den US Bundesstaat Tennessee benötigen, wählen Sie die Rufnummer 1-855-700-8001.

Gujarati
જો ટેનેસી રાજ્ય માટેના MetLife બેનિફિટ્સ પ્રોગ્રામ માટે તમારે દુભાષિયા સેવાઓ અને/અથવા ADA સંચાર સહાયક સાધનોની જરૂર હોય, તો કૃપા કરીને 1-855-700-8001 પર કૉલ કરો.

Japanese
テネシー州でメットライフの福利厚生・給付プログラムをご利用になる際に、通訳またはADAに基づくコミュニケーション支援を必要とされる場合は、1-855-700-8001までお電話ください。

Tagalog
Kung kailangan mo ng mga serbisyong pagsasalin at/o tulong sa komunikasyon ng ADA para sa mga programang benepisyo ng MetLife sa Estado ng Tennessee, mangyaring tumawag sa 1-855-700-8001.

Hindi
यदि टेनेसी राज्य के लिए MetLife बेनिफिट्स प्रोग्राम के लिए आपको दुभाषिया सेवाओं और/या ADA संचार सहायक साधनों की ज़रूरत हो, तो कृपया 1-855-700-8001 पर कॉल करें।

Russian
Если вам требуются услуги перевода и (или) технические средства коммуникации ADA, для того чтобы воспользоваться программами льгот MetLife в штате Теннесси, позвоните по телефону 1-855-700-8001.

Persian (Farsi)
اگر برای برنامه‌های مزایای **MetLife** ایالت **Tennessee** به خدمات ترجمه شفاهی و/یا ابزارهای ارتباطی مطابق با «قانون آمریکایی‌هایی دارای معلولیت» (**Americans with Disabilities Act**، **ADA**) نیاز دارید، لطفاً با شماره **1-855-700-8001** تماس بگیرید.

Benefits Administration does not support any practice that excludes participation in programs or denies the benefits of such programs on the basis of race, color, national origin, sex, age or disability in its health programs and activities. If you think you have been discriminated against or denied free language services or communication auxiliary aids or services, please call 615-532-9617 for the F&A Civil Rights Coordinator or follow the F & A complaint procedures in F & A Policy No. 36. Non-Discrimination Policy and Complaint Procedure which is available at https://www.tn.gov/finance/looking-for/policies.html

WELCOME!

The following is a summary of the Partners for Health MetLife Dental Preferred Provider Organization program.

WHY DENTAL INSURANCE MAKES SENSE

Visits to the dentist can be expensive. From preventive care to major services, dental insurance is a smart way to protect your smile and wallet.



Extensive provider network

There are 7,200 PDP PLUS in-network providers in Tennessee and more than 478,000 providers nationwide.[1]



Flexibility to see any dentist

Our plans give you the flexibility to visit providers in or out of network.[2]



Cost savings

As a MetLife member, take advantage of savings up to 35%-50% off dentist list prices.[3]



Convenient access

With **MyBenefits**, you'll have easy access to dental claims, coverage and benefits online or in the MetLife mobile app.[4]

Your plan in action

Take advantage of how simple and easy it is to use dental insurance:

Dentists may submit claims for you, which means you have little or no paperwork. Track claims online and even receive email alerts once a claim has been processed. Find claim forms at **metlife.com/mybenefits** or call **855.700.8001.**

SAVINGS* TO SINK YOUR TEETH INTO

Although costs vary based on a variety of factors, the right coverage can help you manage dental expenses for your whole family.

Service	Dentist's Usual Fee	Negotiated Fee	Percent Covered	MetLife Pays[5,6]	Out-of-pocket Costs
Exam	$62.55	$26	100%	$26	$0
X-Rays	$156.71	$71	100%	$71	$0
Filling	$204.92	$82	80%	$65.60	$16.40
Root Canal	$1,477.47	$641	80%	$512.80	$128.20
Crown	$1,389.91	$654	50%	$327	$327

BENEFIT SUMMARY

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Maximum allowable charge is the lower of (1) the amount charged by the dentist or (2) the maximum amount that in-network dentists have agreed to accept as payment in full for the dental service. When a member receives dental services from an in-network provider, the member is responsible for the percentage of the MAC that MetLife does not pay.* Even when a member receives dental services from an out-of-network provider, MetLife will pay a percentage of the MAC. The member is then responsible for everything over the percentage of the MAC paid by MetLife up to the charge submitted by the out-of-network dentist.*

2027 Partners for Health MetLife DPPO Benefit Summary		
Coverage Type	**In-network**	**Out-of-network**
Type A: Diagnostic and Preventive Services • Periodic Oral Evaluation: 2 oral exams in any calendar year** • Routine Cleaning: 2 cleanings in any calendar year** • Full mouth X-Rays: 1 in 60 consecutive months • Bitewing X-Rays: Adults: 1 per calendar year for adults age 19 and over; Children: 2 per calendar year, separated by 6 months to age 19 • Sealants: Once per 60 months for first and second permanent molars to age 19 • Space Maintainers: Once per lifetime per tooth area to age 15	100% of MAC	80% of MAC
Type B: Basic Services • Amalgam and Composite Fillings: Once per 24 months • Periodontal Maintenance: 2 treatments in 1 year; includes 2 routine cleanings** • Simple Extractions • Periodontics: Non-Surgical/Scaling and Root Planning, once per 24 months	80% of MAC	60% of MAC
Type C: Major Services • Surgical Extractions/Oral Surgery • Inlays/Onlays/Crowns: Full replacement once per 7 years • Implant Services: Once per 10 years • Crown Buildups/Post & Core: Full replacement once per 7 years • Dentures, Complete or Partial: Full replacement once per 7 years	50% of MAC	50% of MAC
Orthodontic Services • Only available for dependent children up to the last day of the calendar month the child attains age 19	50% of MAC	50% of MAC
Deductible: Type B and C Services Only • Individual | Family No single family member will be subject to a deductible greater than the "individual" amount.	$50 | $150	$100 | $300
Annual Maximum Benefit (per person) **Orthodontia Lifetime Maximum** (per person)	$1,500 $1,500	$1,500 $1,500

This document outlines the highlights of your plan. For a complete list of both covered and not-covered services, see your plan's certificate of coverage. If there are any differences between the information contained here and the certificate, the information in the certificate takes precedence.

The out-of-network Maximum Allowable Charge is equal to the in-network negotiated fee.

Maximum Allowable Charge (MAC): Payment for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife.

* Subject to any deductibles and benefit maximums.
** Additional oral exams, cleanings and periodontal maintenance allowed if medically necessary and the dentist receives prior authorization from MetLife.

MONTHLY PREMIUMS

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The following monthly premiums are effective from Jan. 1, 2027 through Dec. 31, 2027. Your premium may be paid through convenient payroll or retirement-system deduction.

MetLife DPPO Plan			
Active Members	**Total Premium (Local Education and Local Government)**	**State Government and Higher Education Employee Premium**	**State Government and Higher Education Employer Premium**
Employee Only	$20.32	$10.16	$10.16
Employee + Child(ren)	$67.54	$33.77	$33.77
Employee + Spouse	$39.96	$19.98	$19.98
Employee + Spouse + Child(ren)	$99.47	$49.73	$49.74
Retiree Members			
Retiree Only	$28.91		
Retiree + Child(ren)	$65.30		
Retiree + Spouse	$56.99		
Retiree + Spouse + Child(ren)	$103.18		



To learn more:

Visit **metlife.com/stateoftn** or call MetLife Customer Service at **855.700.8001.**

FREQUENTLY ASKED QUESTIONS

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Can my dentist apply for participation in the network?

A: Yes. If your current dentist does not participate in the network and you would like to encourage him or her to apply, ask your dentist to visit **metdental.com** or call 866.PDP.NTWK (866.737.6895) for an application. The website and phone number are for use by dental professionals only.

How does MetLife coordinate benefits with other insurance plans?

A: The coordination of benefits provision in dental benefits plans is a set of rules that are followed when a patient is covered by more than one group dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan. Review your plan's certificate of coverage for full rules on coordination of benefits.

Can I get an estimate of how much I have to pay before receiving a service?

A: Yes. You can ask for a pre-treatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. MetLife strongly recommends that you have your dentist submit a pretreatment estimate to MetLife if the cost is expected to exceed $300. When your dentist suggests treatment, have him or her send a claim form, along with the proposed treatment plans and supporting documentation, to MetLife. An explanation of benefits will be sent to you and the dentist detailing an estimate of what services MetLife will cover and at what payment level. Actual payments may vary from the pretreatment estimate depending upon annual maximums, deductibles, plan frequency limits and other plan provisions at time of payment. Simply have your dentist submit a request online at **metdental.com** or call 877.MET.DDS9 (877.638.3379). You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

What is an explanation of benefits?

A: An EOB statement is a summary of your processed claim(s) or pre-treatment estimate(s), including services rendered, costs and benefits paid.

What is balance billing?

A: When a member receives dental services from an out-of-network provider, MetLife will pay a percentage of the MAC. The member is then responsible for everything over the percentage of the MAC paid by MetLife up to the actual charge by the out-of-network dentist. When a member receives dental services from an in-network provider, the member is responsible for the portion of the MAC that is not paid by MetLife.

Will switching from another dental plan, including a separate MetLife dental plan, to the Partners for Health MetLife group dental plan cause issues if I'm in the middle of a treatment plan?

A: When switching your dental plan, some of the most common services that may be affected include orthodontics, endodontics and prosthodontic services. MetLife has transition-of-care guidelines for members whose dental treatment is in progress during the benefit plan transition to the Partners for Health MetLife group dental plan.

Orthodontia: MetLife will apply payment history and treatment plan information to the member's MetLife dental plan, prorating the charges prior to the MetLife effective date and issue benefits from the effective date forward, under the MetLife dental plan.

Endodontic Treatments, Root Canal: A tooth opened prior to but completed after the MetLife effective date will be considered an eligible expense under the MetLife dental plan.

Bridgework: Treatment (preparation and impressions) started prior to but placed after the MetLife effective date will be considered an eligible expense under the Metlife dental plan.

Partial or Full Denture: Final impressions for appliances completed prior to but delivered after the Metlife effective date will be considered eligible expenses under the MetLife dental plan, subject to MetLife plan frequency limits.

To learn more:

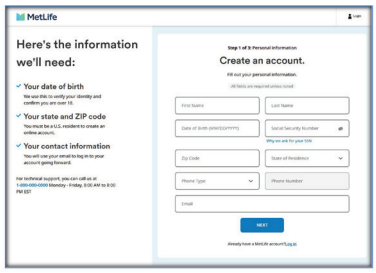
Visit **metlife.com/stateoftn** or call MetLife Customer Service at **855.700.8001.**

REGISTER ON MYBENEFITS

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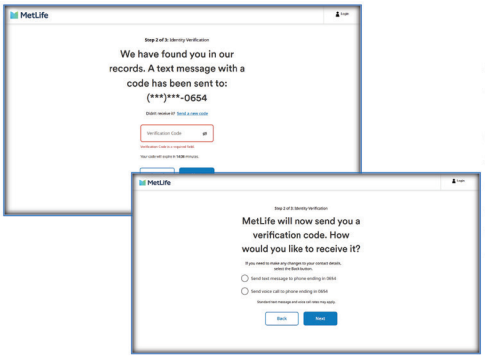
Step 1

Register: Enter your name, Social Security number, date of birth, ZIP code, state, telephone number and email address. Your email address will be used as your login username going forward. (It is highly recommended to use a personal email address). Select **Next** to continue.



Step 2

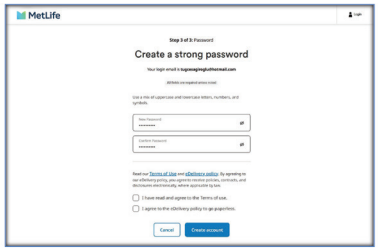
Enter authentication information: Select how you'd like to receive a one-time verification code text message or voice call, that will be sent to the phone number shown on screen. Once you receive the code, enter it and select **Next**. The verification codes expire after 15 minutes, but you can easily request a new one if needed.

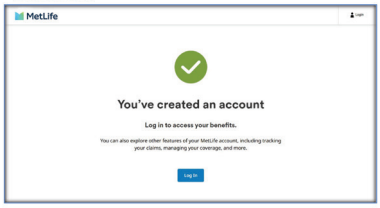


Step 3

Establish account credentials: Create your password using a mix of letters, numbers and symbols. Remember, your email address will be your login ID. Review and accept the Terms of Use and eDelivery policy to opt into paperless communications. When finished, select **Create Account**.

Registration is complete: Once your account is created, you'll see a confirmation message.





PROVIDER SEARCH HELP

With MetLife dental insurance, you can choose from thousands of general dentists and specialists nationwide. You can find the names, addresses, languages spoken and phone numbers of participating dentists by searching our online **Find a Dentist** directory.

1. Visit **metlife.com/stateoftn** and select **Dental Insurance.**
2. On the Dental Welcome page, scroll down to **"Find a Dentist"** and select **"Search".**
3. **Select PDP Plus**[7] for your network, **enter your ZIP code** and select the **"Find"** button.

ESTIMATE YOUR DENTAL COSTS

Whether you're budgeting for regular dental checkups, need a cavity filled or a crown replaced, **MetLife's Dental Cost Estimator[8]** tool makes planning your care–and stretching your healthcare dollars–simple.

The Dental Cost Estimator[8] provides a personalized, plan-specific and ZIP-code-based cost estimate for the most common procedures. That way, you can get a good idea of what's covered and how much you may need to pay, even before you visit the dentist.

MetLife's Dental Cost Estimator[8] is:

Personalized
The tool takes your plan design into account, including in- and out-of-network coverage percentages, plan maximums and applicable deductibles, to provide you with a customized estimate.

Practical
With the Dental Cost Estimator,[8] it's easy to look up valuable plan information on the go, such as combined and maximum deductibles, frequency limits and plan maximums.

Easy-To-Use
Access the Dental Cost Estimator[8] via MyBenefits or MetLife's mobile app.[4] With just a couple of clicks, you choose the procedure type and whether you'll be visiting an in-network dentist. Then, the tool generates an estimate showing what's covered and the amount, if any, you can anticipate paying out of pocket.

Access the Dental Cost Estimator[8] anytime.

MetLife and Partners for Health strongly recommend that you have your dentist submit a pre-treatment estimate to MetLife if the cost is expected to exceed $300. When your dentist suggests treatment, have him or her send a claim form, along with the proposed treatment plans and supporting documentation, to MetLife. An explanation of benefits will be sent to you and the dentist detailing an estimate of what services MetLife will cover and at what payment level. Actual payments may vary from the pretreatment estimate depending upon annual maximums, deductibles, plan frequency limits and other plan provisions at time of payment.

ACCESS YOUR METLIFE DENTAL BENEFITS ANYWHERE, ANYTIME

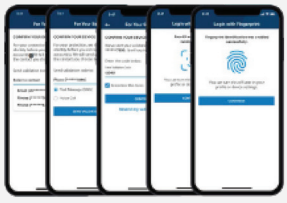
The MetLife mobile app[4] makes it simple for you to access and manage your dental ID card.

1. Download the app

Download the MetLife mobile app for your Apple device from the App Store or scan the QR code to the right. For Apple devices only.

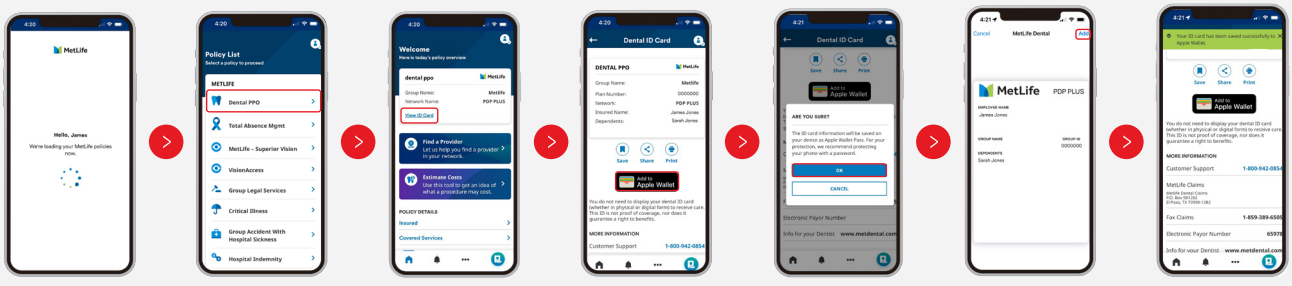
2. Registration and login

- Register directly within the app in a few short steps.
- Once registered, log in easily with face or touch ID recognition.



3. Access and save your dental ID card to your Apple Wallet

Select **View ID Card** > Tap **Add to Apple Wallet** > Select **OK** > Tap **Add.**
Your dental ID card has been added to your Apple Wallet.



Learn more at metlife.com/stateoftn or scan the QR code.

Enroll by visiting Edison at edison.tn.gov.

Questions? Call MetLife Customer Service at **855.700.8001**.
Live support is available 7 a.m.–10 p.m. CT, Monday–Friday.

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[1] Based on MetLife internal contracting system analysis as of March 2026 reporting.
[2] Preventive services are subject to frequency limitations. Please see your certificate of coverage for more details.
[3] Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for certain services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Negotiated fees do not apply to non-covered services in states that prohibit limitations for services not covered under a plan. Participating providers in these states may charge their non-negotiated fees for non-covered services.
[4] To use the MetLife mobile app, employees can choose to register at metlife.com/mybenefits from a computer or directly through the app. Certain features of the MetLife mobile app are not available for all MetLife dental plans.
[5] Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit a dentist and the cost of services rendered.
[6] These hypothetical in-network savings examples are based on average charges in the Brentwood, TN area, 37027 ZIP code, for procedure codes D1110, D0210, D2391, D3330 and D2740.
[7] Group dental plans featuring the Preferred Dentist Program are provided by Metropolitan Life Insurance Company, New York, NY.
[8] The Dental Cost Estimator application is provided by an independent vendor. This tool does not provide the payment information used by MetLife when processing your claims. Prior to receiving services, pretreatment estimates through your dentist will provide the most accurate fee and payment information. MetLife Online Services capabilities may vary by product and may not be available to all customers. Please contact your MetLife representative for more information.

Like most group benefits programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. You may be financially responsible for copayments, deductibles, or any other amounts in excess of those MetLife is required to pay for covered services as described in your dental certificate and/or policy. Ask your MetLife representative for costs and complete details.

MetLife

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L5799107[exp0828][All States and][All Territories]

DENTAL INSURANCE: EXCLUSIONS

We will not pay Dental Insurance benefits for charges incurred for:

1. services which are not dentally necessary, or those which do not meet generally accepted standards of care for treating the particular dental condition;
2. services for which you would not be required to pay in the absence of dental insurance;
3. services or supplies received by you or your dependent before the dental insurance starts for that person;
4. services which are neither performed nor prescribed by a dentist, except for those services of a licensed dental hygienist which are supervised and billed by a dentist, and which are for:
   - scaling and polishing of teeth; or
   - fluoride treatments;
5. services which are primarily cosmetic, unless required for the treatment or correction of a congenital defect of a newborn child;
6. services or appliances which restore or alter occlusion or vertical dimension;
7. restoration of tooth structure damaged by attrition, abrasion or erosion, unless caused by disease;
8. restorations or appliances used for the purpose of periodontal splinting;
9. counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
10. personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss;
11. decoration or inscription of any tooth, device, appliance, crown or other dental work;
12. missed appointments;
13. services:
   - covered under any workers' compensation or occupational disease law;
   - covered under any employer liability law;
   - for which the employer of the person receiving such services is required to pay; or
   - received at a facility maintained by the policyholder, labor union, mutual benefit association, or VA hospital;
14. services covered under other coverage provided by the policyholder;
15. temporary or provisional restorations;
16. temporary or provisional appliances;
17. prescription drugs;
18. services for which the submitted documentation indicates a poor prognosis;
19. the following, when charged by the dentist on a separate basis:
   - claim form completion;
   - infection control, such as gloves, masks, and sterilization of supplies; or
   - local anesthesia, non-intravenous conscious sedation or analgesia, such as nitrous oxide;
20. dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
21. caries susceptibility tests;
22. appliances or treatment for bruxism (grinding teeth);
23. precision attachments associated with fixed and removable prostheses, except when the precision attachment is related to implant prosthetics;
24. adjustment of a denture made within 6 months after installation by the same dentist who installed it;
25. duplicate prosthetic devices or appliances;
26. replacement of a lost or stolen appliance, cast restoration or denture;
27. replacement of an orthodontic device;
28. diagnosis and treatment of temporomandibular joint disorders and cone beam imaging associated with the treatment of temporomandibular joint disorders;
29. intra and extraoral photographic images;
30. adult prophylaxis for dependents under age 14.