



# Dental Insurance

Preferred Dentist Program (PPO)

Prepared for: Parsons Corp

**PARSONS**

# A plan that offers savings, choice and anywhere, anytime service



**Negotiated fees typically 30% to 45% less than the average charges in the same area<sup>1</sup>**



**Flexibility to go to any dentist – in or out of the network**



**Choose from a large network** of carefully selected participating dentists



**Easy access** to pre-treatment estimates, real-time claims processing and 24-hour customer service by phone, fax or online



Plus access to **international dentists in more than 200 countries** through MetLife's International Dental Travel Assistance Program<sup>2</sup>

# Arkansas Dual option benefits breakdown

## PDP PLUS Network

	Premium Plan		Standard Plan	
	In-network dentists: percentage of negotiated fee <sup>4</sup>	Out-of-network dentists: percentage of reasonable & customary (R&C) <sup>D3</sup>	In-network dentists: percentage of negotiated fee <sup>4</sup>	Out-of-network dentists: percentage of reasonable & customary (R&C) <sup>D3</sup>
<b>Services Provided</b>				
<b>Type A: Preventive</b>	100%	100%	100%	100%
<b>Type B: Basic</b>	80%	80%	80%	80%
<b>Type C: Major</b>	60%	60%	50%	50%
<b>Type D: Orthodontia</b>	50%	50%	50%	50%
<b>Annual deductible</b> for B and C services	\$50 individual/ \$150 family	\$50 individual/ \$150 family	\$50 individual/ \$150 family	\$50 individual/ \$150 family
<b>Annual benefits maximum</b> excluding orthodontia	\$2,000 per person	\$1,000 per person	\$1,000 per person	\$1,000 per person
<b>Orthodontia</b> lifetime benefits maximum	\$2,000 per employee/spouse/child	\$2,000 per employee/spouse/child	\$1,000 per employee/spouse/child	\$1,000 per employee/spouse/child

Child(ren)'s eligibility for dental coverage is from birth up to age 26.



# MS, LA & TX Dual option benefits breakdown

## PDP PLUS Network

	Premium Plan		Standard Plan	
	In-network dentists: percentage of negotiated fee <sup>4</sup>	Out-of-network dentists: percentage of reasonable & customary (R&C) <sup>D3</sup>	In-network dentists: percentage of negotiated fee <sup>4</sup>	Out-of-network dentists: percentage of reasonable & customary (R&C) <sup>D3</sup>
<b>Services Provided</b>				
<b>Type A: Preventive</b>	100%	100%	100%	100%
<b>Type B: Basic</b>	80%	80%	80%	80%
<b>Type C: Major</b>	60%	60%	50%	50%
<b>Type D: Orthodontia</b>	50%	50%	50%	50%
<b>Annual deductible</b> for B and C services	\$50 individual/ \$150 family	\$50 individual/ \$150 family	\$50 individual/ \$150 family	\$50 individual/ \$150 family
<b>Annual benefits maximum</b> excluding orthodontia	\$2,000 per person	\$2,000 per person	\$1,000 per person	\$1,000 per person
<b>Orthodontia</b> lifetime benefits maximum	\$2,000 per employee/spouse/child	\$2,000 per employee/spouse/child	\$1,000 per employee/spouse/child	\$1,000 per employee/ spouse/child

Child(ren)'s eligibility for dental coverage is from birth up to age 26.



# Montana Dual option benefits breakdown

## PDP PLUS Network

	Premium Plan		Standard Plan	
	In-network dentists: percentage of negotiated fee <sup>4</sup>	Out-of-network dentists: percentage of reasonable & customary (R&C) <sup>D3</sup>	In-network dentists: percentage of negotiated fee <sup>4</sup>	Out-of-network dentists: percentage of reasonable & customary (R&C) <sup>D3</sup>
<b>Services Provided</b>				
<b>Type A: Preventive</b>	100%	100%	100%	100%
<b>Type B: Basic</b>	80%	80%	80%	80%
<b>Type C: Major</b>	60%	60%	50%	50%
<b>Type D : Orthodontia</b>	50%	50%	50%	50%
<b>Annual deductible</b> for B and C services	\$50 individual/ \$150 family	\$50 individual/ \$150 family	\$50 individual/ \$150 family	\$50 individual/ \$150 family
<b>Annual benefits maximum</b> excluding orthodontia	\$2,000 per person	\$2,000 per person	\$1,000 per person	\$1,000 per person
<b>Orthodontia</b> lifetime benefits maximum	\$2,000 per employee/spouse/child	\$2,000 per employee/spouse/child	\$1,000 per employee/spouse/child	\$1,000 per employee/spouse/child

Child(ren)'s eligibility for dental coverage is from birth up to age 26.



# Non ET States- Dual option benefits breakdown

PDP PLUS Network

All States except MS, LA, TX, MT, AK

Services Provided	Premium Plan		Standard Plan	
	In-network dentists: percentage of negotiated fee <sup>4</sup>	Out-of-network dentists: percentage of reasonable & customary (R&C) <sup>D3</sup>	In-network dentists: percentage of negotiated fee <sup>4</sup>	Out-of-network dentists: percentage of reasonable & customary (R&C) <sup>D3</sup>
<b>Type A: Preventive</b>	100%	100%	100%	100%
<b>Type B: Basic</b>	80%	80%	80%	80%
<b>Type C: Major</b>	60%	60%	50%	50%
<b>Type D: Orthodontia</b>	50%	50%	50%	50%
<b>Annual deductible</b> for B and C services	\$50 individual/ \$150 family	\$50 individual/ \$150 family	\$50 individual/ \$150 family	\$50 individual/ \$150 family
<b>Annual benefits maximum</b> excluding orthodontia	\$2,000 per person	\$1,000 per person	\$1,000 per person	\$1,000 per person
<b>Orthodontia</b> lifetime benefits maximum	\$2,000 per employee/spouse/child	\$2,000 per employee/spouse/child	\$1,000 per employee/spouse/child	\$1,000 per employee/spouse/child

Child(ren)'s eligibility for dental coverage is from birth up to age 26.



# Find a Dental Provider

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.



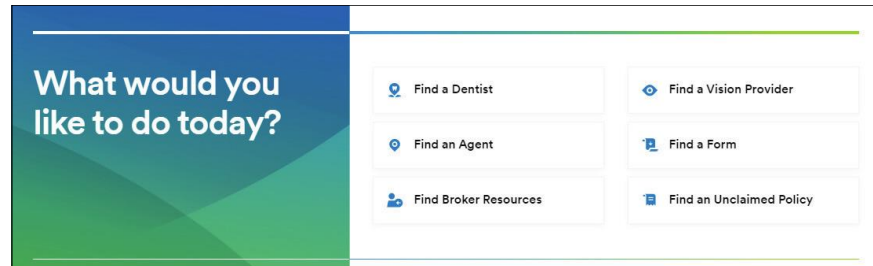
## Step 1:

Go to [metlife.com](https://www.metlife.com)



## Step 2:

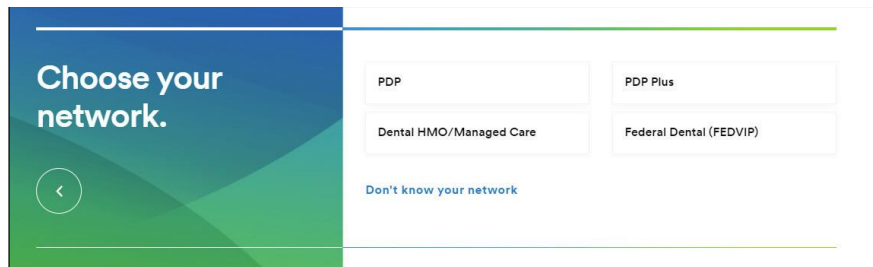
Select **Find a Dentist** next to **What would you like to do today?**



## Step 3:

Select **PDP Plus** next to **Choose your network.**

Enter your Zip, City or State and select the "Find a Dentist" button. You will then be prompted to select your plan from the list. The plan name is located in your Schedule of Benefits.





# Helping you make smarter choices



Oral Health Education made easy

Dentist Education &  
Communication

Patient Education &  
Communication



**Visit MetLife's Oral Health Library**

**[www.oralfitnesslibrary.com](http://www.oralfitnesslibrary.com)**



# It's easy to take the first step



Enroll during your **enrollment period**

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## **Customer Service Information**

Preferred Dentist Program: 1-800-942-0854

**Thank you.**

# Footnotes and disclosures

\* Please note: This is a hypothetical example that reviews a crown – porcelain/ceramic substrate (D2740) in the Philadelphia area, zip 19151. It assumes that the annual deductible has been met. Fees in your area may be different.

\*\* Please note that the in-network patient responsibility copayment may not necessarily represent the full extent of your out-of-pocket expense. Where two or more professionally acceptable treatments under generally accepted dental standards exist and where the treatment is a covered service, your MetLife plan bases reimbursement, and your copayment, on the least costly treatment alternative. If a treatment rendered is more costly than the alternative treatment on which your benefit is based, you are responsible for the amounts "including, but not limited to: any deductibles, the copayment for the treatment upon which your benefit was based, and, if your treatment was rendered by an participating provider, the amount by which the scheduled fee for the treatment actually rendered exceeds the scheduled fee for the less costly alternative, and if your treatment was rendered by an out-of-network provider, the amount by which the amount charged by your provider exceeds the scheduled fee for the less costly alternative.

† Not available in all states.

†† Assumes there is no gap in MetLife dental coverage under your employer's plan. Exact timeframes are determined by the employer.

††† MetLife coverage refers to dental plans underwritten or administered by MetLife.

1. Based on internal analysis by MetLife. Negotiated Fees refers to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.
2. International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. AXA Assistance USA, Inc. provides dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations.
3. R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.
4. Reimbursement 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.

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