



Dental Plan Highlights

Welcome to the MetLife Dental Plan

This flyer highlights your dental benefits available through the Retailers Association of Massachusetts.

Refer to policy certificate for full details

Plan Administered by DMS Dental and OneDigital Contact Us

Enrollment/Billing

800-456-8715
Ann Dickey
adickey@onedigital.com
Fax 855-242-2085

Claims
www.metlife.com/mybenefits
1-800-ASK-4MET

Monthly Rates
Individual \$48.26
Family \$140.31
April 1, 2019 –
March 31, 2020

Discount Vision Included;
Requires use of network provider

Plan Highlights

The Annual Maximum is \$1,250 per member per calendar year
The annual deductible \$50 per individual/\$150 per family

Preventative Services – 100% coverage, Deductible waived

- Examinations – 1 time per 6 months
- Cleanings – 1 time per 6 months
- Sealants – 1 per molar in 36 months for a child under age 16
- Fluoride – 2 times in one calendar year for a child under age 19
- Full Mouth X-Rays – Once in 36 months
- Bitewing X-Rays – Once per calendar year

Basic Services – 80% coverage, Deductible applies

- Space Maintainers – No limit for a child under age 16
- Other X-Rays
- Amalgam Fillings – 1 per replacement in 24 months
- Root Canal – 1 per tooth per lifetime
- Periodontal Maintenance – 2 perio treatments in 1 calendar year, includes 2 cleanings (total comb:2)
- Periodontal Surgery – 1 per quadrant in any 24 month period
- Scaling & Root Planing – 1 per quadrant in any 24 month period
- Repairs – 1 in 12 months
- Recementations – 1 in 12 months
- Dentures – Rebases/Relines – 1 in 60 months
- Tissue Conditioning – 1 in 36 months
- Emergency Palliative Treatment, General Anesthesia, Resin Composite Fillings (excludes molars), Pulpotomy, Pulp Capping, Pulp Therapy, Apexification & Recalcification, Periodontal Surgery (soft & connective tissue grafts), Periodontics (non-surgical), Oral Surgery (simple & surgical extractions)

Major Services – 50% coverage, Deductible applies

- Consultations – 2 in 12 months
- Prefabricated Crowns – 1 per tooth in 10 years
- Crown Buildups/Post Core – 1 per tooth in 10 years
- Dentures – 1 in 10 years
- Immediate Temporary Dentures (Complete/Partial) – 1 replacement in 10 years
- Denture Adjustments – 1 in 12 months
- Fixed Bridges – 1 in 10 years
- Inlays/Onlays/Crowns – 1 replacement per tooth in 10 years
- Implant Services – 1 per tooth position in 10 years
- Implant Repairs – 1 per tooth in 10 years
- Implant Supported Prosthetic – 1 per tooth in 10 years
- Occlusal Adjustments – 1 in 12 months

Orthodontic Services – Discounted service

- Provided as a discounted service in network only

Dependent children covered up until the end of the month that they turn 26

For Enrollment

Contact:
DMS/OneDigital
800-456-8715

For Claims

Contact:
MetLife
1-800-ASK-4MET

Monthly Rates

Individual \$48.26
Family \$140.31

Discount Vision
Included
Requires use of
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Choosing a dentist

With this program you can use any dentist

However, using a MetLife participating provider will reduce your out of pocket expense

Exclusions

- Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature.
- Services for which a covered person would not be required to pay in the absence of dental insurance.
- Services or supplies received by a covered person before the insurance starts for that person.
- 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 or polishing of teeth or fluoride treatment.
- Services which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a newborn child.
- Services or appliances which restore or alter occlusion or vertical dimension.
- Restoration of tooth structure damaged by attrition, abrasion, or erosion unless caused by disease.
- Restorations or appliances used for the purpose of periodontal splinting.
- Counseling or instruction about oral hygiene, plaque control, nutrition, and tobacco.
- Personal supplies or devices including, but not limited to, water piks, toothbrushes, or dental floss.
- Initial installation of a denture to replace one or more teeth which were missing before such person was insured for dental insurance, except for congenitally missing natural teeth.
- Decoration or inscription of any tooth, device, appliance, crown, or other dental work.
- Missed appointments.
- Services covered under any workers' compensation or occupational disease law.
- Services covered under any employer liability law.
- Services for which the employer of the person receiving such services is not required to pay.
- Services received at a facility maintained by the policyholder, labor union, mutual benefit association, or VA hospital.
- Services covered under other coverage provided by the policyholder.
- Temporary or provisional restorations.
- Temporary or provisional appliances.
- Prescription drugs.
- Services for which the submitted documentation indicates a poor prognosis.
- Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that dental insurance under the group policy be paid first.
- 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.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing and biting of food.
- Caries susceptibility tests.
- Precision attachments associated with fixed and removable prostheses.
- Adjustment of a denture made within 6 months after installation by the same dentist who installed it.
- Duplicate prosthetic devices or appliances.
- Replacement of a lost or stolen appliance, cast restoration, or denture.
- Intra and extraoral photographic images.
- Fixed and removable appliances for correction of harmful habits.
- Appliances or treatment for bruxism (grinding teeth) including, but not limited to, occlusal guards and night guards
- Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.
- Orthodontia services or appliances.
- Repair or replacement of an orthodontic appliance.