MetLife | Dental

Department of MANAGEMENT SERVICES
Division of State Group Insurance

Dental insurance for less than a dollar a day[1] for State of Florida employees

The value of MetLife Dental outshines the rest.

Inside:

MetLife Dental is your choice for **ONE of the lowest-cost PPO plan.**[1]

Coverage options, deductibles, and premiums to help **future-proof** your oral health needs.

Choose the plan that Floridians trust. Choose MetLife.

[1] Monthly rate is based on a single person per month and represents the MetLife Preventive Plan (4033) for State of Florida employees as of January 2025. Costs vary by available plan type and covered persons selected.

100% coverage on cleanings and exams

MetLife Dental offers ONE of the lowest-priced PPO plan for State of Florida employees.[1]

Of all the dental plans currently available to State of Florida employees, MetLife Dental offers one of the lowest-priced PPO plan currently available to new enrollees.[1] And that's just one of the reasons why Floridians choose MetLife Dental:

- Coverage starts as low as **$19 a month**[1]
- **$0 preventive care,** including in-network cleanings, X-rays and exams[2]
- **Savings up to 50% off** dental list prices for everything from fillings and crowns, to braces and more[3]
- **Over 471,000** dental provider locations nationwide[4]
- **Freedom to choose** any licensed dentist, in or out of network

MetLife Dental gives you access to over 7,000 general dentists in Florida[5].

Did you know?
A single crown can cost up to

$1,427?[6]

Your MetLife Dental Plan options have the following assigned People First Codes:

- Indemnity with PPO 4031
- Standard PPO 4032
- Preventive PPO 4033

State of Florida employees:
To enroll, visit PeopleFirst.MyFlorida.com.
For questions, call 1-844-222-9104
or visit metlife.com/stateoffl.

[1] Monthly rate is based on a single person per month and represents the MetLife Preventive Plan (4033) for State of Florida employees as of January 2025. Costs vary by available plan type and covered persons selected.
[2] Preventive services are subject to frequency limitations. Please see your certificate for more details.
[3] Based on MetLife data. Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services rendered by them, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.
[4] Based on MetLife internal contracting system analysis as of April 2025.
[5] Based on MetLife internal contracting system analysis for Florida as of April 2026.
[6] Based on MetLife data as of 2025 for a crown (D2740) in ZIP code 32801. This example is used for informational purposes only. Fees in your area may be different.

MetLife Dental gives you more reasons to smile

As a State of Florida employee, you deserve savings, flexibility and options.

When you choose MetLife Dental, you get access to a large network of dentists and oral care specialists to find the right provider for you and your family. And because we understand how important dental care is to your overall health, **100% of your preventive care is included**, along with savings on major services and emergency procedures.[1]

For 155+ years,

MetLife has protected people around the world.

Your MetLife Dental Plan options have the following assigned People First Codes:

- Indemnity with PPO 4031
- Standard PPO 4032
- Preventive PPO 4033

Why do I need it?

Routine dental checkups can help you keep your teeth and mouth healthy and help you stay healthy overall. Good oral health can help prevent gum disease, which is linked to increased risk for heart disease, diabetes and obesity.[2,3] Poor oral health has also been tied to increased risk of Alzheimer's disease and some cancers.[4]

If you stop to think about it, your teeth are important to effective chewing and nutrition. Healthy teeth also play a big role in how you speak and smile, which can make a difference in your confidence.[5]

In terms of your budget, you'll want to take into consideration your oral health needs and your ability to pay out of pocket for unexpected major services, like a crown.

How does it work?

You can visit any licensed dentist, although you'll save more when you stay in network.[1] There's no paperwork for you. Both in- and out-of-network dentists may submit your claims for you.

How can it help?

A solid dental plan makes it easier to help protect your smile and your budget.[1] Routine visits to the dentist help prevent costly dental bills later on.

Why enroll now?

MetLife Dental offers one of the lowest-priced PPO plan for dental coverage for State of Florida employees along with plan options for more comprehensive coverage.

[1] 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.

[2] Association of cardiovascular health and periodontitis: a population-based study. BMC Public Health, February 2024.

[3] Marruganti, Crystal, et al. Periodontitis and metabolic diseases (diabetes and obesity): Tackling multimorbidity, Periodontology 2000, October 2023.

[4] Liu, Yen Chun G et al. Update and Review of the Gerodontology Prospective for 2020s: Linking the Interactions of Oral (hypo)-functions to Health vs. Systemic Diseases, Journal of Dental Sciences Vol. 16, 2021.

[5] Militi, A., et al. Psychological and Social Effects of Oral Health and Dental Aesthetic in Adolescence and Early Adulthood: An Observational Study. International journal of environmental research and public health, 18(17), 9022, August 2021.

MetLife Dental gives you extra value, not just low rates

We're always innovating to improve your experience.

MetLife SpotLite on Oral Health℠

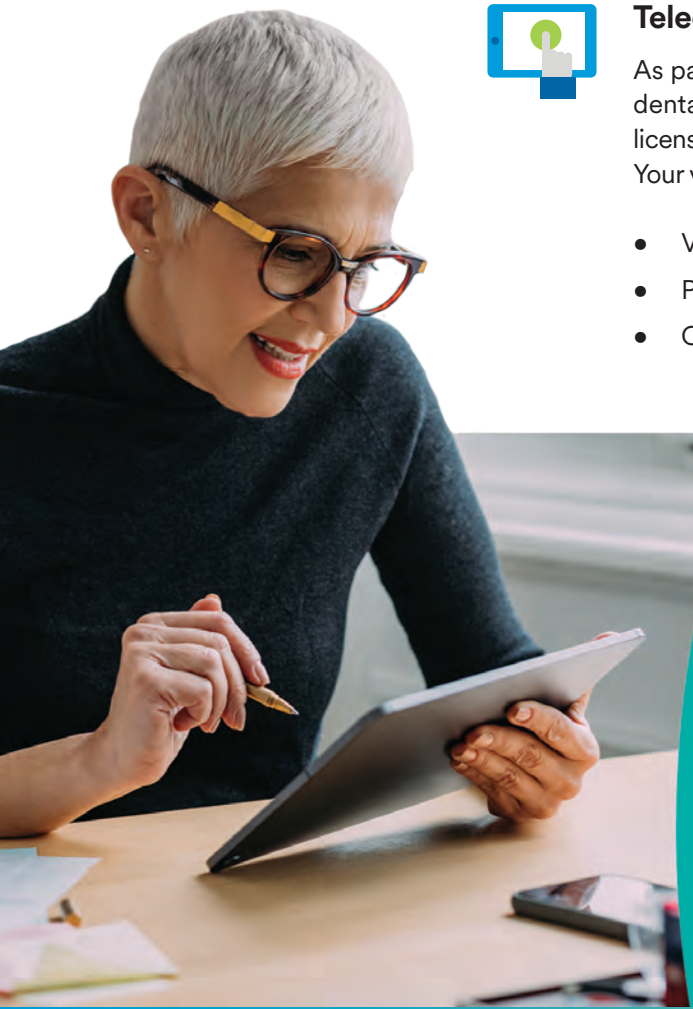
While all MetLife Dental participating dentists have undergone a rigorous credentialing[1] and selection process, this special recognition is awarded to dentists who have shown a focus on preventive care and improved health outcomes. It's a value-based approach to care that can help you make a more informed decision. MetLife is one of the first dental benefits provider to offer a program like this.

MetLife Dental makes it easy to see if your dentist is a SpotLite dentist or to find one. Simply visit **metlife.com**:

1. **Select Find a Dentist.**
2. **Choose your network and enter your ZIP, city and state.**
3. **Select the Find a Dentist button.**

MetLife SpotLite℠

Dentists awarded **SpotLite status** will have an icon next to their name.



Teledentistry with Virtual Dental Care[2]

As part of your MetLife Dental PPO plan, you have access to a virtual dental network 24/7.[3] Through a video call, you'll be able to connect with a licensed dentist when you're in pain or are unable to visit a dentist.
Your virtual visit might include:

- Visual consult or exam
- Prescriptions for antibiotics or pain
- Oral hygiene instruction
- Evaluation to prioritize care
- Referrals to in-network providers

State of Florida employees:
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or visit metlife.com/stateoffl.

[1] Certain providers may participate with MetLife through an agreement that MetLife has with a vendor. Providers available through a vendor are subject to the vendor's credentialing process and requirements, not MetLife's. If you should have any questions, contact MetLife Customer Service.

[2] Dental benefits are provided by Metropolitan Life Insurance Company (MetLife). Virtual dental services are provided by Teledentistry Network, Inc. (TNI). Dental.com (Website) is developed, provided and maintained by TNI and not MetLife. Use of the Website is subject to all the terms and conditions stated therein. TNI is not affiliated with MetLife or its affiliates.

[3] Virtual dentist appointments count as a dental exam and are covered as an in-office visit. Coverage is subject to your plan and its frequency limitations.

Get the access you need when you need it

MetLife has all kinds of tools, features and perks to help you get the most out of your plan.

MetLife mobile app[1]

Our mobile app makes it simple and more efficient to manage your benefits:

- Access coverage details and claims
- Find a dentist
- Get personalized cost estimates[2]
- Have your ID card with you wherever you go
- Get help from a 24/7 virtual assistant

Ready to download the MetLife mobile[1] app? Simply search "MetLife" in the Apple App Store or Google Play. Then use your MetLife MyBenefits login information to get started.

Download on the App Store | GET IT ON Google Play

The Dental Travel Assistance program[3]

When you're away from home, you can get international assistance tied to your out-of-network benefits, including:

- 24/7 help in multiple languages
- Access to dental providers (based on strict credentialing criteria) in approximately 200 countries
- Toll-free calling within the U.S., or collect calling outside the U.S.

Inclusive health history forms

To make sure we give everyone access to the best care possible, our forms are available in 40 languages to help dentists better communicate with non-English-speaking patients.

Access to the Oral Health Library[4]

Get unlimited online access to articles and videos on a wide range of helpful dental-related topics via oralfitnesslibrary.com.

State of Florida employees: To enroll, visit PeopleFirst.MyFlorida.com. For questions, call 1-844-222-9104 or visit metlife.com/stateoffl.

[1] To use the MetLife mobile app, employees can choose to register at metlife.com/mybenefits from a computer or directly through the app.

[2] The Dental Procedure Fee Tool 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.

[3] 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 or services provided by MetLife. Referral services are not available in all locations.

[4] All information provided on the website is intended for your general knowledge only and is not a substitute for obtaining medical or dental advice for specific medical or dental conditions or other advice from your dentists or doctors. By making this information available to you, Metropolitan Life Insurance Company and its affiliates (collectively, "MetLife") is not engaged in rendering any such advice. Use of this website is subject to all terms stated herein. The website is developed, provided and maintained by an independent vendor, not by MetLife. Insofar as the information provided on this website is from third parties or links to third party websites, it has no association whatsoever with MetLife, unless expressly stated.

MetLife Dental Insurance as low as $19 a month[1]

Monthly Costs

The following monthly costs are effective through 12/31/2026. Your premium will be paid through convenient payroll deduction. Monthly cost covers all eligible children for Employee + Child(ren) and Employee + Child(ren) + Spouse plans.

	Indemnity with PPO People First Plan Code 4031	**Standard PPO** People First Plan Code 4032	**Preventative PPO** People First Plan Code 4033
Employee Only	$48.48	$38.06	$19.24
Employee + Spouse	$89.66	$70.40	$35.56
Employee + Child(ren)	$100.20	$78.66	$39.74
Employee + Child(ren) + Spouse	$145.46	$114.20	$57.70

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Three plan options[1] made for State of Florida employees

Compare MetLife Dental Plans and choose the one that's right for you.

State of Florida Dental
Network: PDP Plus

	Indemnity with PPO People First Plan Code 4031		Standard PPO People First Plan Code 4032		Preventive PPO People First Plan Code 4033	
Coverage Type	**In-Network[2]** % of Negotiated Fee[3]	**Out-of-Network[2]** % of R&C Fee[4]	**In-Network[2]** % of Negotiated Fee[3]	**Out-of-Network[2]** % of R&C Fee[4]	**In-Network[2]** % of Negotiated Fee[3]	**Out-of-Network[2]** % of R&C Fee[4]
Type A: Preventive (cleanings, exams, X-rays)	100%	100%	100%	80%	100%	80%
Type B: Basic Restorative (fillings, extractions)	80%	80%	80%	50%	80%	50%
Type C: Major Restorative (bridges, dentures)	50%	50%	50%	30%	No Benefit	No Benefit
Type D: Orthodontia	50%	50%	50%	30%	No Benefit	No Benefit
Deductible[5]						
Employee Only	$50	$50	$50	$50	$50	$50
Employee + Spouse	$100	$100	$100	$100	$100	$100
Employee + Child(ren)	$100	$100	$100	$100	$100	$100
Employee + Child(ren) + Spouse	$150	$150	$150	$150	$150	$150
Annual Maximum Benefit						
Per Person	$2,000	$2,000	$1,500	$1,500	$1,000	$1,000
Orthodontia Lifetime Maximum						
Per Person	$2,500	$2,500	$2,000	$1,500	No Benefit	No Benefit

Late enrollment waiting period: None.
Employees can enroll upon date of hire or during yearly State of Florida Enrollment Period. There's no late enrollment permitted.

[1] When 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 plan's reimbursement for those services, and your out-of-pocket expense.

[2] In-network refers to benefits provided under this program for covered dental services that are provided by a participating dentist. Out-of-network refers to benefits provided under this program for covered dental services that are not provided by a participating dentist.

[3] Negotiated fee refers to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing, and benefits maximums. Negotiated fees are subject to change.

[4] R&C fee refers to the Reasonable and Customary 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.

[5] Applies only to Type B & C Services. Once the Annual Employee + Child(ren) + Spouse Deductible is satisfied, no further Annual Individual Deductibles are required to be met. The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.

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Group dental plans featuring the Preferred Dentist Program are provided by Metropolitan Life Insurance Company, New York, NY.

Find the plan that fits

MetLife Dental Plans are designed with your needs in mind.

List of Primary Covered Services & Limitations

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan. Visit **metlife.com/stateoffl** for full dental plan information.

	Indemnity with PPO	Standard PPO	Preventive PPO
Type A – Preventive	**How Many/How Often**		
Prophylaxis (cleanings)	• One cleaning in 6 consecutive months.		
Oral Examinations	• One exam in 6 consecutive months.		
Topical Fluoride Applications	• One fluoride treatment in 12 consecutive months for dependent children up to his/her 14th birthday.		
X-rays	• Full mouth X-rays; one per 60 months. • Bitewings X-rays; two times per 12 consecutive months.		
Space Maintainers	• Space maintainers for a child under age 14 once per lifetime per tooth area.		
Sealants	• One application of sealant material every 60 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 16th birthday.		
Type B – Basic Restorative	**How Many/How Often**		
Fillings	• One per tooth surface, per 24 consecutive months.		
Simple Extractions	• Covered.		
Oral Surgery	• Covered.		
Endodontics	• Root canal treatment limited to once per tooth per lifetime.		
General Anesthesia	• When dentally necessary in connection with oral surgery, extractions or other covered dental services.		
Periodontics	• Periodontal scaling and root planing once per quadrant, every 24 months. • Periodontal surgery once per quadrant, every 36 months.		
Type C – Major Restorative	**How Many/How Often**		
Implants	• Implant Services (including sinus augmentation and bone replacement and graft for ridge preservation), but no more than once for the same tooth position in a 60-month period: - when needed to replace congenitally missing teeth; or - when needed to replace teeth that are lost while the person receiving such benefits was insured for Dental Insurance. • Repair of implants, but no more than once in a 12-month period.		Not Covered
Bridges and Dentures	• Initial placement to replace one or more natural teeth, which are lost while covered by the plan. • Dentures and bridgework replacement; one per 84 consecutive months. • Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed.		Not Covered
Crowns, Inlays, and Onlays	• Replacement once every 84 months.		Not Covered

List of Primary Covered Services & Limitations (Continued)

	Indemnity with PPO	Standard PPO	Preventive PPO
Type D – Orthodontia	**How Many/How Often**		
	• You, Your Spouse, and Your Children up to the last day of the calendar year in which Your Child reaches age 26, are covered while Dental Insurance is in effect. • All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia. • Payments are on a repetitive basis. • 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary. • Orthodontic benefits end at cancellation of coverage.		Not Covered

The service categories and plan limitations shown above represent an overview of your Plan Benefits. This document presents the majority of services within each category but is not a complete description of the Plan. Visit **metlife.com/stateoffl** for full dental plan information.

State of Florida employees:
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For questions, call 1-844-222-9104 or visit metlife.com/stateoffl.

Frequently Asked Questions

Who is a participating dentist?

A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Depending on your plan, you'll save anywhere from 35% to 50% off the dentist's list price for your whole family's care.[1]

How do I find a participating dentist?

You can receive a list of participating dentists online at metlife.com/stateoffl or call 1-844-222-9104. There are thousands of general dentists and specialists to choose from nationwide — so you are sure to find one that meets your needs.

What services are covered under this plan?

The services covered within this plan are set forth in the certificate of insurance, which can be located at metlife.com/stateoffl.

May I choose a non-participating dentist?

Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist, your out-of-pocket costs may be higher.

Can my dentist apply for participation in the network?

Yes. If your current dentist does not participate in the network, and you would like to encourage him/her to apply, ask your dentist to visit metdental.com, or call 1-866-PDPNTWK for an application.[2] The website and phone number are for use by dental professionals only.

How are claims processed?

Dentists may submit your claims for you, which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit Metlife.com/mybenefits or request one by calling 1-844-222-9104.

Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?

Yes. You can ask for a pretreatment estimate. Your general dentist or specialist can send MetLife a plan for your dental care and request 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 (EOB) 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.

Can MetLife help me find a dentist outside of the U.S. if I am traveling?

Yes. Through international dental travel assistance services,[3] you can obtain a referral to a local dentist by calling 1-312-356-5970 (collect) when outside the U.S. to receive immediate dental care until you can see your dentist. Coverage will be considered under your out-of-network benefits.[4] Please remember to hold on to all receipts to submit a dental claim.

How does MetLife coordinate benefits with other insurance plans?

Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one 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, subject to applicable law. 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, subject to applicable law.

Do I need an ID card?

No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in a MetLife dental benefits plan. Your dentist can easily verify information about your coverage through a toll-free automated computer voice response system.

I'm already covered under my employer's grandfathered plan. Why should I enroll in MetLife Dental?

When you choose MetLife Dental, you don't have to select a primary care dentist. You'll have access to our large network of providers, including every general dentist in Florida. And even if your dentist were to leave the network, you wouldn't have to change plans. You can save money with MetLife Dental's lower negotiated rates for services like dental implants, root canal therapy, extractions, dentures and more.[1]

State of Florida employees:

To enroll, visit PeopleFirst.MyFlorida.com.
For questions, call 1-844-222-9104
or visit metlife.com/stateoffl.

[1] 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.

[2] Due to contractual requirements, MetLife is prevented from soliciting certain providers.

[3] 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 or services provided by MetLife. Referral services are not available in all locations.

[4] Refer to your dental benefits plan summary for your out-of-network dental coverage.

Exclusions

All 3 Plans:

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

- 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 you would not be required to pay in the absence of dental insurance;
- Services or supplies received by you or your Dependent before the dental 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 and polishing of teeth; or
  - Fluoride treatments;
- Services which are primarily cosmetic unless such service is:
  - Required for reconstructive surgery which is incidental to or follows surgery which results from trauma, an infection, or other disease of the involved part; or
  - Required for reconstructive surgery because of a congenital disease or anomaly of a Child which has resulted in a functional defect;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion, or erosion;
- 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 picks, toothbrushes, or dental floss;
- Decoration, personalization, or inscription of any tooth, device, appliance, crown, or other dental work;
- Missed appointments;
- Services:
  - Paid under any workers' compensation or occupational disease law;
  - Paid under any employer liability law;
  - For which you are not required to pay; or
  - Received at a facility maintained by the employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Policyholder;
- Biopsies of hard or soft oral tissue;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- 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 or biting of food;
- Caries susceptibility tests;
- Modification of removable prosthodontic and other removable prosthetic services;
- Fixed and removable appliances for correction of harmful habits;
- Appliances or treatment for bruxism (grinding teeth);
- Replacement of a lost or stolen appliance, cast restoration, or denture;
- Diagnosis and treatment of temporomandibular joint disorders and cone beam imaging associated with the treatment of temporomandibular joint disorders;
- Intra and extraoral photographic images.

Standard & Indemnity PPO Plans only:

- Initial installation of a Denture or implant or implant-supported prosthetic to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing teeth;
- Precision attachments associated with fixed and removable prostheses, except when the precision attachment is related to implant prosthetics;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Duplicate prosthetic devices or appliances;
- Replacement of an orthodontic device;

Preventative PPO only:

- Initial installation or replacement of Cast Restorations;
- Implant-supported Cast Restorations;
- Labial veneers;
- Initial installation or replacement of Dentures;
- Addition of teeth to a partial Denture;
- Adjustments of Dentures;
- Tissue conditioning;
- Implants including, but not limited to any related surgery, placement, maintenance, and removal;
- Repair of implants;
- Fixed partial Dentures;
- Other fixed Denture services;
- Consultations;
- Precision attachments associated with fixed and removable prostheses;
- Orthodontic services or appliances;
- Repair or Replacement of an orthodontic device;

Alternate Benefits:

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 plan's payment for those services, and your out-of-pocket expense. Procedure charge schedules are subject to change each plan year. You can obtain an updated procedure charge schedule for your area via fax by calling 1-844-222-9104 and using the MetLife Dental automated information service. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles, and other limits at time of payment.

Cancellation/Termination of Benefits:

Coverage is provided under a group insurance policy (Policy form GPNP99/G.2130-S) issued by MetLife. Coverage terminates when your membership ceases, when your dental contributions cease, or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown, or root canal therapy.

metlife.com

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. Ask your MetLife representative for costs and complete details.

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166