

Find a participating Dentist in the Dental HMO/Managed Care plan

The Dental HMO/Managed Care plan’s network includes both private practice dentists and those who are in a clinic environment. 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)



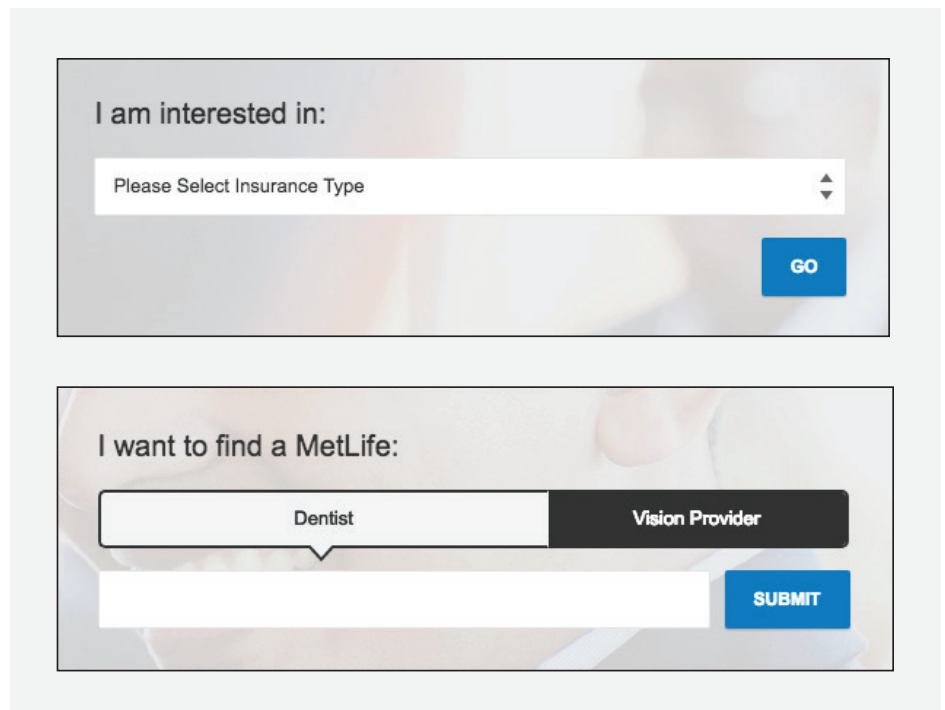
Step 2:
Select “I want to find a MetLife:”

Click “Dentist” and enter your ZIP Code, and select the Dental HMO/Managed Care network.



Step 3:
Enter the Plan Name

The plan name is located in your Schedule of Benefits.



The screenshot shows two sequential steps of a web form. The first step, titled "I am interested in:", features a dropdown menu with the placeholder text "Please Select Insurance Type" and a blue "GO" button. The second step, titled "I want to find a MetLife:", features a radio button selection between "Dentist" and "Vision Provider", a text input field, and a blue "SUBMIT" button.

Dental Managed Care Plan benefits are provided by Metropolitan Life Insurance Company, a New York corporation, in NY. Dental HMO plan benefits are provided by: SafeGuard Health Plans, Inc., a California corporation, in CA; SafeGuard Health Plans, Inc., a Florida corporation, in FL; SafeGuard Health Plans, Inc., a Texas corporation, in TX; and MetLife Health Plans, Inc., a Delaware corporation, and Metropolitan Life Insurance Company, a New York corporation, in NJ. The Dental HMO/Managed Care companies are part of the MetLife family of companies.

DHMO” is used to refer to product designs that may differ by state of residence of the enrollee, including but not limited to: “Specialized Health Care Service Plans” in California; “Prepaid Limited Health Service Organizations” as described in Chapter 636 of the Florida statutes in Florida; “Single Service Health Maintenance Organizations” in Texas; and “Dental Plan Organizations” as described in the Dental Plan Organization Act in New Jersey.

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



Scott & White Health Plan and MetLife – A Winning Combination



MetLife

Dental Benefits – Savings, flexibility and service. For healthier smiles.

Basic Plan Overview and Options:

PROCEDURES	COVERED PERCENTAGE		MEMBERS' MINIMUM PAYMENT ¹	
	In Network ² – based on the Negotiated Fee	Out of Network ³ – based on the R&C Fee	In Network – based on the Negotiated Fee	Out of Network – based on the R&C Fee
Periodic Oral Evaluations ⁴	100%	100%	0%	0%
Cleanings (prophylaxis) ⁴	100%	100%	0%	0%
Bitewings ³	100%	100%	0%	0%
Sealants (age 14 & under)	50%	50%	50%	50%
Topical Fluoride (age 14 & under)	50%	50%	50%	50%
Fillings	50%	50%	50%	50%
Root Canals	50%	50%	50%	50%
Extractions	50%	50%	50%	50%
Crowns	25%	25%	75%	75%
Partials & Dentures – Procedures & Services	25%	25%	75%	75%
Bridge Work	25%	25%	75%	75%
Space Maintainers	25%	25%	75%	75%

Annual Maximum Amounts: Basic Plan: \$500

Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated Fee fees are subject to change.

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.

A "Dental Expense Period" means a period which starts on any January 1 and ends on the next December 31.

(continued)

¹ If the actual charge is greater than the R&C fee, the member's out-of-pocket expense is the amount remaining after the covered percentage of the R&C fee is reimbursed plus the difference between the R&C fee and the actual charge.

² "In-Network Benefits" means benefits provided under this plan for covered dental services that are provided by a participating dentist.

³ "Out-of-Network Benefits" means benefits provided under this plan for covered dental services that are provided by a non-participating dentist.

⁴ Limited to two per year.



**SCOTT & WHITE
HEALTH PLAN**

The one Texans trust.

Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166
www.metlife.com

What's Covered – Covered dental expenses fall into one of the following categories:

Basic Services:

- Periodic oral evaluations, two per year.
- Dental prophylaxis (cleanings), two per year.
- Topical fluoride treatment for dependent children age 14 and under.
- Sealants covered on molars only, once per tooth for dependents age 14 and under.
- Radiographs – intraoral, extraoral, bitewings – two per year. Panoramic film (once every 36 months), cephalometric film.
- Fillings – amalgam or resin composite fillings.
- Sedative fillings.
- Recement inlays; recement crowns.
- Prefabricated stainless steel crown – primary or permanent (replacement within 36 months not covered).
- Endodontics – pulpotomy.
- Root canal therapy, limited to one per tooth per lifetime.
- Palliative (emergency) treatment of dental pain – minor procedure.
- Local anesthesia not in conjunction with operative or surgical procedure.
- Oral surgery – extractions of teeth and roots, including local anesthesia and routine postoperative care.
- Professional consultations, two per year.

Complex Services:

- Space maintainers for covered dependents under age 14 (limited to initial passive appliance only).
- Crowns – single restoration only. Limited to one restoration every 60 months.
- Pin retention, per tooth, in addition to restoration.
- Prefabricated post and core in addition to crown.
- Crown repair.
- Endodontics – apicoectomy, retrograde filling per root or root amputation per root; hemisection, not including root canal therapy.
- Installation of a partial or full removable denture. Limited to once every 60 months.
- Repairs or adjustments to complete dentures. Repairs to partial dentures.
- Denture relining or rebasing, limited to once every 24 months.
- Overdenture complete or partial, limited to one every 60 months.
- Installation of fixed bridgework, including bridge pontics, retainers, bridge retainers-crowns. Replacement within 60 months is not a covered expense.
- Recement bridge.
- Bridge repair.
- Oral surgery – alveoplasty and surgical incisions.
- General anesthesia (limited to first 30 minutes) and intravenous sedations.

Eligibility:

- Student Age - Dependent children are covered to age 26.

Limitations:

- Coordination of Benefits - Our plans contain a coordination of benefits clause that reduces benefits paid under our plan based on benefits received from other group, employer or government sponsored plans except Medicaid. The benefits under a MetLife group dental plan and any other plan providing benefits for covered dental services cannot exceed 100% of the allowable charge.
- Generally Accepted Dental Standards – MetLife determines benefit payments for dental expenses under a MetLife group dental plan. Benefits will be payable for a recommended dental service only if it is classified as “necessary,” under generally accepted dental standards.

Exclusions:

(The following expenses are not Covered Dental Expenses)

- Services or Supplies:
 - related to teeth lost before dental benefits began or for congenitally missing natural teeth;
 - received by a covered person before the dental expense benefits start for that person;
 - which are covered by any worker's compensation laws or occupational disease laws;
 - which are covered by any employer's liability laws;
 - which an employer is required by law to furnish in whole or in part;
 - received through the medical department or similar facility which is maintained by the covered person's employer;
 - received by a covered person for which no charge would have been made in the absence of dental expense benefits for that covered person;
 - for which a covered person is not required to pay;
 - which are not necessary, according to generally accepted dental standards, or which are not recommended or approved by a dentist;
 - which do not meet generally accepted dental standards, including experimental treatment;
 - received as a result of dental disease, defect, or injury due to an act of war, or warlike act in time of peace, which occurs while the dental expense benefits for the covered person are in effect;
 - which are provided by any other plan which the employer (or an affiliate) contributes to or sponsors.
- Services not performed by a dentist except for those of a licensed dental hygienist which are supervised and billed by a dentist and which are for cleaning and scaling of teeth or fluoride treatments.
- Cosmetic surgery or supplies. However, any such surgery or supply will be covered if it otherwise is a covered dental expense and it is required for reconstructive surgery that is incidental to or follows surgery that results from a trauma, an infection or other disease of the involved part; or is required for reconstructive surgery because of a congenital disease or anomaly of a dependent child that has resulted in a functional defect.
- Replacement of a lost, missing or stolen crown, bridge or denture.

What's Covered – Covered dental expenses fall into one of the following categories: *(continued)*

Exclusions: *(continued)*

- Repair or replacement of an orthodontic appliance.
- Adjustment of a denture or a bridgework which is made within six months after it is installed by the same dentist who installed it.
- Any duplicate appliance or prosthetic device.
- Use of materials or home health aids to prevent decay, such as toothpaste or fluoride gels, other than the topical application of fluorides.
- Instruction for oral care such as hygiene or diet.
- Periodontal splinting.
- Myofunctional therapy or correction of harmful habits.
- Implantology.
- Charges by a dentist for completing dental forms.
- Charges for broken appointments.
- Treatment of temporomandibular joint disorders.
- Sterilization supplies.
- Services or supplies furnished by a family member.
- Periodontics.
- Orthodontia (For Low and Mid plans only).

Cancellation/Termination:

Coverage is subject to the terms and provisions in the Group Policy (Form GPNP99-DSC-SWM) and certificates of insurance (Form G.23000-Cert.1-SW-FAM) issued to each insured member. In any state validly exercising extraterritorial jurisdiction, the plan will be modified to meet applicable laws.

Coverage terminates:

- All benefits on account of a dependent will end on the earlier of the date that dependent ceases to be a dependent or on the date of the member's death; or
- Cease to be an active member of the Scott & White Health Plan.

Questions? Please call 1-800-ASK-4-MET (1-800-275-4638).

Hours of Operation: 8 a.m. – 7 p.m. (CST)
TDD #: 1-888-638-4863 (24 hours)

Dental Claims Address:
MetLife Dental Claims
P.O. Box 981282
El Paso, TX 79998-1282

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HEALTH PLAN

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MetLife

Metropolitan Life Insurance Company
200 Park Avenue
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INTERMEDIARY AND PRODUCER COMPENSATION NOTICE

MetLife enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related products (“Products”) with brokers, agents, consultants, third-party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such Products (each an “Intermediary”). MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of Products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your Products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your Products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (number of Products sold or dollar value of premium) with MetLife. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife’s current supplemental compensation plan, the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on: (1) the number of Products sold through your Intermediary during a prior one-year period; (2) the amount of premium or fees with respect to Products sold through your Intermediary during a prior one-year period; (3) the persistency percentage of Products inforce through your Intermediary during a prior one-year period; (4) premium growth during a prior one-year period; (5) a fixed percentage of the premium for Products as set by MetLife. The supplemental compensation percentage will be set by MetLife prior to the beginning of each calendar year and it may not be changed until the following calendar year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our Products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium from you in relation to your Products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (e.g., insurance and employee benefits exchanges, enrollment firms and platforms, consulting agreements, or reinsurance arrangements).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife’s base compensation and supplemental compensation plans can be found on MetLife’s Web site at www.metlife.com/brokercompensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your MetLife sales representative. Compensation paid to your MetLife sales representative is for participating in the sale, servicing, and/or renewal of Products, and the compensation paid may vary based on a number of factors including the type of Product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your MetLife sales representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your MetLife sales representative or calling (866) 796-1800.