



Start saving, start smiling with TRS-Care Dental Insured by MetLife



TRS-Care Dental insured by MetLife offers coverage for services and procedures that matter to you, from routine exams and basic diagnostic services to major services like implants, crowns, dentures and more, subject to standard plan provisions.

Count on flexible options, an expansive provider network and affordable costs, with great benefits like these:

- Over 11,700 licensed dentists in Texas and **133,000 in-network providers** nationwide¹
- **MetLife SpotLite on Oral HealthSM** is a recognition awarded to **dentists** for a focus on preventive oral care and improved oral health outcomes. Look for the MetLife SpotLite badge when selecting a dentist.
- **No out-of-pocket costs** for preventive exams, cleanings, and X-rays with an in-network provider²
- **35-50% savings** on dental list prices³
- A **Dental Cost Estimator⁴** tool that makes planning your care—and stretching your health care dollars—simple.
- Plus, **preventive care** won't count towards the spending of your annual maximum benefit—it can actually increase it!
- You don't need to be enrolled in a TRS-Care health plan to enroll in TRS-Care Dental.

Looking for more information?

- Plan details
- Tools and resources
- How to find a provider
- and more

metlife.com/trs-caredental



For questions about dental benefits, call MetLife:

1-855-488-0522

Monday–Friday 7 a.m.–10 p.m. CST

To enroll in coverage or make changes to your existing coverage, visit: MyTRS.texas.gov during open enrollment. Visit trs.texas.gov to learn more, or call TRS at 1-888-237-6762, Mon–Fri 7 a.m.–6 p.m. CST.

**Enroll yourself and your qualified dependents at
MyTRS.texas.gov in less than five minutes!**



1. Based on MetLife internal contracting system analysis as of January 2024.
2. The out-of-network Maximum Allowable Charge is equal to the in-network negotiated fee. Preventive services are subject to frequency limitations. Please see your certificate for more details. If you choose to use an out-of-network provider, preventive services are covered at 100% of the Maximum Allowable Charge (MAC). Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the MAC. The out-of-network MAC is a scheduled amount determined by MetLife. For Alaska and Montana residents, the out-of-network reimbursement will be the 70th percentile due to Extraterritorial limits. Your out-of-pocket costs may be higher.
3. Based on MetLife data. 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. 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.
4. The Dental Cost Estimator application is provided by an independent vendor. This tool does not provide the payment information MetLife uses when processing your claims. Prior to receiving services, pretreatment estimates through your dentist will provide the most accurate fee and payment 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.



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