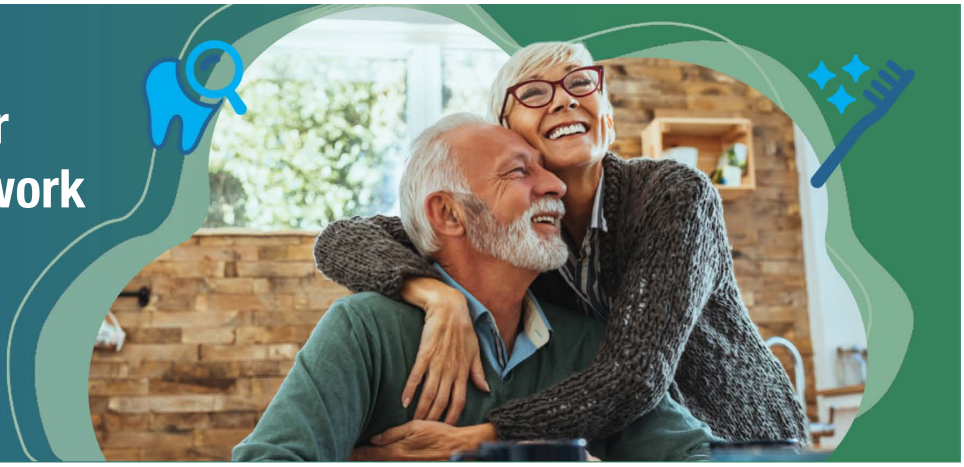
TRS-Care DENTAL

Understanding Your In- and Out-of-Network Costs



TRS-Care Dental and MetLife have you covered

Staying within your budget has never been more important, but it shouldn't come at the expense of your dental health.

As a TRS-Care participant, you get the best of both worlds. You can save big on dental care by tapping into our extensive network of more than 11,700 licensed dentists in Texas and **133,000 in-network providers nationwide**.[1] Or, you can choose an out-of-network dentist and still enjoy savings.

Either way, the money you save can give you a reason to smile.

Network: MetLife Preferred Dentist Program (PDP) Plus

Coverage Type	In-Network[1] % of Negotiated Fee[2,3]	Out-of-Network[1] % of Maximum Allowable Charge[4]
Type A[4]: Preventative (for example: cleanings, exams)	100% of Negotiated Fee	100% of Maximum Allowable Charge
Type B[4]: Basic (for example: fillings, sealants)	70% of Negotiated Fee	70% of Maximum Allowable Charge
Type C[4]: Major (for example: bridges, extractions, dentures)	50% of Negotiated Fee	50% of Maximum Allowable Charge

In-Network and Out-of-Network: How It Works

For in-network care, dentists agree to a negotiated fee[2] to accept as payment in full for covered services. There is a plan coverage percentage based on the service. For out-of-network care, the Maximum Allowable Charge (MAC)[4] caps payment for services at a certain amount, while dentists' actual charges may be higher. See the example in the chart below.

TRS-Care Dental In-Network vs. Out-of-Network Costs

Let's look at a hypothetical example of in-network vs. out-of-network (OON) costs for a crown.

Coverage Type	In-Network Cost % of Negotiated Fee[2,3]	Out-of-Network Maximum Allowable Charge (MAC)[4]
Dentist charge	$1,424	$1,424
Negotiated fee	$778	N/A
Maximum Allowable Charge	N/A	$625
Plan coverage % for crowns	50%	50%
MetLife pays	$389	$312.50
Member pays	**$389**	**$1,111.50**

This is a hypothetical example that reviews a crown—porcelain/ceramic substrate (D2740) in the El Paso, TX area zip 79902. It assumes that the participant met their annual deductible and did not reach their annual maximum benefit. Actual negotiated fees, MAC amounts and out-of-pocket expenses may differ.

For in-network services, the negotiated fee will be the final cost to be split 50:50 between MetLife and the member. For out-of-network services, the dentist's charge will be the final cost. MetLife will pay half of the MAC, which may be different than the dentist's charge. The member will be responsible for the full dentist charge minus the portion of the MAC that MetLife will cover.

Take charge of your dental care

Talk to your dentist

Before you get any major dental work, talk to your dentist about getting a pre-treatment estimate.[5] That's when your dentist sends the plan for your care to MetLife. For most procedures, you and your dentist will receive the estimate — online or by fax — during your visit. The statement shows amounts for what your plan covers. Then you and your dentist can talk about your care and costs before your treatment. It's a great way to be prepared and plan ahead.

Get your plan information — fast!

Managing your dental benefits has never been easier. Go to MyBenefits — your secure member website. Just log on at metlife.com/mybenefits. With this 24/7 website[6] you can:

- Review your plan information, including what's covered and coinsurance
- Track your deductible and plan maximums
- Find a dentist or view your claim history
- Read up on the oral health information you need to make informed decisions about your care

For questions about dental benefits, call MetLife: 855-488-0522
Monday – Friday
7 a.m. – 10 p.m. CST

For enrollment and eligibility questions, or for current enrollees to enroll new dependents, call TRS: 888-237-6762
Monday – Friday
7 a.m. – 10 p.m. CST

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1. Based on MetLife internal contracting system analysis as of January 2024.
2. 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.
3. Savings from enrolling in a dental benefits plan featuring the MetLife Preferred Dentist Program will depend on various factors, including the cost of the plan, how often participants visit a dentist, and the cost of services rendered.
4. Maximum Allowable Charge: The out-of-network Maximum Allowable Charge is equal to the in-network negotiated fee. Payment 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.
5. 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.
6. With the exception of scheduled or unscheduled systems maintenance or interruptions, the MyBenefits website is typically available 24 hours a day, 7 days a week.

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.

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

MetLife

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