

**State of North Carolina Department of Correction Plan Design  
MetLife® Preferred Dentist Program (PDP)**

**Don't miss this great opportunity to elect dental coverage —  
Under the State of North Carolina Department of Correction dental benefits plan**

Emerging research is showing connections between oral health and medical conditions such as heart disease and low birth weight in infants. Now, it is more important than ever to consider your need for dental benefits. That's why State of North Carolina Department of Correction is pleased to continue to offer access to a dental benefit program made available from MetLife®. With the plan, which features the MetLife Preferred Dentist Program (PDP), you can get dental coverage with real advantages.

**Dental coverage designed for the real world**

MetLife, an industry leader for more than 40 years, offers easy-to-understand dental coverage that allows you to:

- **Protect** — you and your family by providing coverage for services that help promote long-term oral health.
- **Choose** — any dentist you want without lock-ins or specialist referrals.

**What you need, when you need it**

If you're already enrolled in the MetLife Dental Benefits Plan, you know you get choice, and access from your dental plan. If you're not, now is the perfect time to enroll! Your dental benefits plan will become effective on **January 1, 2007**. If you don't enroll at this opportunity, there may be limits on when you may be able to enroll later.

Wait there's more! We're not content to just provide you with valuable dental benefits — we want you to have a great experience. That's what MetLife's superior service commitment is all about. MetLife processes 85% of claims in five business days or less to get your claim paid faster. And, if you have questions, simply log on to **[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)** or call **1-800-942-0854**, to access the tools and information you need to be a better-informed user of your dental plan.

Sincerely,



Alan J. Vogel  
Vice-President  
Dental Product Management

*Like most group health insurance policies, MetLife group policies contain certain exclusions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife for complete details.*

## *MetLife<sup>®</sup> Preferred Dentist Program Benefit Summary*

<b>Coverage Type:</b>	<b><u>In-Network</u></b>	<b><u>Out-of-Network</u></b>
Type A - Preventive	100% of PDP Fee**	100% of R&C Fee***
Type B - Basic Restorative	80% of PDP Fee**	80% of R&C Fee***
Type C - Major Restorative*	50% of PDP Fee**	50% of R&C Fee***
Type D – Orthodontia*	50% of PDP Fee**	50% of R&C Fee***

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<b>Deductible****</b>	<b><u>In-Network</u></b>	<b><u>Out-of-Network</u></b>
Individual	\$25	\$25
Family	\$75	\$75

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<b>Annual Maximum Benefit:</b>	<b><u>In-Network</u></b>	<b><u>Out-of-Network</u></b>
Per Person	\$1,000	\$1,000

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<b>Orthodontia Lifetime Maximum:</b>	<b><u>In-Network</u></b>	<b><u>Out-of-Network</u></b>
Per Person	\$1,500	\$1,500

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\* For Late Entrants there is a 12 month wait for these services.

\*\* PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full.

\*\*\* Reasonable & Customary charges are based on the research of a dentist's usual, actual & community average charge as determined by MetLife.

\*\*\*\* Applies only to Type B & C Services.

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# *MetLife<sup>â</sup> Preferred Dentist Program (PDP)*

## *List of Primary Covered Services & Limitations*

### **Type A - Preventive**

Prophylaxis (cleanings)  
Oral Examinations  
Topical Fluoride Applications  
X-rays

### **How Many/How Often:**

- Two per calendar year.
- Two exams per calendar year.
- One fluoride treatment per calendar year for dependent children up to 19<sup>th</sup> birthday.
- Full mouth X-rays: one per 60 months.
- Bitewing X-rays: one set per calendar year for adults; two sets per calendar year for children.

Space Maintainers  
Sealants

- Space Maintainers for dependent children up to 19<sup>th</sup> birthday.
- One application of sealant material every 60 months for each non-restored, non-decayed 1<sup>st</sup> and 2<sup>nd</sup> molar of a dependent child up to 19<sup>th</sup> birthday.

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### **Type B - Basic Restorative**

Fillings  
Simple Extractions  
Crown, Denture, and Bridge Repair  
Endodontics  
General Anesthesia  
Oral Surgery

### **How Many/How Often:**

- Root canal treatment limited to once per tooth per 24 months.
- When dentally necessary in connection with oral surgery, extractions or other covered dental services.

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### **Type C - Major Restorative**

Bridges and Dentures  
  
Crowns/Inlays/Onlays  
Periodontics

### **How Many/How Often:**

- Initial placement to replace one or more natural teeth, which are lost while covered by the Plan.
- Dentures and bridgework replacement: one every 5 years.
- 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.
- Replacement: once every 5 years.
- Periodontal scaling and root planing once per quadrant, every 24 months.
- Periodontal surgery once per quadrant, every 36 months.
- Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year.

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### **Type D - Orthodontia**

- Dependent children are covered until the end of the month of their 19<sup>th</sup>.
- All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia.
- Payments are on a repetitive basis.
- Benefit for initial placement of the appliance will be made representing 20% of the total benefit.
- Orthodontic benefits end at cancellation of coverage.

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The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan. A summary plan description will be made available following your plan's effective date, and will govern if any discrepancies exist between this overview and the actual summary plan description.

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Employee Name:  
Social Security #:

Group Name: **North Carolina Dept. of Correction**  
Group Number: **106383**

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Social Security #:

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Group Number: **106383**

## *The MetLife<sup>®</sup> Preferred Dentist Program (PDP) Gives You:*

**Multiple self-servicing channels to get the information you need when you need it.**

Visit us online anytime at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) to:

- Locate a participating dentist online or over the phone.
- Verify your eligibility and download a copy of your plan design.
- View a list of your covered dependents and have quick links to their coverage description, so you know what procedures are covered before going to your dentist.
- Get real-time benefit estimates in your dentist's office.
- Get treatment faster because your dentist can submit your claim form electronically.
- Access pending claim status or review claim history online or over the phone.
- Track claims online and receive email alerts when a claim has been processed.

Or call us at **1-800-942-0854**.

### **3 Easy Steps to Optimize Your Dental Benefit**

1. Avoid surprises by asking your dentist to submit a pre-treatment estimate. *While you wait*, your dentist can get a real-time pre-treatment estimate online or over the phone in minutes detailing what your plan will cover and at what payment level.
2. Take advantage of your plan's preventive care benefit (Type A) to help avoid more costly procedures later.
3. Keep the plan overview for future reference and provide a copy to your dentist when you visit.

Like most group dental insurance policies, MetLife policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact MetLife for complete details.

# **MetLife**<sup>®</sup>

Metropolitan Life Insurance Company, NY, NY 10010  
L0205HSOH(exp0504)MLIC-LD

Mail completed claim forms to:

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

Mail completed claim forms to:

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

Call **1-800-942-0854**:

- Monday- Friday, 6 a.m. to 11 p.m., Saturday, 6 a.m. to 4 p.m., Eastern time, to confirm eligibility, order claim forms or request dentist directories
- Monday-Thursday, 8 a.m. to 11 p.m., Friday, 8 a.m. to 8 p.m., Eastern time, to speak with a live customer service

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Plan Arranged by:



**STATE INSURANCE SERVICES, INC.**

(800) 462-7864

Local (919) 571-0150

To download Enrollment and Claim forms for the MetLife plan, please visit:

[www.stateinsservices.com](http://www.stateinsservices.com)