The MetLife® 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 to:

- Locate a participating dentist online.
- 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.
- 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.

4 Easy Steps to Optimize Your Dental Benefit

- 1. Consider using one of more than 80,000 participating PDP dentists to realize even greater savings on your out-of-pocket expenses.
- 2. 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.
- 3. Take advantage of your plan's preventive care benefit (Type A) to help avoid more costly procedures later.
- 4. 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

Metropolitan Life Insurance Company, NY, NY 10166 L0405LA81(exp0506)MLIC-LD 10010 L0205HSOL(exp0504)MLIC-LD

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 representative

Metropolitan Life Insurance Company New York NY 10010

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

Metropolitan Life Insurance Company New York NY 10010





Loyola College Plan Design MetLife® Preferred Dentist Program (PDP)

Dear Loyola College Community:

Loyola College is always looking for ways to improve your benefits plan and help you maintain a happy and healthy lifestyle. Getting the protection you need shouldn't be difficult or expensive. That's why we're pleased to continue to offer you two dental benefit plan options from MetLife[®]. With these plans, which feature 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 from the rising costs of dental care by providing coverage for preventive, basic and complex services that help ensure long-term oral health.
- **Choose** any dentist you want.
- Save on out-of-pocket expenses by receiving services from one of more than 80,000 participating PDP dentists who agree to charge fees typically 10-35% lower than the average charges in your area.

What you need, when you need it

Right now you have the opportunity to choose one of two dental plans. You decide which plan best fits your individual needs. Because there are differences in coverage levels and costs, you should become familiar with the enclosed plan summary information so you can make the most informed decision possible.

The MetLife PDP plan option you choose will become effective on July 1, 2006. If you're currently enrolled in the MetLife Dental Benefits Plan, your dental coverage will continue without interruption, unless you choose to discontinue coverage.

Wait, there's more! We're not content to just provide you with great dental protection — 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 call **1-800-942-0854** or log on to **www.metlife.com/mybenefits**, to access all the tools and information you will need to be a better-informed user of your dental plan.

Sincerely,

Paul Wicker

Paul Michael 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.

Metropolitan Life Insurance Company, New York, New York 10166

L0405LA81(exp0506)MLIC-LD

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MetLife® Preferred Dentist Program Benefit Summary

Plan On	Plan Option 2 Benefit Highlights: CoPay Plan							
Plan Option 1 Benefit Highlights: PPO Plan								
Coverage Type: Type A - Preventive	In-Networ 100% of PI		Out-of-Network 85% of PDP Fee*	Coverage Type: Type A - Preventive	In-Netw See Schee	<u>ork</u>	Out-of-Ne 80% of the Allowed Ch	Maximum
Type B - Basic Restorative	80% of PD		60% of PDP Fee*	Type B - Basic Restorative	See Scheo		50% of the Allowed Ch	Maximum harge
Type C - Major Restorative Type D – Orthodontia	50% of PD		40% of PDP Fee*	Type C - Major Restorative Type D – Orthodontia	See Schee The lesse		30% of the Allowed Ch	harge
(Child Only)	3070 01 1 25	1 100	40% of PDP Fee*	(Child Only)	amount cl \$1,250		Allowed Ch	
Deductible**:	In-Netwo	<u>rk</u>	Out-of-Network	Deductible **:	In-Netw	<u>ork</u>	Out-of-Ne	etwork
Individual	\$50		\$75 \$22.5	Individual	None		\$75	
Family	\$150		\$225	Family	None		\$225	
Annual Maximum: Per Person	\$1,250		Out-of-Network \$750	Annual Maximum: Per Person	<u>In-Netw</u> \$1,25		Out-of-Ne \$750	<u>etwork</u>
Orthodontia	In-Netwo		Out-of-Network	Orthodontia	In-Netw		Out-of-Ne	etwork
Lifetime Maximum:				Lifetime Maximum:				
Per Person * PDP Fee refers to the	\$1,250		\$750 PDP dentists have agreed	Per Person ** Applies only to Typ	\$1,25		\$750	
		****	V7 V70 I				~ ~ ~ ~ ~	
An Example of Savings When You Visit a Participating PDP Dentist				An Example of Savings When You Visit a Participating PDP Dentist				
Take a look at a hypothetical example* that shows how receiving services from a PDP dentist can save you money:				Take a look at a hypothetical example* that shows how receiving services from a PDP dentist can save you money:				
Your Dentist says you need a Crown, a Type C service: PDP Fee: \$375.00				Assume that on a recent dental visit, your dentist determines that You need a Crown at a cost of \$750.00				
Dentist's Usual Fee: \$750.00								
*Please note: this example assumes that your annual deductible has been met.				*Please note: this example assumes that your annual deductible has been met.				
(IN-NETWORK			-OF-NETWORK)	(IN-NETWORI			Γ-OF-NETW	
When you receive care Participating PDP der			ou receive care from a cipating PDP dentist	When you receive care Participating PDP de			ou receive ca icipating PDF	
The PDP Fee is:		Dentist's Us		Procedure Charge:		Dentist's U		\$750.00
Your Plan Pays: (50% x \$375 PDP Fee)		Your Plan I (40% x \$37	7ays: 5 PDP Fee) - \$150.00	(For Illustration Purposes Only)	\$390.00	Plan Payme (30% x \$37		- \$112.50
Your Out-of-Pocket Cost	: \$187.50	Your Out-o	f-Pocket Cost: \$600.00			Your Out-o	of-Pocket Cos	st: \$637.50
In this example, YOU SAVE \$412.50 (\$600.00 minus \$187.50) by using a participating PDP dentist!				In this example, YOU SAVE \$247.50 (\$637.50 minus \$390.00) by using a participating PDP dentist!				

We strongly encourage you to consider using a participating PDP Dentist in order to get the maximum value from your plan. There is additional information in this package concerning participating PDP dentists.

MetLife® Preferred Dentist Program (PDP) List of Primary Covered Services & Limitations

	Primary Covered Services Plan Option 1: PPO Plan	Primary Covered Services Plan Option 2: CoPay Plan			
Type A - Preventive	How Many/How Often:	Type A - Preventive	How Many/How Often:		
Prophylaxis (cleanings) Oral Examinations Topical Fluoride Applications X-rays	One cleaning (prophylaxis) in 6 consecutive months One oral exam in 6 consecutive months One fluoride treatment in 12 consecutive months for dependent children up to 14th birthday Full mouth series or panoramic X-rays: one per 60 months	Prophylaxis (cleanings) Oral Examinations Topical Fluoride Applications X-rays	One cleaning (prophylaxis) in 6 consecutive months One oral exam in 6 consecutive months One fluoride treatment in 12 consecutive months for dependent childre up to 14 th birthday Full mouth series or panoramic X-rays: one per 60 months		
	Bitewing X-rays: one set per calendar year for adults; once per 6 consecutive months for children to age 14 Consecutive for calent material group 5 years for each per second for control of the control of th		Bitewing X-rays: one set per calendar year for adults; once per 6 consecutive months for children to age 14 One application of sealant material every 5 years for each non-		
●One application of sealant material every 5 years for each non- restored, non-decayed 1st and 2nd molar of a dependent child up to 19th birthday		Sealants	restored, non-decayed 1st and 2nd molar of a dependent child up to 19 birthday		
Space Maintainers	Space Maintainers for dependent children up to 19th birthday		Space Maintainers for dependent children up to 19th birthday		
Type B - Basic Restorative	How Many/How Often:	Type B - Basic Restorative	How Many/How Often:		
Endodontics	Root canal treatment limited to once per tooth per 24 months	Periodontal Maintenance	Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year		
General Anesthesia	 With oral surgery, or for medical necessity, extractions or other covered services 	Fillings			
Periodontics	Periodontal scaling and root planing once per quadrant, every 24 months Periodontal surgery once per area, every 36 months Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year				
Fillings Oral Surgery Simple Extractions Crown, Denture and Bridge Repair					
Type C - Major Restorative Bridges and Dentures	How Many/How Often: Dentures and bridgework replacement: one every 5 years Replacement of an existing temporary full denture if the	Type C - Major Restorative Simple Extractions	How Many/How Often:		
	temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed	Oral Surgery Crown, Denture and Bridge Repair			
Crowns/Inlays/Onlays Implants	Replacement: once every 36 months	Bridges and Dentures	 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 		
		Crowns/Inlays/Onlays	within 12 months after the temporary denture was installed • Replacement: once every 36 months		
		Endodontics	• Root canal treatment limited to once per tooth per 24 months		
		General Anesthesia	With oral surgery, or for medical necessity, extractions or other covere services		
		Periodontics	Periodontal scaling and root planing once per quadrant, every 24 months Periodontal surgery once per area, every 36 months		
		Implants			
Type D - Orthodontia • Dependent children are covered until the end of the month of their 19th birthday or the end of the month of their 23rd birthday if unmarried, full-time students		Type D - Orthodontia • Dependent children are covered until the end of the month of their 19th birthday or the end of the month of their 23rd birthday if unmarried, full-time students			
,	connection with orthodontic treatment are payable as Orthodontia.	All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia. Payments are on a repetitive basis			
•	appliance will be made representing 20% of the total benefit.	Benefit for initial placement of the appliance will be made representing 20% of the total benefit. Orthodontic benefits end at cancellation of coverage presents the majority of services within each category, but is not a complete description of the Plan. A summary plan			

Detach these handy reference cards for use by you and your covered dependents.

MetLife Dental

MetLife Dental Reference Card MetLife Dental

MetLife Dental Reference Card

Employee Name: Social Security #:

Group Name: L Group Number: 1

Loyola College in Maryland 113743

Employee Name: Social Security #:

Group Name: Loyola College in Maryland
Group Number: 113743