

Scott & White Health Plan and MetLife – A Winning Combination



MetLife

MetLife and Scott & White Health Plan offer you a stand-alone dental plan that includes pediatric dental essential health benefits (EHB)

Available January 1, 2014, employers will be able to provide the pediatric dental essential health benefit (EHB) that is a requirement of the Affordable Care Act to their employees without the worry of having to purchase it with their medical plan and incurring additional expenses. Scott & White Health Plan is expanding their dental product portfolio to include a fully insured stand-alone dental plan, underwritten by MetLife, with the addition of the required pediatric dental essential health benefit wherever possible. The EHB plan includes pediatric dental benefits for a child up to age 19. If your Existing (Traditional) Plan is richer than the EHB plan for pediatric dental benefits, your policy will pay the greater of the two plans.

Please Note: The EHB plan includes an Out-of-Pocket Maximum as mandated by the Affordable Care Act. An out-of-pocket annual maximum is the most you pay during a Plan Year before we begin to pay 100% of the maximum allowed charge for covered services.

[To learn more about ACA regulations, please go to www.metlife.com/reform/businesses]

Following is the “essential health benefits” plan available to employers and their employees.

BENEFIT	EHB PLAN	
	ALLOCATION	FREQUENCY
Out Of Pocket Maximum		\$700
Annual Maximum		N/A
In Network Ortho Maximum		N/A
Out of Network Ortho Maximum		\$1,000
Deductible \$		\$75
Deductible applies to		A&B&C
Plan Type		MAC
Type A Coinsurance		100%
Type B Coinsurance		50%
Type C Coinsurance		50%
Ortho Coinsurance		50%
Composite Filings for:		
Anterior		Y
Bicuspid		Y
Tissue Conditioning		No Limit
Scaling & Root Planing		1 in 24 months
What is the Immediate/complete denture replacement limitation (Standard 12 months) -		6

(continued)



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MetLife and Scott & White Health Plan *(continued)*

TYPE A	EHB PLAN	
	ALLOCATION	FREQUENCY
Examinations (includes all Exam ADA codes)	A	1 time in 6
Problem Focused Examinations	A	Combined
Full-mouth X-Rays	A	Once in 60
Periapical X-Rays	A	
Other X-Rays	A	
Bitewing X-Rays – Adult/Child	A	2 Times in 1 Year
Prophylaxis – Cleanings	A	1 Time per 6 months
Fluoride (includes D1206 & D1208)	A	
Sealants	A	
Space Maintainers	A	
Emergency Palliative Treatment	A	

TYPE B	EHB PLAN	
	ALLOCATION	FREQUENCY
Amalgam Fillings	B	No Limit
Resin Composite Fillings	B	No Limit
Prefabricated Stainless Steel and Resin Crowns	B	1 in 60
Recementations	B	No Limit
Sedative Fillings	B	
Pulp Capping	B	
Pulpotomy	B	
Pulp Therapy	B	
Periodontics – Non-Surgical	B	
Periodontal Maintenance	B	4 Times per Year
Denture Adjustments	B	No Limit
Dentures – Rebases/Relines	B	1 per 36 months
Oral Surgery – Simple Extractions	B	
Oral Surgery – Surgical Extractions	B	
Other Oral Surgery	B	
General Anesthesia – IV Sedation	B	
Consultations	B	No Limit
Adjunctive General Services	B	
Composite Fillings on Molars Coverage	B	

TYPE C	EHB PLAN	
	ALLOCATION	FREQUENCY
Inlays/Onlays/Crowns (Cast Restorations)	C	1 Replacement per 60 months
Crown Buildups/Post & Core	C	1 in 60
Repairs	C	No Limit
Endodontics – Root Canal (initial treatment)	C	No Limit
Apexification & Recalcification	C	
Periodontal Surgery	C	1 in 36 months
Periodontal Surgery - Soft and Connective Tissue Grafts	C	
Dentures – Complete / Partial / Overdenture	C	1 in 60
Implant Services	C	1 per tooth in 60 months
Implant Supported Prosthetic	C	1 per 60
Fixed Bridges	C	
Harmful Habit Appliances	C	
Occlusal Guards / Bruxism Appliances	C	
Cone Beam Imaging	NC	No Limit
Labs and Other Tests	NC	
Occlusal Adjustments	NC	No Limit

For more information, contact your Scott & White Health Plan representative today.

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



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