

Big dental solutions for small businesses

Choosing the right dental benefits can be a challenge — especially for a small business. We're here to make it easier — helping you balance costs with your employees' needs — to deliver the right benefits for all.



We understand the needs of small businesses

We have 55+ years of experience working with thousands of small businesses like yours. Choose MetLife for expertise, savings¹ and convenience that you and your employees will value.

Plans designed just for you that:

- Meet your personal objectives
- Provide solutions based on the latest clinical research and market trends
- Empower employees to manage their oral health through a range of tools and resources

Local dentists your employees want

- We have more than 490,000 network dentist access points.²
- Our negotiated fee discounts exceed the national industry average by 3.2%.³
- We have a 6.9% higher in-network utilization than the industry average.³

Exceptional service that drives satisfaction

- Our fast, accurate claims payments leave employees highly satisfied. In fact, 96% say they're satisfied with their claims experience.⁴

Customer-focused Dental Solutions

Our choice of flexible options will help you balance costs with your employees' needs to deliver the right benefits for the both of you.

	Options for Employers with Existing Dental Coverage	Options for Employers with No Prior Dental Coverage
Coinsurance For the following states: AL, CT, GA, LA, MS, MT, and TX	<ul style="list-style-type: none"> 100/80/50 (in network) — 100/80/50 (out of network) 100/50/50 (in network) — 100/50/50 (out of network) 	<ul style="list-style-type: none"> 100/50/50 (in network) — 100/50/50 (out of network)
Coinsurance For all other states	<ul style="list-style-type: none"> 100/90/60 (in network) — 100/80/50 (out of network) 100/80/50 (in network) — 100/80/50 (out of network) 100/80/50 (in network) — 80/60/40 (out of network) 100/50/50 (in network) — 100/50/50 (out of network) 	<ul style="list-style-type: none"> 100/80/50 (in network) — 80/60/40 (out of network) 100/50/50 (in network) — 100/50/50 (out of network)
Annual Maximums	<ul style="list-style-type: none"> \$1,000 for groups with 2 – 4 employees \$1,000, \$1,200, or \$1,500 for groups with 5 – 9 employees with an in-force maximum of \$1,500 	<ul style="list-style-type: none"> \$1,000
Deductibles	<ul style="list-style-type: none"> \$25 or \$50 	<ul style="list-style-type: none"> \$50
Endodontics (Root Canal)/ Periodontia	<ul style="list-style-type: none"> Covered as Type B services Covered as Type C services 	<ul style="list-style-type: none"> Covered as Type C services
Orthodontia⁵	<ul style="list-style-type: none"> Covered at 50% for children up to age 19 (state restrictions apply) with \$1,000 annual maximum Not covered 	<ul style="list-style-type: none"> Not covered
Out-of-Network Reimbursement	<ul style="list-style-type: none"> 90th percentile of Reasonable & Customary (R&C) charges⁶ Maximum Allowable Charge (MAC): Reimbursement 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 MAC is a scheduled amount determined by MetLife. 	<ul style="list-style-type: none"> 90th percentile of Reasonable & Customary (R&C) charges⁶ Maximum Allowable Charge (MAC): Reimbursement 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 MAC is a scheduled amount determined by MetLife.
Waiting Periods	<ul style="list-style-type: none"> No benefit waiting periods 1 of 6 standard allowable benefit waiting periods 	<ul style="list-style-type: none"> Late Entrant benefit waiting period

Get expert guidance for confident decisions — for your small business and your employees.

Contact your benefits broker or MetLife representative today.

- 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 the dentist and the costs for services rendered.
- MetLife PDP Plus data as of May 2020.
- Dental Actuarial Analytics, Dental PPO Network Study, 2018 edition. Negotiated Fee refers to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums.
- 2019 Plan Participant/Claimant Satisfaction Study. Results based on MetLife dental plan participants who visited a dentist and responded to the survey.
- Orthodontia requires at least 5 enrolled lives. Groups with 5 to 9 enrolled lives must have prior orthodontia coverage to be eligible.
- Out-of-network benefits are payable for covered services rendered by a dentist who is not a participating provider. The Reasonable & Customary charge is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar service(s), or (3) the charge of most dentists in the same geographical area for the same or similar services as determined by MetLife.

[metlife.com](https://www.metlife.com)

Availability of products and services is available based on MetLife's guidelines, group size, underwriting and state requirements.

Like most insurance policies and benefit programs, insurance policies and benefit programs offered by Metropolitan Life Insurance Company and its affiliates contain certain exclusions, exceptions, waiting periods, reductions of benefits, limitations and terms for keeping them in force. Please contact MetLife for complete details.

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

