

Comparing PPO and DHMO Dental plans

The information below provides a general overview of the available Dental plan options to help you make a more informed decision. Please refer to the benefit overview or Schedule of Benefits for complete details on each plan.



	Preferred Provider Organization (PPO)	Dental Health Maintenance Organization (HMO)/ Managed Care
Plan Features		
Choice of Dentists	You have the flexibility to choose any licensed dentist, in or out of the network, and still receive cost saving benefits. Your costs may be higher when you visit an out-of-network dentist.	You must pre-select a dentist at time of enrollment, who participates in the network in order to receive benefits. Each enrolled family member may select a different participating dentist, and has the ability to change dentist up to one time each month.
Specialty Care	No referral is needed for specialty care. You may choose any specialty dentist (in- or out-of-network) and call them directly to make an appointment.	If your selected participating dentist determines that you need the services of a specialty care provider, he/she will provide you with the name of a network specialist. ¹
Network Discount	All participating dentists have agreed to accept negotiated fees as payment in full for covered services. These fees typically range from 30%–45% less than the average charges in the same community. ²	You have access to hundreds of dental services at costs that may be considerably lower than your cost would be without this plan. ³ You are responsible for the copayment for each covered service that is listed in your Schedule of Benefits, so you know what your out-of-pocket costs will be up front. ⁴
Deductible	Typically includes a yearly deductible and an annual benefit maximum. Please refer to the benefit overview/Schedule of Benefits for more specific information about the plan.	No deductibles or annual maximums.
Traveling within the U.S.	You have access to one of the largest network of dentists in the U.S. You have the flexibility to visit any of the dentists in or out of the network.	Dental HMO/Managed Care programs are based on the use of defined networks; general dental care is not accessible while traveling. The only exception is an emergency situation when you are unable to receive care from your selected participating dentist. Please refer to the Schedule of Benefits for more details.
Participating Dentists	All participating dentists go through a rigorous selection and ongoing review process. ⁵ To find a participating dentist near you, use our online Find a Dentist directory at metlife.com.	

1. In California, orthodontic and pedodontic specialty services requires pre-approval. Your selected participating dentist will contact MetLife for pre-approval. Once approved, your dentist will contact you with the name of a participating specialist.
2. Based on internal analysis by MetLife. Savings from enrolling in the MetLife Preferred Dentists Program will depend on various factors, including the cost of the plan, how often members visit a dentist and the cost of services rendered. Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any deductibles, copayments, cost sharing and benefit maximums. Negotiated fees are subject to change.
3. Based on internal analysis by MetLife. Savings from enrolling in a DHMO/Managed Care plan will depend on various factors, including the cost of the plan, how often members visit a participating dentist and the cost of services rendered.
4. May be subject to any plan cost sharing such as benefit maximums.
5. Certain providers may participate with MetLife through an agreement that MetLife has with a vendor. Providers available through a vendor are subject to the vendor's credentialing process and requirements, not MetLife's. If you should have any questions, contact MetLife Customer Service.

Dental Managed Care Plan benefits are provided by Metropolitan Life Insurance Company, a New York corporation in NY. Dental HMO plan benefits are provided by: SafeGuard Health Plans, Inc., a California corporation in CA; SafeGuard Health Plans, Inc., a Florida corporation in FL; SafeGuard Health Plans, Inc., a Texas corporation in TX; and MetLife Health Plans, Inc., a Delaware corporation and Metropolitan Life Insurance Company, a New York corporation in NJ. The Dental HMO/Managed Care companies are part of the MetLife family of companies. "DHMO" is used to refer to product designs that may differ by state of residence of the enrollee, including but not limited to: "Specialized Health Care Service Plans" in California; "Prepaid Limited Health Service Organizations" as described in Chapter 636 of the Florida statutes in Florida; "Single Service Health Maintenance Organizations" in Texas; and "Dental Plan Organizations" as described in the Dental Plan Organization Act in New Jersey.

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

