1. **What is changing?**
   Effective January 1, 2023, the Harvard-sponsored dental insurance will change to MetLife Dental PDP Plus network.

2. **Why is Harvard switching to MetLife Dental?**
   The University regularly evaluates the benefit vendors to manage cost, take advantage of new products, and provide faculty, staff, and retirees with comprehensive, competitive, and sustainable benefits. MetLife has one national network compared to Delta Dental’s multiple networks/administrators across the country. This will alleviate some claim reimbursement issues for members who live outside Massachusetts, which is important as we expand our workforce outside the state. Additionally, the move to MetLife Dental will provide savings for both employees and the University, allowing us to add additional benefits, such as adult orthodontia for the active plan, while keeping premiums down.

3. **I am currently enrolled in the Delta Dental plan. Do I need to take any action to enroll in the MetLife Dental plan?**
   If you are currently enrolled in the Harvard-sponsored Delta Dental plan, you do not need to do anything. You will automatically transfer to the MetLife Dental plan at your current coverage level (individual, individual plus spouse, family, etc.) as of January 1, 2023. New ID cards, for use beginning January 1, 2023, will be mailed in late December. Note: cards for all enrolled family members will be in the subscriber’s name.

4. **Will I have access to a specific MetLife Dental network?**
   Yes. With the Harvard plan you will have access to MetLife’s PDP Plus network, which is a PPO. This national network offers the widest selection of participating dentists and specialists with whom MetLife has negotiated discounts. Under Harvard’s dental PPO, the plan benefits are the same whether you obtain services from an in-network PDP Plus provider or from an out-of-network provider. Seeing an in-network provider lets you take advantage of the discounts that MetLife has negotiated.

5. **How can I find out if my dentist participates in the MetLife PDP Plus network?**
   You can check by going to [MetLife Find a Dentist](https://www.metlife.com/dental-and-vision/find-a-dentist), asking your dentist if they are part of the MetLife Dental PDP network, or calling MetLife Dental at 1-855-638-3941.

6. **My current dentist is not in the MetLife Dental PDP Plus network. Can they apply to participate?**
   Yes. If your dentist is interested in applying to the PDP Plus network, ask them to visit metdental.com, or call 1-866-PDP-NTWK (1-866-737-6895) for an application. The website and phone number are for use by dental professionals only.
7. **My dentist does not want to join the MetLife PDP Plus network. Will the plan still pay for my dental claims?**

Yes. The Harvard-sponsored dental PPO plan covers eligible services provided by non-participating providers at the **same benefit levels** as services provided by MetLife PDP Plus network providers. Additionally, for the Harvard plan, MetLife has agreed to accept charges from non-network providers at the 99th percentile of reasonable and customary (R&C). So, with the majority of out-of-network providers, services that are covered at 100%, such as teeth cleaning, will continue to be covered at 100% in the majority of cases, your dentist should not send you an additional bill.

In most instances, people who currently see a Delta Dental Premier network provider that is out of network under the MetLife PDP Plus network are likely to see small differences in the amount that they pay for their dental services that require coinsurance. The following is an example and assumes your deductible has been met. Visit the [MetLife Dental website](https://www.metlife.com/dental/) for more information including a plan summary.

<table>
<thead>
<tr>
<th>Periodontal Scaling</th>
<th>Delta Premier Network Provider</th>
<th>MetLife Non Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s billed charge (Within 99th percentile of R&amp;C)</td>
<td></td>
<td>$317.67</td>
</tr>
<tr>
<td>Estimated accepted fee paid to provider</td>
<td>$254.15</td>
<td>$317.67</td>
</tr>
<tr>
<td>Plan paid amount (75% coinsurance)</td>
<td>$190.67</td>
<td>$238.27</td>
</tr>
<tr>
<td>Your out-of-pocket cost (25% coinsurance)</td>
<td>$63.54</td>
<td>$79.42</td>
</tr>
</tbody>
</table>

*Note that both billed charges and accepted fees will vary by providers and location; this is an illustrative example.

8. **My out-of-network (OON) dentist said they won’t submit claims to MetLife on my behalf. How do I get reimbursed?**

Almost all OON dentists (99%) will submit claims to MetLife on behalf of their patients, so it is unlikely that your dentist would request you to pay at the time of service and then file for reimbursement. If your dentist is one of the very few who will not submit on your behalf, you will need to submit a completed [reimbursement claim form](https://www.metlife.com/dental/) to MetLife Dental. If you need assistance with completing the form, please contact MetLife at 855-638-3941.

9. **How can I find out how much I will have to pay out-of-pocket before receiving treatment?**

Your dentist can request a [pretreatment estimate](https://www.metlife.com/dental/) prior to providing treatment. This should give you an idea of your out-of-pocket cost. Note, pretreatment estimates can be requested by both in-network and out-of-network providers.
10. How will my out-of-pocket costs differ if I see an in-network MetLife dentist versus an out-of-network dentist?
MetLife negotiates discounts with participating network providers. Your out-of-pocket costs will be lower when you visit a network provider. The following is an example comparing in-network and out-of-network costs for a Filling (resin – one surface anterior) performed in Boston with an average charge of $220. It assumes your deductible has already been met.

<table>
<thead>
<tr>
<th>Filling Resin, Single Surface</th>
<th>MetLife Network Provider</th>
<th>MetLife Non Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average billed charge (Within 99th percentile of R&amp;C)</td>
<td>$220</td>
<td>$220</td>
</tr>
<tr>
<td>MetLife negotiated fee</td>
<td>$101.00</td>
<td>N/A</td>
</tr>
<tr>
<td>Plan paid amount (75% coinsurance)</td>
<td>$75.75</td>
<td>$165.00</td>
</tr>
<tr>
<td>Your out-of-pocket cost (25% coinsurance)</td>
<td>$25.25</td>
<td>$55.00</td>
</tr>
</tbody>
</table>

Approximate savings from visiting a participating dentist: $29.75
Your savings is the difference between the in-network out-of-pocket cost and the out-of-network out-of-pocket cost.

It is important to note that this comparison is between MetLife network providers versus non-network providers. When thinking about your current experience using a Delta Dental dentist, this example is not a true comparison. For example, if your dentist is in the Delta Dental Premier network, their accepted fee for this service may be closer to the billed charge shown in this example and not the MetLife negotiated fee. Your out-of-pocket costs in that instance would be similar to those shown here under the out-of-network column. If you choose, moving to an in-network MetLife PDP Plus dentist will help you save money.

11. When can I make changes to my dental coverage?
If you are an Active employee, you can make changes to your coverage (enrolling, canceling, adding eligible dependents, etc.) during the Annual Open Enrollment period (October 25 through November 3, 2022). Changes will be effective January 1, 2023.
If you are a Retiree and you did not enroll in dental at the time of your retirement, or at the time you first enrolled in retiree medical coverage, you are not eligible to enroll in dental coverage. You can add an eligible dependent. If you cancel your dental coverage (either during open enrollment or with a qualifying life event) you will not be able reenroll at a future date.

12. What if I miss the annual Open Enrollment Period?
If you miss the annual Open Enrollment period, you cannot make changes to your dental coverage unless you are within 30 days of a qualifying life event such as marriage, birth or adoption of a child, loss of other dental coverage, etc.
13. Are there any changes to the coverage or coverage limits?
For the retiree dental plan, there are no plan design changes. Go to the MetLife Dental website for coverage details.

For the active employee plan, there are some enhancements and changes effective January 1, 2023:

- Orthodontia coverage for dependent children and adults (currently only covers children under age 19)
- Sealant coverage for members aged 16 through 18 without the requirement of recent cavity and risk for decay (currently only covered with recent cavity and risk for decay)
- Coverage of general anesthesia and IV sedation based on dental and medical necessity (currently only covered for surgical removal of impacted teeth)
- Bone grafts covered based on medical necessity (currently limited to medical necessity but no more than two per quadrant)
- Dental implants covered based on medical necessity (currently have additional restrictions)
- Bitewing x-rays limited to once per year for adults (currently once per six months. Will continue to be once per six months for children under age 19). This aligns with industry guidelines to help reduce overexposure to radiation
- Prosthodontics covered once every 84 months (currently once every 60 months). Current literature indicates these services should last beyond 10 years

14. Where can I get more information about the plan?
Visit the MetLife Dental website where you can view plan summaries, additional FAQs, search for providers, and more.