



METLIFE DENTAL INSURANCE FAQs

1. My dentist is asking for my dental plan ID number. What do I give them?

You will need to provide one of the following (including for your enrolled dependents):

- First eight (8) digits of the subscriber's Harvard ID number
- Subscriber's first and last name, date of birth, home address, and employer name (Harvard University)

You may also provide the subscriber's Social Security Number if you are comfortable doing so.

2. Do I have access to a specific MetLife Dental network?

Yes. With the Harvard plan you 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.

3. 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](#), asking your dentist if they are part of the MetLife Dental PDP network, or calling MetLife Dental at 1-855-638-3941.

4. 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/prov/executive/home, 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.

5. 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 most out-of-network providers, services that are covered at 100%, such as teeth cleaning, will continue to be covered at 100%. In most cases, your dentist should not send you an additional bill.

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

The majority of 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, requiring you to 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](#) to MetLife Dental. If you need assistance with completing the form, please contact MetLife at 855-638-3941.



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7. 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](#) 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.

8. 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.

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

9. 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 which typically takes place in October/November with changes effective the following January 1.

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 during the Annual Open Enrollment period. 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.

10. 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. Changes must be consistent with the life event.

11. 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.