

Plan Summary

With the MetLife / ALPA Dental Insurance plan, your acceptance is guaranteed.

- **100% coverage** for preventive care for in-network exams, cleanings and X-rays¹
- **Freedom to visit any dentist** you want whether they are in the MetLife network or not²
- **Typical savings of 30% - 45%** on covered services when you use a participating dentist³

Eligibility

All eligible ALPA active and retired members⁴ in good standing, their spouses/domestic partners, and dependent children⁵.

Choose a Plan

Plan Option 1 – Comprehensive Plan

Network: PDP Plus

Coverage Type	In-Network % of Negotiated Fee*	Out-of-Network % of R&C Fee**
Type A: Preventive (cleanings, exams, X-rays, sealants) No waiting period	100%	100%
Type B: Basic Restorative (amalgam fillings, root canals, periodontal surgery, oral surgery, extractions) No waiting period	80%	80%
Type C: Major Restorative (prefabricated crowns, bridges, dentures) Benefit Waiting Period: 12 Months	50%	50%
Type D: Orthodontia (orthodontic diagnostics and orthodontic treatment) Benefit Waiting Period: 12 Months	50%	50%
Deductible†		
Individual (per calendar year)	\$50	\$50
Family (per calendar year)	\$150	\$150
Annual Maximum Benefit		
Per Person	\$2,000	\$2,000
Orthodontia Lifetime Maximum		
Per Person (for children up to age 26 only)	\$1,000	\$1,000

Plan Option 2 – Basic Plan

Network: PDP Plus

Coverage Type	In-Network % of Negotiated Fee*	Out-of-Network % of R&C Fee**
Type A: Preventive (cleanings, exams, X-rays, sealants) No waiting period	100%	100%
Type B: Basic Restorative (amalgam fillings, root canals, periodontal surgery, oral surgery, extractions) No waiting period	50%	50%
Type C: Major Restorative (prefabricated crowns, bridges, dentures) Benefit Waiting Period: 12 Months	50%	50%
Deductible†		
Individual (per calendar year)	\$50	\$50
Family (per calendar year)	\$150	\$150
Annual Maximum Benefit		
Per Person	\$1,500	\$1,500

Child(ren)'s eligibility for dental coverage is from birth up to age 26.

*Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

**R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

Services & Limitations

The services and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.

Type A: Preventive

Covered Services (for all plans)

- Prophylaxis (cleanings) - Two per calendar year
- Oral Examinations - Two exams per calendar year
- Topical Fluoride Applications - Two fluoride treatments per calendar year for dependent children up to their 19th birthday

- X-rays –
 - Full mouth X-rays; one per 60 months
 - Bitewings X-rays; two sets per calendar year
- Sealants - One application of sealant material every 3 years for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to their 15th birthday

Type B: Basic Restorative

Covered Services (for all plans)

- Fillings, initial placement
- Simple Extractions
- Crown, Denture and Bridge Repair/Recementations
- Oral Surgery
- Endodontics - Root canal treatment limited to once per tooth
- General Anesthesia - When dentally necessary in connection with oral surgery, extractions or other covered dental services
- Periodontics –
 - Periodontal scaling and root planing once per quadrant, every 24 months
 - Periodontal surgery once per quadrant, every 36 months
 - Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in twelve (12) months
- Space Maintainers - Space maintainers for dependent children up to their 15th birthday.

Type C: Major Restorative

Covered Services (for all plans)

- Crown, Denture, Implant and Bridge Repair/Recementations – once in a 12-month period
- Implants - Replacement once every 5 years
- Bridges and Dentures
 - Dentures and bridgework replacement; one every 5 years
 - Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 6 months after the temporary denture was installed
- Crowns, Inlays and Onlays - Replacement once every 5 years

Certain benefit waiting periods may need to be satisfied before expenses for these services are payable.

Type D: Orthodontia

Covered Services (for Plan Option 1- Comprehensive Plan)

- Your children, up to age 26, are covered while Dental insurance is in effect.
- All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia
- Payments are on a repetitive basis
- 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary
- Orthodontic benefits end at cancellation of coverage

Certain benefit waiting periods may need to be satisfied before expenses for these services are payable.

†Applies only to Type B and C Services.

1. Preventive services (Type A) are 100% covered when you visit an in-network participating dentist. Subject to frequency limitations.
2. Your out-of-pocket costs may be greater when you visit a dentist who does not participate in the MetLife network.
3. Based on internal analysis by MetLife. Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.
4. You must be in an eligible membership classification in good standing as determined by ALPA to qualify for this insurance plan.
5. Refers to your dependent children through age 26.

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Navigating life together