

The City of Dallas offers two dental plans through MetLife -- Dental PPO and Dental HMO. Both plans offer valuable features to save you money on dental care.

Dental PPO Plan

Dental HMO Plan

Dental Plan Comparison

	Dental PPO	Dental HMO
Choice of Dentist	Choose any dentist in-network or out-of-network (out-of-pocket costs may be higher when using out-of-network dentists).	Plan requires you to pre-select two in-network dentists at the time of enrollment. ¹ If your first choice provider is no longer accepting DHMO patients or is no longer a part of the DHMO network, your provider will default to your second provider choice.
Specialty Care	No referral needed	Your dentist will provide you with a referral to an in-network specialist.
In-Network Discount	Participating dentists have agreed to accept negotiated fees as payment in full for in-network services.	Plan provides access to hundreds of dental services that may be lower than your cost would be without the plan. ²
Benefits	Plan has a yearly deductible and annual benefits maximum. Plan covers a percentage of negotiated fees.	Plan offers no annual maximums, deductibles or claims. You are responsible for the co-payments for each covered procedure.

Finding a MetLife Participating Dentist

- Visit www.metlife.com and click on “Find a Dentist” on the right side of the home page
- Enter your zip code and select your plan
- For DPPO dentists, choose PDP Plus network
- For DHMO dentists, choose “Dental HMO/Managed Care”, then select Plan Name MET 185A

Mobile App

Users must register on www.mybenefits.metlife.com first before having access to information in the app.

¹ If your first choice provider is no longer accepting DHMO patients or is no longer a part of the DHMO network, your provider will default to your second provider choice.

² Certain limitations apply to some services. Please refer to your Schedule of Benefits at www.cityofdallasbenefits.org for full details.

The Dental PPO plan offers coverage for preventive, basic & major restoration, as well as orthodontia.

	In-Network % of Negotiated Fee*	Out-of-Network % of Negotiated Fee*
Deductible (Per Person†)	\$50	\$50
Annual Maximum Benefit (Per Person)	\$1,750	\$1,750
Orthodontia Lifetime Maximum (Per Person)	\$1,750	\$1,750
Coverage Type		
Type A - Preventive		
<ul style="list-style-type: none"> • Two cleanings in 12 months • Two exams per calendar year • Two fluoride treatments per calendar year for dependent children up to 16th birthday • Full mouth X-rays: one per 36 months • Bitewing X-rays: one set per calendar year for adults; one per calendar year for children 	100%	100%
Type B - Basic Restorative		
<ul style="list-style-type: none"> • Fillings: No Limit • Extractions • General Anesthesia: When dentally necessary in connection with oral surgery, extractions or other covered dental services 	80%	80%
Type C - Major Restorative		
<ul style="list-style-type: none"> • No waiting period for major services • Crown, Denture, and Bridges • Endodontics • Periodontics 	50%	50%
Type D - Orthodontia		
<ul style="list-style-type: none"> • All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia 	50%	50%

Dental PPO Bi-Weekly Rate	
Employee Only	\$9.98
Employee + Spouse	\$18.35
Employee + Child(ren)	\$18.45
Employee + Family	\$25.94

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

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

The DHMO Plan offers a wide range of dental benefits through a network of participating dentists. With this plan, you are responsible for co-payments associated with each covered procedure.

If you are active in treatment or had prior orthodontic coverage

Continuing orthodontic treatment is available if you or your dependent qualify by enrolling within 30 days of the effective date for an eligible policyholder; you or your dependent had orthodontic coverage under the policyholder's prior plan and were in active orthodontic treatment, covered by that Plan, as of January 1, 2017. Upon receipt of a completed Continuing Orthodontic Form by us, with all supporting documentation, we will accept liability for continuing payment of the remaining balance owed, up to a maximum of \$1,500 times the percentage of the total treatment remaining as of this group contract's effective date.[†]

The Continuing Orthodontic provision is not available:

- thirty (30) days after January 1, 2017;
- to a person who enrolls after the group contract's effective date; or
- to a person who is not in active orthodontic treatment as of the effective date of this group contract

Lower out-of-pocket costs on more than 400 procedures

Here are some of the services in this plan...all of which will help you lower your dental care costs.

	Co-payment
Office visit	\$5 per visit (including all fees for sterilization and/or infection control)
Preventive Services	\$5 exams
	\$6 sealants (per tooth)
	\$0 x-rays
Crowns	\$255 porcelain, metal and titanium
Orthodontics	\$2,400 adults*
	\$2,600 children*
Osseous surgery	\$200
Root canals	\$95 - \$225
Extractions	\$15 - \$110 (higher cost for impacted tooth)
General anesthesia & nitrous oxide	\$0
Yearly cleanings (up to 4)	\$5 for the first two cleanings Additional cleanings: \$45 adults/\$35 children

Dental HMO Bi-Weekly Rate	
Employee Only	\$4.10
Employee + Spouse	\$7.54
Employee + Child(ren)	\$7.58
Employee + Family	\$10.66

[†] Subject to the section titled Dental Benefits: Limitations and Additional Charges and Dental Benefits: Exclusions.

* Additional charges for initial exam (\$250), removable appliance therapy and fixed appliance therapy.