



**ASSOCIATION OF THE
UNITED STATES ARMY**



AUSA GROUP DENTAL INSURANCE PPO PLAN

*You value protecting our nation's security.
We're here to protect yours.*

Maintaining a healthy smile is important to your overall health, but regular trips to the dentist can be costly. AUSA Group Dental Insurance through MetLife can help keep your budget in check. The PPO Plan covers preventative, basic, and major services... to help ensure your smile stays bright year after year.

- With an AUSA Dental Insurance plan, your acceptance is guaranteed.
- You have freedom to visit any dentist whether they are in the MetLife network or not.¹

PLAN DETAILS

The PPO Dental Plan takes advantage of MetLife's extensive dental network. When you choose an in-network dentist (who has agreed to MetLife's negotiated fees), you are only responsible for any applicable coinsurance and deductible.

ANNUAL MAXIMUMS

You and your covered spouse and dependents are entitled to receive up to \$1,500 each in dental benefits in any calendar year after the cash deductible is satisfied.

DEDUCTIBLES

The deductible is the amount the insured must pay out of pocket before benefits will be paid. For the individual plan, an annual deductible of \$50 must be met before benefits can begin. For the family plan, an annual deductible of \$150 aggregate must be met before benefits can begin.

REIMBURSEMENT

You and your covered dependents will receive reimbursement for dental services according to the following guidelines:

- **Type A (preventative):** 100%
- **Type B (basic):** 80%
- **Type C (major):** 50%

The reimbursement schedule for dental services is the same, regardless of whether you choose an in-network or out-of-network dentist. However, your out-of-pocket costs may be higher with an out-of-network dentist. Out-of-network dentists have not agreed to accept negotiated fees, which are typically 30-45% less than the average fees* charged in a dentist's community for the same or similar services.

*Based on internal MetLife analysis. Subject to any copays, deductibles, cost sharing, and benefit maximums. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services and are subject to change.

COVERED SERVICES

The PPO Dental Plan covers preventative, basic, and major services. This brochure presents most of the services within each category but is not a complete description of the plan.

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COVERED SERVICES

TYPE A (PREVENTATIVE)

Benefits are payable immediately from the start date of an individual's benefits.

Service	Frequency	Service	Frequency
Oral examinations	2 times in 1 calendar year	Fluoride	1 time in 1 calendar year for a dependent child under age 18
Problem-focused examinations	Combined with examinations limit	Bitewing x-rays	2 sets in a calendar year
Prophylaxis – cleanings	2 times in 1 calendar year	Screenings	2 times in a calendar year
Oral exams	2 times in 1 calendar year	Labs and other tests	
Patient assessments	2 times in 1 calendar year		

TYPE B (BASIC)

Benefits are payable immediately from the start date of an individual's benefits.

Service	Frequency	Service	Frequency
Full mouth or panoramic x-rays	Once every 60 months	Periodontal maintenance, where periodontal treatment (including scaling, root planing, and periodontal surgery, such as gingivectomy, gingivoplasty and osseous surgery) has been performed	Periodontal maintenance is limited to two times in any year less the number of teeth cleanings received during such 1-year period
Intraoral-periapical x-rays		Local chemotherapeutic agents	
X-rays, except as mentioned elsewhere		General anesthesia or intravenous sedation in connection with oral surgery, extractions, or other covered services	
Emergency palliative treatment to relieve tooth pain		Injections of therapeutic drugs	
Initial placement of amalgam fillings		Space maintainers for a child under age 14	Once per lifetime per tooth area
Replacement of an existing amalgam filling	Only if: · at least 24 months have passed since the existing filling was placed; or · a new surface of decay is identified on that tooth	Sealants or sealant repairs for a child under age 16, which are applied to non-restored, non-decayed first and second permanent molars	Once per tooth every 60 months
Initial placement of resin-based composite fillings		Preventative resin restorations, which are applied to non-restored first and second permanent molars	Once per tooth every 60 months
Replacement of an existing resin-based composite filling	Only if: · at least 24 months have passed since the existing filling was placed; or · a new surface of decay is identified on that tooth	Interim caries arresting medicament application applied to permanent bicuspid and 1st and 2nd molar teeth	Once per tooth every 60 months
Protective (sedative) fillings		Application of desensitizing medicaments where periodontal treatment (including scaling, root planing, and periodontal surgery, such as osseous surgery) has been performed.	
Periodontal scaling and root planing	No more than once per quadrant in any 24-month period	Full mouth debridements	Once per lifetime
Simple extractions			

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TYPE C (MAJOR)

Benefits are payable after a 12-month waiting period.

Service	Frequency	Service	Frequency
Apexification/recalcification		Precision attachments	
Pulpal regeneration	Not more than once per lifetime	Initial installation of Cast Restorations (except implant supported Cast Restorations)	
Pulp capping (excluding final restoration) and pulp therapy		Replacement of Cast Restorations (except an implant supported Cast Restoration) but only if at least 84 months have passed since the most recent time that: <ul style="list-style-type: none"> · a Cast Restoration was installed for the same tooth; or · a Cast Restoration for the same tooth was replaced 	
Therapeutic pulpotomy (excluding final restoration)		Prefabricated crown	No more than one replacement for the same tooth within 84 consecutive months
Addition of teeth to a partial removable Denture to replace teeth removed while this Dental Insurance was in effect for the person receiving such services		Core buildup	No more than once per tooth in a period of 84 months
Initial installation of full or partial Dentures (other than implant supported prosthetics):	<ul style="list-style-type: none"> · When needed to replace congenitally missing teeth; or · When needed to replace teeth that are lost while the person receiving such benefits was insured for Dental Insurance 	Posts and cores	No more than once per tooth in a period of 84 months
Replacement of a non-serviceable fixed or removable Denture	If such Denture was installed more than 84 months prior to replacement	Labial veneers	No more than once per tooth in a period of 84 months
Replacement of an immediate, temporary, full Denture with a permanent, full Denture	If the immediate, temporary, full Denture cannot be made permanent and such replacement is done within 12 months of the installation of the immediate, temporary, full Denture	Oral surgery, except as mentioned elsewhere in the certificate	
Initial installation of Cast Restorations (except implant supported Cast Restorations)		Consultations for interpretation of diagnostic image by a Dentist not associated with the capture of the image	No more than twice in a 12-month period
Replacement of Cast Restorations (except an implant supported Cast Restoration)	Only if at least 84 months have passed since the most recent time that: <ul style="list-style-type: none"> · a Cast Restoration was installed for the same tooth; or · a Cast Restoration for the same tooth was replaced 	Other consultations	Not more than twice in a 12-month period
Relinings and rebasings of existing removable Dentures	<ul style="list-style-type: none"> · If at least 6 months have passed since the installation of the existing removable Denture; and · Not more than once in any 36 month period. 	Root canal treatment, including bone grafts and tissue regeneration procedures in conjunction with periradicular surgery	Not more than once for the same tooth
Re-cementing of Cast Restorations or Dentures	Not more than once in a 12-month period	Other endodontic procedures, such as apicoectomy, retrograde fillings, root amputation, and hemisection	

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COVERED SERVICES

TYPE C (MAJOR)

Benefits are payable after a 12-month waiting period.

Service	Frequency	Service	Frequency
Adjustments of Dentures, if at least 6 months have passed since the installation of the Denture	Not more than once in any 12-month period.	Periodontal surgery, including gingivectomy, gingivoplasty and osseous surgery	No more than one surgical procedure per quadrant in any 36-month period
Surgical extractions		Implant services (including sinus augmentation and bone replacement and graft for ridge preservation): · when needed to replace congenitally missing teeth; or · when needed to replace teeth that are lost while the person receiving such benefits was insured for Dental Insurance.	No more than once for the same tooth position in a 60-month period
Repair of implants	No more than once in a 12-month period	Implant supported Cast Restorations: · when needed to replace congenitally missing teeth; or · when needed to replace teeth that are lost while the person receiving such benefits was insured for Dental Insurance	No more than once for the same tooth position in a 60-month period
Implant supported fixed Dentures: · when needed to replace congenitally missing teeth; or · when needed to replace teeth that are lost while the person receiving such benefits was insured for Dental Insurance	No more than once for the same tooth position in a 60-month period	Implant supported removable Dentures: · when needed to replace congenitally missing teeth; or · when needed to replace teeth that are lost while the person receiving such benefits was insured for Dental Insurance	No more than once for the same tooth position in a 60-month period
Tissue conditioning	Not more than once in a 36-month period	Simple repair of Cast Restorations or Dentures other than re-cementing	Not more than once in a 12-month period
Simple repair of Cast Restorations or Dentures other than re-cementing	Not more than once in a 12-month period	Occlusal adjustments	Not more than once in a 12-month period
		Cleaning and inspection of a removable appliance	Once every 6 months

MONTHLY RATES

Your rate depends on whether your spouse or dependents are covered under the plan. Refer to the rate table to determine your monthly rate.

PPO PLAN – RATE TABLE			
Area	Member Only	Member + 1 Dependent	Member + Family
Area 1	\$41.91	\$82.77	\$134.82
Area 2	\$45.33	\$90.46	\$150.88
Area 3	\$50.89	\$107.20	\$164.99
Area 4	\$54.31	\$115.34	\$179.60
Area 5	\$56.02	\$118.95	\$192.25
Area 6	\$59.44	\$127.10	\$206.36

AUSA GROUP DENTAL INSURANCE PPO PLAN

HOW TO USE THIS CHART

To determine the appropriate premium rates for a dental plan, look up the enroller's state of residence on this chart, and then look up the enroller's 3-digit zip code.

STATE	AREA	FIRST 3 DIGITS OF ZIP CODE (IF APPLICABLE)
Alabama	1	350-354, 362-364, 367-369
	2	355-361, 365-366
Alaska	6	
Arizona	2	850-857
	3	859-865
Arkansas	2	
California	2	923-925
	3	900, 905-922, 926-938, 952-953, 955-961
	4	901-904, 939, 945-946, 948, 950-951
	5	940-944, 947, 949, 954
	6	941
Colorado	3	
Connecticut	4	
Delaware	4	197, 199
	5	198
D.C.	3	
Florida	2	320-322, 325-329, 334-338, 342-349
	3	323-324, 333, 339-341
	4	330-332
Georgia	2	306-310, 312, 319
	3	300-305, 311, 313-318, 398
Hawaii	3	
Idaho	2	
Illinois	1	624, 628-629
	2	609-623, 625-627
	3	600-608
Indiana	1	471, 475
	2	460-462, 465-470, 472-474, 476-479
	3	463-464
Iowa	1	508-510, 512-516
	2	500-507, 520-528
	3	511
Kansas	2	
Kentucky	1	400-404, 406-409, 411-419, 425-427
	2	405, 410, 420-424
Louisiana	2	
Maine	3	042-044, 046-047, 049
	4	039-041, 045, 048
Maryland	1	215
	2	206, 210-214, 216-219
	3	207-209

STATE	AREA	FIRST 3 DIGITS OF ZIP CODE (IF APPLICABLE)
Massachusetts	3	010, 012-013
	4	011, 014-027
Michigan	2	486
	3	480-485, 487-499
Minnesota	3	
Mississippi	2	
Missouri	1	645
	2	630-644, 646-651, 653-659
	3	652
Montana	3	
Nebraska	1	680-684, 689-690
	2	685-688, 691-693
Nevada	2	889-891
	4	893-898
New Hampshire	4	030, 032, 034-038
	5	031, 033
New Jersey	2	071-072
	3	070, 073, 077, 080-087
	4	074-076, 078-079, 088-089
New Mexico	3	
New York	2	104, 124-129, 133-136, 142
	3	103, 109-110, 115, 117-123, 130-132, 137-141, 143-149
	4	063, 105-108, 111-114, 116
	6	100-102
North Carolina	3	270-281, 283-289
	4	282
North Dakota	3	
Ohio	2	430-435, 437-459
	3	436
Oklahoma	2	731, 735-749
	3	730, 734
Oregon	3	
Pennsylvania	1	150-156, 159-161, 163-164, 171-172, 185, 187
	2	157-158, 162, 165-168, 170, 173-176, 180-184, 186, 188, 190-192
	3	169, 177-179, 189, 193-196
Puerto Rico	1	
Rhode Island	3	
South Carolina	3	
South Dakota	2	570, 572-577
	3	571

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STATE	AREA	FIRST 3 DIGITS OF ZIP CODE (IF APPLICABLE)
Tennessee	2	
Texas	1	782
	2	754-759, 764-769, 773-774, 776-781, 783-785, 788-789, 794-799
	3	750-753, 760-763, 770-772, 775, 786-787, 790-793, 885
Utah	1	
Vermont	4	
Virginia	2	230-246
	3	201, 220-229
Virgin Islands	3	
Washington	3	990-992, 994
	4	985-989, 993
	5	980-984
West Virginia	2	
Wisconsin	3	
Wyoming	2	

HOW DO I ENROLL?

To apply online for AUSA Group Dental Insurance, go to AUSAplans.com/EnrollPPO.

Questions? We're here to help. Contact an AUSA Group Dental Insurance representative at **800.882.5707**.

HOW ARE CLAIMS PROCESSED?

Dentists may submit your claims for you, which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit metlife.com/mybenefits or call **800.942.0854**.

WHO IS A PARTICIPATING DENTIST?

A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for services provided to plan members. Negotiated fees are typically 30-45% less than the average charges in the same community.²

HOW DO I FIND A PARTICIPATING DENTIST?

There are thousands of general dentists and specialists to choose from nationwide—so you are sure to find one who meets your needs. You can receive a list of these participating dentists online at metlife.com/mybenefits. You can also call **800.942.0854** to have a list mailed to you.

CAN I CHOOSE A NON-PARTICIPATING DENTIST?

Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist, your out-of-pocket costs may be higher. He or she hasn't agreed to accepted fees. So, you may be responsible for any difference in cost between the dentist's fee and your plan's benefit payment.

CAN MY DENTIST APPLY FOR PARTICIPATION IN THE NETWORK?

Yes. If your current dentist does not participate in the network and you'd like to encourage him or her to apply, ask your dentist to visit metdental.com or call **866.PDP.NTWK (866.737.6895)** for an application.³ The website and phone number are for use by dental professionals only.

COMMON QUESTIONS

WHO IS ELIGIBLE FOR COVERAGE?

AUSA members under age 65 and your lawful spouse under age 65 are eligible for coverage. Your eligible dependents under age 26 may also enroll for coverage. You and your eligible spouse and dependents must reside in the United States.

IS ORTHODONTIA A COVERED SERVICE?

Orthodontia is not a covered service under the AUSA PPO Dental Plan.

WHEN DOES COVERAGE BEGIN?

Your dental coverage will become effective following receipt of your enrollment form and first premium payment.

WHEN DOES COVERAGE END?

Your dental coverage will remain in effect unless you cease to be in an eligible class, you fail to pay the appropriate premium when due, insurance ends for your class, the group policy is discontinued, or the last day of the calendar month in which you cease to be a member. Coverage for dependents will end at age 26.

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CAN I FIND OUT WHAT MY OUT-OF-POCKET EXPENSES WILL BE BEFORE RECEIVING A SERVICE?

Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend you request a pretreatment estimate for services in excess of \$300. Simply have your dentist submit a request online at metdental.com or call **877.MET.DDS9 (877.638.3379)**. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending on plan maximums, deductibles, frequency limits, and other conditions at time of payment.

HOW CAN I LEARN ABOUT WHAT DENTISTS IN MY AREA CHARGE FOR DIFFERENT PROCEDURES?

If you have MyBenefits, you can access the dental procedure fee tool. You can use the tool to look up average in- and out-of-network fees for dental services in your area.⁴ You'll find fees for services such as exams, cleanings, fillings, crowns, and more. Just log in at metlife.com/mybenefits.

CAN METLIFE HELP ME FIND A DENTIST OUTSIDE OF THE U.S. IF I AM TRAVELING?

MetLife can help you find a dentist outside the U.S. if you are traveling. Through the international dental travel assistance services program,⁵ you can obtain a referral to a local dentist by calling **312.356.5970** (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.⁶ Please remember to hold on to all receipts to submit a dental claim.

CERTIFICATE OF INSURANCE

This brochure is only a brief description of the principal provisions and features of the AUSA Group Dental Insurance plan. The complete terms and conditions are set forth in the group policy issued by MetLife.

When you become insured, you will be sent a Certificate of Insurance summarizing your benefits under the plan. In the event of any conflict or inconsistency between the information in this brochure and the information contained in the underlying plan documents, the plan documents will in all respects control and govern. If any provision is not explained or is only partially explained, your rights will always be determined under the provisions of the underlying plan documents. Insurance coverage and availability may vary by state.

ALTERNATE BENEFITS

Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high-cost services, such as crowns, bridges, or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the plan frequency limits, deductibles, and other limits applicable at time of payment.

CANCELLATION/TERMINATION OF BENEFITS

Coverage is provided under a group insurance policy issued by Metropolitan Life Insurance Company. Subject to the terms of the group policy, rates are effective for one year from your plan's effective date. Once coverage is issued, the terms of the group policy permit Metropolitan Life Insurance Company to change rates during the year in certain circumstances. Coverage will end on the earliest of 1) the date the Group Policy ends; 2) the date insurance ends for your class; 3) the date you cease to be in an eligible class; 4) the end of the period for which the last premium has been paid for you; or 5) the last day of the calendar month in which you cease to be a member. Coverage for dependents will end at age 26.

There is a 30-day limit for the following services that are in progress: Completion of a prosthetic device, crown, or root canal therapy after individual termination of coverage.

EXCLUSIONS

We will not pay Dental Insurance benefits for charges incurred for:

1. services which are not Dentally Necessary, or those which do not meet generally accepted standards of care for treating the particular dental condition;
2. services for which You would not be required to pay in the absence of Dental Insurance;
3. services or supplies received by You or Your Dependent before the Dental Insurance starts for that person;

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4. services which are neither performed nor prescribed by a Dentist, except for those services of a licensed Dental Hygienist which are supervised and billed by a Dentist, and which are for:
 - scaling and polishing of teeth; or
 - fluoride treatments;
5. services which are primarily cosmetic, (For residents of Texas, see notice page section);
6. services or appliances which restore or alter occlusion or vertical dimension;
7. restoration of tooth structure damaged by attrition, abrasion or erosion, unless caused by disease;
8. restorations or appliances used for the purpose of periodontal splinting;
9. counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
10. personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss;
11. decoration or inscription of any tooth, device, appliance, crown, or other dental work;
12. missed appointments;
13. services:
 - covered under any workers' compensation or occupational disease law;
 - covered under any employer liability law;
 - for which the Employer of the person receiving such services is required to pay; or
 - received at a facility maintained by the Participating Association, labor union, mutual benefit association, or VA hospital;
14. services covered under other coverage provided by the Participating Association;
15. biopsies of hard or soft oral tissue;
16. temporary or provisional restorations;
17. temporary or provisional appliances;
18. prescription drugs;
19. services for which the submitted documentation indicates a poor prognosis;
20. the following, when charged by the Dentist on a separate basis:
 - claim form completion;
 - infection control, such as gloves, masks, and sterilization of supplies; or
 - local anesthesia, non-intravenous conscious sedation or analgesia, such as nitrous oxide;
21. dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
22. caries susceptibility tests;
23. modification of removable prosthodontic and other removable prosthetic services;
24. fixed and removable appliances for correction of harmful habits;
25. appliances or treatment for bruxism (grinding teeth);
26. initial installation of a Denture or implant or implant supported prosthetic to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing teeth;
27. precision attachments associated with fixed and removable prostheses, except when the precision attachment is related to implant prosthetics;
28. adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
29. duplicate prosthetic devices or appliances;
30. replacement of a lost or stolen appliance, Cast Restoration or Denture;
31. orthodontic services or appliances;
32. repair or replacement of an orthodontic device;
33. diagnosis and treatment of temporomandibular joint disorders and cone beam imaging associated with the treatment of temporomandibular joint disorders;
34. intra and extraoral photographic images.

¹Your out-of-pocket costs may be greater when you visit a dentist who does not participate in the MetLife network.

²Based on internal analysis, negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services and are subject to change.

³Due to contractual requirements, MetLife is prevented from soliciting certain providers.

⁴The dental procedure fee tool application is provided by VerifPoint, an independent vendor. This tool does not provide the payment information used by MetLife when processing your claims. Prior to receiving services, pretreatment estimates through your dentist will provide the most accurate fee and payment information.

⁵AXA Assistance USA, Inc. provides dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations.

⁶Refer to your dental benefits plan summary for your out-of-network dental coverage.

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.

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