



**ASSOCIATION OF THE  
UNITED STATES ARMY**



# AUSA GROUP DENTAL INSURANCE SCHEDULED 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 Scheduled 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.<sup>1</sup>

## PLAN DETAILS

The Scheduled Dental Plan provides a fixed price list for dental procedures. The plan pays a flat dollar amount per covered dental procedure, as outlined in the policy. You can visit any provider, and MetLife will pay the lesser of the provider's actual charge or the amount listed on the price list.

## ANNUAL MAXIMUMS

You and your covered dependents are entitled to receive up to \$1,000 each in dental benefits in any calendar year after the cash deductible is satisfied. The orthodontia lifetime maximum benefit is \$850.

## 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.

## BENEFIT WAITING PERIODS

Following is the amount of time you must be insured under this plan before benefits will begin for each type of service.

- **Type A and Type B Services (excludes fillings):** No waiting period
- **Amalgam, resin-based composite protective (sedative fillings):** 6-month waiting period
- **Type C Services:** 12-month waiting period
- **Type D Services (Orthodontic):** 12-month waiting period

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### REIMBURSEMENT

The following table lists the maximum benefits MetLife will consider for covered Type A, B, and C services under the Scheduled Dental Plan. The amounts shown under the Maximum We Will Pay column include the cost of local anesthesia, postoperative care, and adjustments to a Denture for up to six months.

Covered services not listed will be considered by MetLife in accordance with MetLife's standard practices. Orthodontia services will be covered at 50% up to a maximum of \$850.

Description of Service	Maximum We Will Pay
Periodic oral examination	\$15
Limited oral evaluation – problem focus	\$25
Comprehensive oral evaluation	\$25
Comprehensive periodontal evaluation	\$23
Complete set x-ray images	\$45
Periapical (whole tooth) x-ray image	\$10
Additional x-ray images	\$5
Occlusal x-ray image	\$10
Bitewing x-ray – single image	\$15
Bitewing x-ray – two images	\$15
Bitewing x-ray – four images	\$20
Prophylaxis (cleaning) – adult	\$40
Prophylaxis (cleaning) – child	\$25
Topical fluoride varnish	\$11
Topical application of fluoride	\$22
Sealant – per tooth	\$10
Amalgam – (filling) 1 surface primary/permanent	\$30
Amalgam – (filling) 2 surfaces primary/permanent	\$35
Amalgam – (filling) 3 surfaces primary/permanent	\$35
Resin composite – 1 surface anterior	\$30
Resin composite – 2 surfaces anterior	\$35
Resin composite – 3 surfaces anterior	\$45
Resin composite – 4+ surface or incisal angle	\$50
Resin composite – 1 surface posterior	\$33
Resin composite – 2 surfaces posterior	\$44
Resin composite – 3 surfaces posterior	\$53
Crown – porcelain/ceramic substrate	\$215
Crown – porcelain fused to high noble metal	\$230
Crown – porcelain fused to base metal	\$220
Crown – porcelain fused to noble metal	\$220
Crown – full cast high noble metal	\$225
Crown – full cast noble metal	\$215
Re-cement crown	\$15
Stainless steel crown – child	\$50
Protective restoration	\$21

Description of Service	Maximum We Will Pay
Core buildup (including any pins)	\$45
Prefabricated post & core addition crown	\$63
Pulp cap – indirect	\$14
Endodontic (root canal) anterior tooth	\$125
Endodontic (root canal) bicuspid tooth	\$135
Endodontic (root canal) molar	\$140
Periodontal scaling & root planing 4+ teeth/quadrant	\$30
Periodontal scaling & root planing 1-3 teeth	\$33
Full-mouth debridement	\$33
Localized delivery antimicrobial agents	\$18
Periodontal maintenance	\$35
Complete upper denture	\$250
Complete lower denture	\$250
Surgical placement endosteal implant	\$418
Pontic – porcelain fused to high noble metal	\$200
Crown – porcelain fused to high noble metal	\$180
Extract erupted tooth or exposed root	\$20
Surgical removal erupted tooth	\$30
Surgical removal impacted tooth	\$45
Removal impacted tooth – partly bony	\$70
Removal impacted tooth – completely bony	\$85
Palliative (emergency) treatment pain – minor procedure	\$15
Deep sedation/general anesthesia - first 15 minutes	\$50
Deep sedation/general anesthesia – additional 15 min increment	\$50
Consultation	\$20

### 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.

SCHEDULED PLAN – RATE TABLE	
Member Only	\$29.33
Member + 1 Dependent	\$45.33
Member + Family	\$61.66

## AUSA GROUP DENTAL INSURANCE SCHEDULED PLAN

### 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?

Yes. Orthodontia diagnostic and treatment services will be covered at 50% up to a maximum of \$850 for covered dependents under age 19.

#### 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.

#### HOW DO I ENROLL?

To apply online for AUSA Group Dental Insurance, go to [AUSAplans.com/EnrollDental](https://AUSAplans.com/EnrollDental).

**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](https://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.<sup>2</sup>

#### 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](https://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](https://metdental.com) or call **866.PDP.NTWK (866.737.6895)** for an application.<sup>3</sup> The website and phone number are for use by dental professionals only.

#### 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](https://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.<sup>4</sup> You'll find fees for services such as exams, cleanings, fillings, crowns, and more. Just log in at [metlife.com/mybenefits](https://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,<sup>5</sup> 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.<sup>6</sup> Please remember to hold on to all receipts to submit a dental claim.

# AUSA GROUP DENTAL INSURANCE SCHEDULED PLAN

## 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;
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;

## AUSA GROUP DENTAL INSURANCE SCHEDULED PLAN

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. preventive resin restorations;
24. interim caries arresting medicament application;
25. fixed and removable appliances for correction of harmful habits;
26. appliances or treatment for bruxism (grinding teeth);
27. 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;
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. replacement of an orthodontic device;
32. diagnosis and treatment of temporomandibular joint disorders and cone beam imaging associated with the treatment of temporomandibular joint disorders;
33. intra and extraoral photographic images;
34. cleaning and inspection of a removable appliance;
35. interpretation of diagnostic image by a practitioner not associated with capture of the image;
36. immediate max partial resin;
37. immediate mand partial resin;
38. immediate max partial metal;
39. immediate mand partial metal;
40. abutment supported removable denture for edentulous arch-maxillary;
41. abutment supported removable denture for edentulous arch-mandibular;
42. abutment supported removable denture for partially edentulous arch-maxillary;
43. abutment supported removable denture for partially edentulous arch-mandibular;
44. abutment supported fixed denture for edentulous arch-maxillary;
45. abutment supported fixed denture for edentulous arch-mandibular;
46. abutment supported fixed denture for partially edentulous arch-maxillary;
47. abutment supported fixed denture for partially edentulous arch-mandibular.

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

<sup>2</sup>Based 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.

<sup>3</sup>Due to contractual requirements, MetLife is prevented from soliciting certain providers.

<sup>4</sup>The 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.

<sup>5</sup>AXA 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.

<sup>6</sup>Refer 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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