

# CFTC Dental Insurance



## Benefit Summary

A pre-treatment estimate is highly recommended before receiving any complex dental service. Please see the second page for further details.

The chart below provides plan highlights. For more information about your coverage and benefits, please visit [mybenefits.metlife.com](http://mybenefits.metlife.com).

CFTC Dental Group Plan Number: 146215; CFTC Dental Policy Number: 146197

### Dental plan overview

New plan changes! Effective January 3, 2021, the plans maximums have changed. The new Annual Maximum (for Classes I, II and III) is \$3,000 per individual and the new Orthodontia Lifetime Maximum is \$3,500 per individual.

	In Network	Out of Network
<b>Calendar Year Maximum (Class I, II, III expenses)</b>	\$3,000 per person*	\$3,000 per person*
<b>Class I: Preventive &amp; Diagnostic Care</b> <i>Periodic oral exam (no more than 2 per calendar year), Intra-oral and Bitewing x-rays, Prophylaxis cleaning with or without oral exam (2 per calendar year), Additional Prophylaxis cleanings for diabetics (2 per calendar year), Periodontal prophylaxis, Additional cleanings for diabetics (2 per calendar year)*, Topical application of stannous fluoride for individual under 19 yrs. (1 per calendar year), Space maintainers, fixed, unilateral, Topical application on a posterior tooth for individual under 14 years (sealant), Emergency pain treatment</i>	100% of fee schedule	100% of allowable expenses
<b>Class II: Basic Restorative Care</b> <i>General anesthesia, Amalgam fillings, Silicate cement, Acrylic or plastic filling, Composite acrylic resin filling, Root canal therapy Apicoectomy, Gingivectomy or gingivoplasty, Gingival Curettage and Root Planning, Osseous surgery, Osseous Graft Multiple, Site Periodontal scaling, Adjustments to dentures (partial denture), Replace broken tooth on complete or partial denture, not in conjunction with other repairs, Recement bridge, Simple extractions Surgical extractions (impacted); soft tissue; bone-partial; bone-complete, Biopsy of oral tissue (hard), Biopsy of oral tissue (soft), *Routine post-operative care is considered part of each Dental Service for oral surgery under this Schedule</i>	80% of fee schedule, after deductible	80% of allowable expenses, after deductible
<b>Class III: Major Restorative Care</b> <i>Implants*, Gold inlay fillings, Crowns (porcelain), Crowns-cast gold Complete dentures (upper or lower), Partial dentures, Bridge pontics (cast gold), Bridge pontics (porcelain fused to gold), Bridge pontics (plastic processed to gold), Abutment crowns (porcelain), Abutment crowns (porcelain with gold), Abutment crowns (full, cast gold)</i>	60% of fee schedule, after deductible	60% of allowable expenses, after deductible
<b>Orthodontia (appliances and treatment)</b>	In or Out of Network	In or Out of Network
<i>Preliminary study including cephalometric radiographs, diagnostic casts, and treatment plan, first month of active treatment including all active and retention appliances, active treatment per month after the first month, removable and/or fixed appliance(s) insertion for interception treatment or to control harmful habits (e.g., night guards to control grinding)</i>	60% of fee schedule, after deductible	60% of fee schedule, after deductible
<b>Note: If a patient uses up their Orthodontia Lifetime Maximum, the plan will be maxed out and won't pay any additional orthodontia benefits. The new Orthodontia Lifetime Maximum applies only to services received on or after January 3, 2021. Please refer to the second page for more information.</b>		
<b>Calendar Year Deductible</b>	In or Out of Network	In or Out of Network
Individual (Not required for Class 1 expenses)	\$50	\$50
Individual + 1 (Not required for Class 1 expenses)	\$100	\$100
Individual + Family (For 3 or more family members, not required for Class 1 expenses)	\$150	\$150

# Frequently Asked Questions

## What's new in 2021?

Effective January 3, 2021, CFTC will offer the following:

- A three-tier enrollment option, including Individual, Individual + 1, and Individual + Family
- Annual Maximum (for Classes I – III) increased from \$2,000 to \$3,000 per year
- Orthodontia Lifetime Maximum increased from \$2,000 to \$3,500 per individual

## If I'm enrolled in Individual + Family coverage and have only 1 dependent, will I automatically be moved to Individual + 1 coverage?

Yes. You'll automatically be moved to the appropriate enrollment tier for the first pay period of 2021.

## How will the prior plan work with the new plan changes? For example, if I'm in the middle of a service, how will the maximum changes impact me?

The maximum charge that you'll be responsible for will depend on the date that services were rendered. If services were received before January 3, 2021, the \$2,000/\$2,000 maximums will apply. If services are received on or after January 3, 2021, the \$3,000/\$3,500 maximums will apply.

## What if I'm on a payment plan that starts in 2020 and ends in 2021. Will my payments change?

No, your payment plan will remain the same, as your services began in 2020.

## What's the benefit of a pre-treatment estimate?

A pre-treatment estimate is suggested before receiving certain complex dental services such as implants, crowns, bridges, dentures or periodontal work so that you can be aware of the dental charge in advance or understand if your treatment or service is subject to a necessary alternate benefit provision. It's recommended that a pre-treatment estimate is done for any service that may cost over \$300. Essentially, it's like submitting a claim before the dental procedure or service has taken place so you can be aware of what level of benefits may be payable and what your out-of-pocket expense may be.

## May I choose to receive services from any dental provider of my choice?

Yes, each plan member is free to visit any licensed dentist, in or out of the network, and receive benefits. However, you usually save more when you visit a participating dentist<sup>1</sup>. This is because participating providers have agreed to negotiated fees that typically range from 30 – 45% **below** the average fees charged in a dentist's community for similar services<sup>2</sup>. Lower fees can help to stretch your annual maximums and keep final costs low. There are thousands of general dentists and specialists to choose from nationwide, so you're sure to find one who meets your needs. To find a participating dentist, go to [mybenefits.metlife.com](https://mybenefits.metlife.com).

## Managing your dental benefits is easy!

- Our MyBenefits tool, [mybenefits.metlife.com](https://mybenefits.metlife.com), is your secure self-service website available 24/7. You can use the site to get estimates on care or check your claim status. Or, you may call our Dental Customer Service Unit at 1-800-942-0854.
- As an eligible CFTC employee, you may enroll yourself and any eligible dependents in this CFTC dental benefit. To enroll, or to add/delete an eligible dependent, complete the [MetLife Enrollment/Change Form](#) and email it to [Bob Short](#), in the CFTC Office of Human Resources.
- If you change your home address, please email it to [Bob Short](#), requesting the CFTC Office of Human Resources to update that item in your MetLife record.

CFTC pays the full cost of this coverage (no bi-weekly employee contributions). For further plan details, please refer to the CFTC Dental Certificate of insurance which will reflect the complete plan information, provisions and exclusions as well as govern any discrepancies if they exist between this dental plan summary and the Certificate of Insurance.

<sup>1</sup> Savings from enrolling in a dental benefits plan will depend on various factors, including plan design and premiums, how often participants visit the dentist and the cost of services rendered.

<sup>2</sup> Based on internal analysis by MetLife. Negotiated fees refers to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.