

VFW Members Find Out How You Can Save More on Your Dental Costs



MetLife®

As a MetLife Preferred Dentist Program (PDP) member, you have options to help you and your family achieve good oral health and save money.¹

Stay in the network and save!

When you visit a dentist or a specialist, your out-of-pocket costs are usually lower with the MetLife dental coverage. Participating providers have agreed to accept negotiated fees² for dental services.

The negotiated fees are usually 15% to 45% less than the average dental fees in the same community*. This can help you lower your final costs and stretch your VFW annual maximum of \$2,500 per person under major restorative services when you are enrolled in Plan Option 1—“High Plan” coverage. We know the cost of specialty care like implants, root canals, crowns, extractions or periodontal dental service can really add up. Take a look at how much you could save just by going to a network specialist.

Average charge in the New York, NY area for an Implant Specialty Service is \$1,700-\$2,100

Dental Implant	Dental Code 6010
Specialist Average Charge*	\$1,700 to \$2,100
MetLife Negotiated Fee	\$1,459.00
MetLife Pays**	\$583.60
Your out-of-pocket cost	\$875.40

The chart above is a typical example of average network savings. It shows that you usually save more when you have MetLife's Preferred Dentist (PDP) coverage. So the next time you need dental care, find out what your VFW dental plan sponsored program covers and what you could save.

To review full plan details visit on-line www.benefits4dental.com/vfw. While there you will also find an enrollment form that you can fill out and send to the VFW Dental Plan Administrator if you are not already enrolled.

*Approximate costs provided by go2dental.com, Inc., an industry source independent of MetLife.

**This amount assumes a coinsurance of 40% for both in and out-of-network coverage.

***The potential savings is based on the average charges. Actual savings for services rendered by an out-of-network dentist will vary depending on the dentist's actual charge for the service.

1. 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. Negotiated fees for non-covered services may not apply in all states.
2. Negotiated fees on non-covered services may not apply in all states.

3. Out-of-network fee information is provided by go2dental.com, Inc., an industry source independent of MetLife.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.