American Airlines Dental Plan Summary

Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

Annual Enrollment Begins October 14, 2021

Network: PDP

	Plan option 1 Basic Plan		Plan option 2 Plus Plan	
	In-Network[1] % of Negotiated Fee[2]	Out-of-Network[1] 80% of R&C Fee**	In-Network[1] % of Negotiated Fee[2]	Out-of-Network[1] 80% of R&C Fee**
Coverage Type				
Type A: Preventive (cleanings, exams, X-rays)	100%	80%	100%	80%
Type B: Basic Restorative (fillings, extractions)	50%	50%	80%	50%
Type C: Major Restorative (bridges, dentures)	50%	50%	80%	50%
Type D: Orthodontia	50%	50%	50%	50%
Deductible†				
Individual	$50	$75	$50	$75
Family	$0	$0	$0	$0
Annual Maximum Benefit				
Per Person	$1,000	$750	$2,000	$1,500
Orthodontia Lifetime Maximum				
Per Person***	$1,000	$750	$2,000	$1,500

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

[1] "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

[2] Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change..

**R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

† In Network applies to Type B & C; Out of Network Applies to Type A, B and C Services

List of Primary Covered Services & Limitations

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category but is not a complete description of the Plan.

Plan Type	Plan Option 1: Basic Plan How Many/How Often	Plan Option 2: Plus Plan How Many/How Often
Type A — Preventive		
Prophylaxis (cleanings)	Two per calendar year	Two per calendar year
Oral Examinations	Two exams per calendar year	Two exams per calendar year
Topical Fluoride Applications	Two fluoride treatment per calendar year for dependent children up to his/her 19th birthday	Two fluoride treatment per calendar year for dependent children up to his/her 19th birthday

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X-rays	• Full mouth X-rays; one in 5 years • Bitewings X-rays; one set per calendar year for adults; two sets per calendar year for children, up to age 18	• Full mouth X-rays; one in 5 years • Bitewings X-rays; one set per calendar year for adults; one set per six months for children, up to age 18
Space Maintainers	Space maintainers for dependent children up to his/her 19th birthday. Once per tooth area, every two years	▪ In Network: No age or frequency limit ▪ Out of Network: For dependent children up to his/her 19th birthday. Once per tooth area, every two years
Sealants	One application of sealant material every 3 years for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 16th birthday	▪ In Network: No application limit for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 16th birthday ▪ Out of Network: One application of sealant material every 3 years for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 16th birthday
Type B — Basic Restorative		
Fillings	One every three calendar years	▪ In Network: No limit ▪ Out of Network: One every three calendar years
Simple Extractions	No limit	No limit
Crown, Denture and Bridge Repair/ Recementations	One in 12 months	▪ In Network: No limit ▪ Out of Network : One per year
Oral Surgery	No limit	No limit
Endodontics	Root canal treatment limited to once per tooth per 5 years	▪ In Network: No limit ▪ Out of Network: Root canal treatment limited to once per tooth per 5 years
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Periodontics	• Periodontal scaling and root planing once per quadrant, every 2 years • Periodontal surgery once per quadrant, every 3 years • Total number of periodontal maintenance treatments are four treatments in 12 months	In Network • No limit for periodontal scaling and root planing • No limit for periodontal surgery • No limit for total number of periodontal maintenance treatments and prophylaxis Out of Network • Periodontal scaling and root planing once per quadrant, every 2 years • Periodontal surgery once per quadrant, every 3 years • Total number of periodontal maintenance treatments are four treatments in a calendar year

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Type C — Major Restorative		
Implants	Replacement once every 10 years	▪ In Network: No limit ▪ Out of Network: Replacement once every 10 years
Bridges and Dentures	• Dentures and bridgework replacement; one every 10 years • Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed	• In Network: Dentures and bridgework replacement; one **every 5 years** • Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed • Out of Network: Dentures and bridgework replacement; one **every 10 years** • Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed
Crowns, Inlays and Onlays	Replacement once every 10 years for Crowns and Onlays; Inlays not covered	In Network ▪ No limit for Inlays/Onlays ▪ Crown replacement once every 5 years Out of Network ▪ Inlays not covered ▪ Crowns and Onlays replacement once every 10 years
Type D — Orthodontia		
	• You, your spouse and your children, up to age 26, are covered while Dental insurance is in effect • All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia • The Provider of service (orthodontist) should submit one billing that reflects the total cost of the patient's orthodontic treatment – even if the duration of treatment moves across calendar years. The Dental Benefit Option will pay up to the maximum benefit in one lump sum, based upon the orthodontist's lump-sum billing for orthodontia treatment (provided the treatment is determined to be an eligible expense under the Dental Benefit Option). • Orthodontic benefits end at cancellation of coverage	• You, your spouse and your children, up to age 26, are covered while Dental insurance is in effect • All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia • The Provider of service (orthodontist) should submit one billing that reflects the total cost of the patient's orthodontic treatment – even if the duration of treatment moves across calendar years. The Dental Benefit Option will pay up to the maximum benefit in one lump sum, based upon the orthodontist's lump-sum billing for orthodontia treatment (provided the treatment is determined to be an eligible expense under the Dental Benefit Option). • Orthodontic benefits end at cancellation of coverage

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Exclusions

This plan does not cover the following services, treatments and supplies:

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic
- 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;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- 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 not required to pay; or
  - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- 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.
- 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;
- Caries susceptibility tests;
- Repair or replacement of an orthodontic device;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of Minnesota;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture;
- and Intra and extraoral photographic images

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Limitations

Alternate Benefits: Where two or more professionally acceptable dental treatments for a dental condition exist, payment 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 pre-treatment 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 services provided, your plan's payment for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

This dental benefits plan is made available through a self-funded arrangement. MetLife administers this dental benefits plan, but does not provide insurance to fund benefits.

Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166.

Questions & Answers

Q. Who is a participating dentist?

A. A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees typically range from 30% – 45% below the average fees charged in a dentist's community for the same or substantially similar services.†

Q. How do I find a participating dentist?

A. There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at www.metlife.com/mybenefits or call 1-866-838-1072 to have a list faxed or mailed to you.

Q. What services are covered under this plan?

A. The summary plan description sets forth the covered services under the plan

Q. May I choose a non-participating dentist?

A. 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.

Q. Can my dentist apply for participation in the network?

A. Yes. If your current dentist does not participate in the network and you would like to encourage him/her to apply, ask your dentist to visit www.metdental.com, or call 1-866-PDP-NTWK for an application.†† The website and phone number are for use by dental professionals only.

Q. How are claims processed?

A. 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 www.metlife.com/mybenefits or request one by calling 1-866-838-1072.

Q. Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?

A. 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 that you request a pre-treatment estimate for services in excess of $300. Simply have your dentist submit a request online at www.metdental.com or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

Q. Can MetLife help me find a dentist outside of the U.S. if I am traveling?

A. Yes. Through international dental travel assistance services* you can obtain a referral to a local dentist by calling +1-312-356-5970 (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.** Please remember to hold on to all receipts to submit a dental claim.

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Q. How does MetLife coordinate benefits with other insurance plans?

A. Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan, subject to applicable law. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan, subject to applicable law.

Q. Do I need an ID card?

A. No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.