



Agropur inc. changed dental providers to MetLife effective January 1, 2025. This change utilizes a new network, MetLife's PDP Plus network. Agropur's dental plan has been designed to utilize MetLife's broad network while also giving members strong coverage if they choose to visit an out-of-network provider.

Plan Coverage

Agropur's dental plan reimburses **in-network** providers at the negotiated fees that participating dentists have agreed to accept as payment in full for covered services.

Agropur's dental plan reimburses **out-of-network** providers at 99% of the reasonable and customary fee, 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	Out-of-Network
Type A: Preventive	100%	100%
Type B: Basic Restorative	80%	80%
Type C: Major Restorative	50%	50%
Type D: Orthodontia	50%	50%
Deductible Applies to Type B and C		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit Per Person	\$1,500	\$1,500
Orthodontia Lifetime Maximum Per Person Adults and children up to age 26	\$1,500	\$1,500

To Verify Eligibility

Providers can call 1-800-942-08554 Monday – Friday 8 a.m. to 11 p.m. Eastern Time or visit www.metdental.com. Utilize the policyholder's Social Security Number to verify eligibility.

To Obtain a Pre-Treatment Estimate

Pre-treatment estimates are recommended for high-cost services, but never required. Providers can visit www.metdental.com or call 1-877-MET-DDS9 to submit a pre-treatment. A paper form is also available if preferred.

When a pre-treatment estimate is received and approved, an Explanation of Benefits (EOB) will be issued. If the services included in the estimate are performed, the EOB can be used to then submit the claim by including a date of completion.

To File a Claim

Providers can utilize their standard process for submitting claims to insurance carriers. A paper claim form is also available and can be submitted via fax to 859-389-6505 or mailed to MetLife Dental Claims, PO Box 981282 El Paso, TX 79998.

If a provider will not submit a claim on a member's behalf, the member may pay the provider up front and then be reimbursed by MetLife. Members in this situation can file a claim in their MyBenefits account or fax to 859-389-6505. The paper claim form can be requested from the Employee Service Center or local HR or can be found on our benefits microsite <https://agropurus.eebenefits.info/>.