

## Dental

Metropolitan Life Insurance Company

### Monthly Premiums

|                                 | <u>High Plan</u> | <u>Low Plan</u> |
|---------------------------------|------------------|-----------------|
| Employee Only                   | \$38.45          | \$15.78         |
| Employee + 1 Dependent          | \$72.57          | \$30.82         |
| Employee + 2 or more Dependents | \$106.46         | \$59.34         |

### Original Plan Effective Date: January 1, 2024

#### Network: PDP Plus

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver cost-effective protection for a healthier smile and a healthier you.

|                              | In-Network <sup>1</sup>                                      | Out-of-Network <sup>1</sup>                              |
|------------------------------|--|--|
| High Plan                    |  |  |
| Coverage Type:               | In-Network<br>% of Negotiated Fee <sup>2</sup>               | Out-of-Network <sup>1</sup><br>% of R&C Fee <sup>4</sup> |
| Type A - Preventive          | 100%   | 100%   |
| Type B - Basic Restorative   | 80%  | 80%  |
| Type C - Major Restorative   | 50%  | 50%  |
| Type D – Orthodontia         | 50%  | 50%  |
| Deductible <sup>3</sup>      |  |  |
| Individual                   | \$50   | \$50   |
| Family                       | \$150  | \$150  |
| Annual Maximum Benefit:      |  |  |
| Per Individual               | \$1500   | \$1500   |
| Orthodontia Lifetime Maximum | Ortho applies to Child Only<br>Child to age 19               |  |
|                              | \$1000 per Person  | \$1000 per Person  |
| Dependent Age:               | Eligible for benefits until the day that he or she turns 26. |  |
| Low Plan                     |  |  |
| Coverage Type:               | In-Network<br>% of Negotiated Fee <sup>2</sup>               | Out-of-Network <sup>1</sup><br>% of R&C Fee <sup>4</sup> |
| Type A - Preventive          | 80%  | 80%  |
| Type B - Basic Restorative   | 70%  | 70%  |
| Type C - Major Restorative   | 0%   | 0%   |
| Type D – Orthodontia         | NA   | NA   |
| Deductible <sup>3</sup>      |  |  |
| Individual                   | \$50   | \$50   |
| Family                       | \$150  | \$150  |
| Annual Maximum Benefit:      |  |  |
| Per Individual               | \$750  | \$750  |
| Dependent Age:               | Eligible for benefits until the day that he or she turns 26. |  |

1. "In-Network Benefits" means benefits provided under this plan for covered dental services that are provided by a MetLife PDP dentist. "Out-of-Network Benefits" means benefits provided under this plan for covered dental services that are not provided by a MetLife PDP dentist. Utilizing an out-of-network dentist for care may cost you more than using an in-network 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.

#### High Plan

3. Applies to Type B and C services only.
4. Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:
  - the dentist's actual charge (the 'Actual Charge'),
  - the dentist's usual charge for the same or similar services (the 'Usual Charge') or
  - the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). For your plan, the Customary Charge is based on the 90th percentile. Services must be necessary in terms of generally accepted dental standards.

#### Low Plan

3. Applies to Type B and C services only.
4. Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:
  - the dentist's actual charge (the 'Actual Charge'),
  - the dentist's usual charge for the same or similar services (the 'Usual Charge') or
  - the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). For your plan, the Customary Charge is based on the 90th percentile. Services must be necessary in terms of generally accepted dental standards.

### Understanding Your Dental Benefits Plan

The Preferred Dentist Program is designed to provide the dental coverage you need with the features you want. Like the freedom to visit the dentist of your choice – in or out of the network. .

If you receive in-network services, you will be responsible for any applicable deductibles, cost sharing, negotiated charges after benefit maximums are met, and costs for non-covered services. If you receive out-of-network services, you will be responsible for any applicable deductibles, cost sharing, charges in excess of the benefit maximum, charges in excess of the negotiated fee schedule amount or R&C Fee, and charges for non-covered services.

- Plan benefits for in-network covered services are based on a percentage of the Negotiated fee – the Fee that participating dentists have agreed to accept as payment in full for covered services, subject to any deductibles, copayments, cost sharing and benefit maximums. Negotiated fees are subject to change.
- Plan benefits for out-of-network services are based on a percentage of the Reasonable and Customary (R&C) charge. If you choose a dentist who does not participate in the network, your out-of-pocket expenses may be greater.

#### Once you're enrolled you may take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits online

To register, just go to  
**[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)**  
 and follow the easy registration instructions.

#### Cancellation/Termination of Benefits:

Coverage is provided under a group insurance policy (Policy form GPN99) 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 terminates when your full-time employment ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder. The group policy may also terminate if participation requirements are not met, or on the date of the employee's death, if the Policyholder fails to perform any obligations under the policy, or at MetLife's option. The dependent's coverage terminates when a dependent ceases to be a dependent. 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.

## Selected Covered Services and Frequency Limitations\*

### High Plan

#### Type A - Preventive

#### How Many/How Often:

|                               |                                     |
|-------------------------------|-------------------------------------|
| Oral Examinations             | 1 in 6 months                       |
| Bitewing X-rays (Adult/Child) | 1 in 12 months                      |
| Prophylaxis - Cleanings       | 1 in 6 months                       |
| Topical Fluoride Applications | 1 in 12 months - Children to age 14 |

#### Type B - Basic Restorative

#### How Many/How Often:

|                                     |   |
|-------------------------------------|---|
| Full Mouth X-rays                   | 1 in 60 months  |
| Sealants                            | 1 in 60 months - Children to age 14                   |
| Space Maintainers                   | 1 per lifetime per tooth area - Children up to age 14 |
| Amalgam and Composite Fillings      | 1 in 24 months.                                       |
| Endodontics Root Canal              | 1 per tooth per lifetime                              |
| Periodontal Surgery                 | 1 in 60 months per quadrant                           |
| Periodontal Scaling & Root Planing  | 1 in 24 months per quadrant                           |
| Periodontal Maintenance             | 2 in 1 year, includes 2 cleanings                     |
| Oral Surgery (Simple Extractions)   |   |
| Oral Surgery (Surgical Extractions) |   |
| Other Oral Surgery                  |   |
| Emergency Palliative Treatment      |   |
| General Anesthesia                  |   |

#### Type C - Major Restorative

#### How Many/How Often:

|                      |   |
|----------------------|---|
| Crowns/Inlays/Onlays | 1 per tooth in 10 years                                 |
| Prefabricated Crowns | 1 per tooth in 10 years                                 |
| Repairs              | 1 in 12 months  |
| Bridges              | 1 in 10 years   |
| Dentures             | 1 in 10 years   |
| Consultations        | 1 in 12 months  |
| Implant Services     | 1 service per tooth in 10 years - 1 repair per 10 years |

### Type D – Orthodontia

- Dependent children up to age 19. Age limitations may vary by state. Please see your Plan description for complete details. In the event of a conflict with this summary, the terms of the certificate will govern.
- All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia.
- Benefits for the initial placement will not exceed 20% of the Lifetime Maximum Benefit Amount for Orthodontia. Periodic follow-up visits will be payable on a monthly basis during the scheduled course of the orthodontic treatment. Allowable expenses for the initial placement, periodic follow-up visits and procedures performed in connection with the orthodontic treatment, are all subject to the Orthodontia coinsurance level and Lifetime Maximum Benefit Amount as defined in the Plan Summary.
- Orthodontic benefits end at cancellation of coverage

**\*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 services provided, your plan's reimbursement 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.

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents many services within each category, but is not a complete description of the Plan. Please see your Plan description/Insurance certificate for complete details. In the event of a conflict with this summary, the terms of your insurance certificate will govern.

## Selected Covered Services and Frequency Limitations\*

### Low Plan

#### Type A - Preventive

#### How Many/How Often:

|                               |                                     |
|-------------------------------|-------------------------------------|
| Oral Examinations             | 1 in 6 months                       |
| Bitewing X-rays (Adult/Child) | 1 in 12 months                      |
| Prophylaxis - Cleanings       | 1 in 6 months                       |
| Topical Fluoride Applications | 1 in 12 months - Children to age 14 |

#### Type B - Basic Restorative

#### How Many/How Often:

|                                     |   |
|-------------------------------------|---|
| Full Mouth X-rays                   | 1 in 60 months  |
| Sealants                            | 1 in 60 months - Children to age 14                   |
| Space Maintainers                   | 1 per lifetime per tooth area - Children up to age 14 |
| Amalgam and Composite Fillings      | 1 in 24 months.                                       |
| Endodontics Root Canal              | 1 per tooth per lifetime                              |
| Periodontal Surgery                 | 1 in 60 months per quadrant                           |
| Periodontal Scaling & Root Planing  | 1 in 24 months per quadrant                           |
| Periodontal Maintenance             | 2 in 1 year, includes 2 cleanings                     |
| Oral Surgery (Simple Extractions)   |   |
| Oral Surgery (Surgical Extractions) |   |
| Other Oral Surgery                  |   |
| Emergency Palliative Treatment      |   |
| General Anesthesia                  |   |

#### Type C - Major Restorative

#### How Many/How Often:

|  |  |
|--|--|
|  | TYPE C SERVICES ARE NOT COVERED WITH THIS COVERAGE TYPE. |
|--|--|

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