

Dental - Low Plan Summary*

Metropolitan Life Insurance Company

Plan Design for: Egyptian Area Schools Employee Benefit Trust Coverage Effective: September 1, 2021

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 affordable protection for a healthier smile and a healthier you.

Coverage Type:	In-Network ¹ % of PDP Fee ²	Out-of-Network ¹ % of R&C Fee ⁴
Type A - Preventive	80%	80%
Type B - Basic Restorative	70%	70%
Type C - Major Restorative	Not Covered	Not Covered
Deductible³		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit:		
Per Individual	\$750	\$750

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.
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.

We're here to help

Find a Dental provider at
www.metlife.com/dental

For general questions go to
www.metlife.com/mybenefits or
call 1-800-275-4638

Monthly Premium Payment	
Employee	\$14.60
Employee + 1 Dependent	\$28.50
Employee + 2 or more Dependents	\$54.88

Note: The monthly rates above have been adjusted by the Egyptian Trust as approved by the Board of Managers. These rates will remain in effect for dental participants through August 31, 2023.

*This information provides highlights of this dental program only. Full benefit details are available at:
<http://www.egtrust.org/voluntary-benefits/dental/>

Selected Covered Services and Frequency Limitations*

Type A - Preventive

How Many/How Often:

Oral Examinations	2 in a year
Full Mouth X-rays	1 in 36 months
Bitewing X-rays (Adult/Child)	2 in a year
Prophylaxis - Cleanings	2 in a year
Topical Fluoride Applications	1 in a year - Children to age 19

Type B - Basic Restorative

How Many/How Often:

Sealants	1 in 60 months - Children to age 19
Space Maintainers	1 per lifetime per tooth area - Children up to age 19
Amalgam and Composite Fillings	1 in 24 months. Anterior teeth only
Prefabricated Crowns	1 per tooth in 60 months
Endodontics Root Canal	1 per tooth per lifetime
Periodontal Surgery	1 in 12 months per quadrant
Periodontal Scaling & Root Planing	1 in 12 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	
Consultations	1 in 12 months

Type C - Major Restorative

How Many/How Often:

Crowns/Inlays/Onlays Repairs Bridges Dentures Implant Services	TYPE C SERVICES ARE <u>NOT COVERED</u> WITH THIS COVERAGE TYPE.
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***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.