



MetLife

Plan Design for: Maple Heights Board of Education

Effective Date: November 1, 2006

Amendment Effective Date[±]: October 1, 2012

Date Prepared: July 18, 2016

Choice, Service, Savings.

To help you enroll, the following pages outline your company's dental plan and address any questions you may have.

| Coverage Type: | <u>In-Network</u>¹% of PDP Fee² | <u>Out-of-Network</u>¹ %of R&C Fee⁴ |
|---------------------------------------|--|--|
| Type A - Preventive | 80% | 80% |
| Type B - Basic Restorative | 80% | 80% |
| Type C - Major Restorative | 50% | 50% |
| Type D - Orthodontia | 50% | 50% |
| Deductible³⁴ | | |
| Individual | \$0 | \$0 |
| Family | \$0 | \$0 |
| Annual Maximum Benefit: | | |
| Per Person | \$1500 | \$1500 |
| Orthodontia Lifetime Max – Child only | \$1250 per Person | |

[±] Changes have been made to your Plan as of the Amendment Effective Date listed above. Please refer to your Certificate of Insurance/Certificate Rider for more details or contact your benefits administrator with any questions.

¹ "In-Network Benefits" means benefits provided under this plan for covered dental services that are provided by a MetLife PDP Provider. "Out-of-Network Benefits" means benefits provided under this plan for covered dental services that are not provided by a MetLife PDP Provider.

² PDP Fee refers to the fees that MetLife PDP dentists have agreed to accept as payment in full.

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'). Services must be necessary in terms of generally accepted dental standards.

List of Covered Services & Limitations*

Type A - Preventive

How Many/How Often:

| | |
|---|---|
| <ul style="list-style-type: none"> Oral Examinations X-rays Bitewing X-rays Prophylaxis (cleanings) Topical Fluoride Applications Sealants Space Maintainers Emergency Palliative Treatment | <ul style="list-style-type: none"> • Oral exams but not more than once every 6 months. • Full mouth X-rays: once every 60 months. • Not more than 1 set every 6 months for Dependent Children under 19 years of age, no more than 1 set every 12 months for all other Covered Persons. • Cleaning of teeth (oral prophylaxis) but not more than once every 6 months. • Topical fluoride treatment for a Dependent child under 19 years of age but not more than once in 6 months. • Sealants which are applied to non-restored, non-decayed, first and second permanent molars only, for dependents up to the age of 16, but not more than "once per tooth every 36 months. • Space Maintainers for dependent children to 16 years of age. |
|---|---|

Type B - Basic Restorative

How Many/How Often:

| | |
|--|--|
| <ul style="list-style-type: none"> Fillings Prefabricated Crowns Repairs of Dentures, Crowns, Inlays, and Onlays Endodontics Periodontal Surgery Periodontics Periodontal Maintenance Relining and Rebasing Simple Extractions Oral Surgery General Anesthesia Consultations Injections of Antibiotic Drugs | <ul style="list-style-type: none"> • Amalgam and Resin-based Fillings. • Prefabricated stainless steel crowns but not more than once in any 60 month period. • Simple Repairs of Cast Restorations. • Root canal treatment, but not more than once in any 24 month period for the same tooth. • Periodontal surgery but no more than one surgical procedure per quadrant in any 36 month period. • Periodontal scaling and root planing, but not more than once per quadrant in any 24 month period. • Periodontal maintenance where periodontal treatment has been previously performed, but the total of covered periodontal maintenance treatments and the number of covered oral prophylaxes will not exceed four treatments in a calendar year. • Relining and Rebasing of existing removable dentures but not more than once in 36 months. • When dentally necessary in connection with oral surgery, extractions or other covered dental services. • Consultations, but not more than twice in a 12 month period. |
|--|--|

Type C - Major Restorative

How Many/How Often:

| | |
|--|---|
| <ul style="list-style-type: none"> Crowns/Inlays/Onlays Bridges and Dentures Implant Services | <ul style="list-style-type: none"> • Replacement of crowns, inlays or onlays but not more than once for the same tooth in a 60 month period. • Replacing an existing removable denture or fixed bridgework if: it is needed because of the loss of one or more natural teeth after the existing denture or bridgework was installed and the denture or bridgework cannot be made serviceable; or it is needed because the existing denture or bridgework can no longer be used and was installed more than 60 months prior to its replacement. • Implants but not more than once in any 60 month period. |
|--|---|

Type D - Orthodontia

- All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia.
- Payments are on a repetitive basis.
- Benefit for initial placement of the appliance will be made representing 20% of the total benefit.
- Orthodontic benefits end at cancellation of coverage

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 plans 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.