

Benefit Highlights for two Standard and two Premier Dental PPO Plan Options

	Standard Plan Options		
	Plan Option 1		Plan Option 2
	Plus		Basic
	In-Network ^{3a}	Out-of-Network ^{3b}	
Deductible			
Individual	\$50	\$100	Same as Standard Plus Benefits
Family	\$150	\$300	
Annual Maximum	In-Network	Out-of-Network	Same as Standard Plus Benefits
Per Person	\$1,500	\$750	
Orthodontia Maximum	In-Network	Out-of-Network	Same as Standard Plus Benefits
Annual maximum benefit	\$1,000	\$1,000	
Coverage Type	In-Network^[1]	Out-of-Network^[1]	
Type A - Preventive Care	100% of PDP Fee ²	80% of PDP Fee ²	Same as Standard Plus Benefits
<ul style="list-style-type: none"> ▪ Topical Fluoride Applications ▪ Prophylaxis (Cleanings) ▪ Oral Examinations ▪ Full Mouth X-rays ▪ Bitewing X-rays 			
Type B - Basic Restorative	80% of PDP Fee	70% of PDP Fee	Same as Standard Plus Benefits
<ul style="list-style-type: none"> ▪ Space Maintainers & Sealants ▪ Periodontics ▪ Oral Surgery: Simple Extractions ▪ General Anesthesia ▪ Amalgam and Composite Fillings ▪ Endodontics ▪ Crown, Denture and Bridge Repairs ▪ Consultations ▪ Emergency Palliative Treatment ▪ Prefabricated Stainless Steel & ▪ Oral Surgery: Surgical Extractions ▪ Other Oral Surgery 			
Type C - Major Restorative	50% of PDP Fee	50% of PDP Fee	No Coverage
<ul style="list-style-type: none"> ▪ Implants ▪ Crowns/Inlays/Onlays ▪ Bridges ▪ Dentures ▪ Harmful Habits Appliances ▪ Bruxism Appliances 			
Type D - Orthodontia	50% of PDP Fee	50% of PDP Fee	No Coverage
TMJ			
Not Covered	N/A	N/A	No Coverage

	Premier Plan Options		
	Plan Option 3		Plan Option 4
	Plus		Basic
	In-Network ^{3c}	Out-of-Network ^{3d}	
Deductible			
Individual	\$50	\$50	Same as Premier Plus Benefits
Family	\$150	\$150	
Annual Maximum	In-Network	Out-of-Network	Same as Premier Plus Benefits
Per Person	\$1,500	\$1,500	
Orthodontia Maximum	In-Network	Out-of-Network	Same as Premier Plus Benefits
Annual maximum benefit	\$1,000	\$1,000	
Coverage Type	In-Network^[1]	Out-of-Network^[1]	
	100% of PDP Fee ²	90% of R&C Fee ⁵	Same as Premier Plus Benefits
	80% of PDP Fee	70% of R&C Fee	Same as Premier Plus Benefits
	50% of PDP Fee	50% of R&C Fee	No Coverage
	50% of PDP Fee	50% of R&C Fee	No Coverage
	N/A	N/A	No Coverage

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

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

^{3a} Applies to Type B and C services only. ^{3b} Applies to Type B and C services only. ^{3c} Applies to Type B and C services only. ^{3d} Applies to Type B and C services only.

⁵ 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 lesser of: • The dentist's actual charge (the 'Actual Charge') or • The 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.

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 membership ends, 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, a dependent ceases to be a dependent, 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. 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. Please see dental enrollment waiting period if coverage is terminated and enrollment is later requested.

The service categories shown above represent an overview of your Plan of Benefits. This document is not a complete description of the Plan. Please see your Plan description and certificate for complete details. In the event of a conflict with this summary, the terms of the certificate will govern. Like most group dental insurance policies, MetLife group policies contain certain exclusions, limitations and waiting periods and terms for keeping policies in force. A copy of the Plan description is available from RealCare Insurance Marketing, Inc.; (800) 939-8088, Ext. 202.

List of Primary Covered Services & Limitations

Standard and Premier Basic and Plus Plans

Type A - Preventive	How Many/How Often:
Topical Fluoride Applications	• 1 fluoride treatment in 12 months for dependent children up to 19th birthday.
Prophylaxis (Cleanings)	• 1 cleaning in 6 months.
Oral Examinations	• 1 oral exam in 6 months.
Full Mouth X-rays	• 1 full mouth X-ray in 24 months.
Bitewing X-rays	• Adult - 1 time in 6 months / Child - 1 time in 6 months up to 14th birthday.

Type B - Basic Restorative	How Many/How Often
Space Maintainers	• Space Maintainers for dependent children up to 17th birthday.
Sealants	• 1 sealant per permanent 1st & 2nd non-restored non-decayed molar in 24 months of a dependent child up to 19th birthday.
Periodontics	• Periodontal maintenance: 2 periodontal treatments in 1 year, includes 2 cleanings. • Periodontal scaling & root planing: 1 per quadrant in any 60 month period. • Periodontal surgery: 1 per quadrant in any 60 month period.
Oral Surgery: Simple Extractions	
General Anesthesia	• When dentally necessary in connection with oral surgery, extractions or other covered dental services.
Amalgam and Composite Fillings	• 1 in 24 months. Composite fillings covered on all teeth.
Endodontics	• Root Canal treatment limited to 1 in 24 Months.
Crown, Denture and Bridge Repairs	• 1 per 24 Months. • 1 per 12 months
Consultations	
Emergency Palliative Treatment	• 1 replacement per 5 years
Prefabricated Stainless Steel & Resin Crowns	
Oral Surgery: Surgical Extractions	
Other Oral Surgery	

Type C - Major Restorative	How Many/How Often
Implants	• Services: 1 per tooth position in 10 years. Repairs: 1 per 7 years.
Crowns/Inlays/Onlays	• 1 replacement per 7 years.
Bridges	• 1 in 7 years.
Dentures	• 1 in 7 years.
Harmful Habits Appliances	
Bruxism Appliances	

Type D - Orthodontia	
	• Dependent children are covered until the end of the month of their 26 th birthday. • 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.

Benefit Waiting Period

For new members who elect coverage between the 60th and 120th day of C.A.R membership, a no waiting period will apply. If you do not enroll during your eligibility period, you will not be able to enroll until the next open enrollment period or until you experience a qualifying event. If you enroll and later terminate dental coverage under this program, you cannot enroll until the next open enrollment period following 13 months after your termination date.

* 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.

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 and certificate for complete details. In the event of a conflict with this summary, the terms of the certificate will govern. Like most group dental insurance policies, MetLife group policies contain certain exclusions, limitations and waiting periods and terms for keeping them in force.