**SUMMARY OF BENEFITS**  
**PDP Dental**

<table>
<thead>
<tr>
<th>Benefits Description</th>
<th>Plan Coverage (In-Network)</th>
<th>Plan Coverage (Out-of-Network)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type A – Preventive</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Exams, Full-Mouth or Panoramic X-rays, Bitewing X-Rays, Prophylaxis/Cleaning,</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Sealants, Palliative Care</td>
<td></td>
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<tr>
<td><strong>Type B – Basic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fillings, Repairs, Pulp Capping/Pulp Therapy, Simple Extractions, Periodontics,</td>
<td>80% After deductible</td>
<td>80% After deductible</td>
</tr>
<tr>
<td>Endodontics, Rebases/relines, Surgical Extractions, Oral Surgery, General Anesthesia,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultations, Prefabricated Stainless Steel</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Type C – Major</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inlays/Onlays, Crowns, Dentures, Bridges</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Calendar Year Deductible</th>
<th>$50 per person</th>
<th>$150 per family</th>
<th>$75 per person</th>
<th>$225 per family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible Applies To</td>
<td>Types B &amp; C</td>
<td>Types B &amp; C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calendar Year Maximum</td>
<td>$1,500</td>
<td>$1,500</td>
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</tr>
</tbody>
</table>

*There is a 12-month waiting period for Major Services on this plan, unless you were previously covered on this Employer's Indemnity plan for the last continuous 12 months. If you were covered for less than 12 continuous months, your waiting period will be pro-rated.

**Exclusions**

- **Type of Treatment**
  - Dentures and bridgework replacement: Once per 60 months
  - Immediate denture replacement: 6 months
  - Crown replacement: 5 years

**Exclusions – No benefits are payable under this Policy for any expenses incurred for:**

- Services which are not Dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature
- Services for which you would not be required to pay in the absence of Dental Insurance
- Services or supplies received by you or your dependent before the dental insurance started for that person
- Services not performed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for: scaling and polishing of teeth; or fluoride treatments
- Services which are primarily cosmetic
- Services or appliances which restore or alter occlusion or vertical dimension
- Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease
- Restorations or appliances used for the purpose of periodontal splinting
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco
- Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss
- Decorations or inscription of any tooth, device, appliance, crown, or other dental work
- Missed appointments
- Services covered under any workers’ compensation or occupational disease law
- Services covered under any employer liability law
- Services for which the member or the person receiving such services is not required to pay
- Services received at a facility maintained by the policyholder, labor union, mutual benefit association, or VA hospital
- Services covered under other coverage provided by the policyholder
- Temporary or provisional restorations or appliances
- Prescription drugs
- Services to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that dental insurance under the group policy be paid first.
- The following when charged by the dentist on a separate basis: claim form completion; infection control such as gloves, mask, and sterilization or supplies; or local anesthesia, non-invasive conscious sedation or analgesia such as nitrous oxide.
- Dental service arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food
- Services for which the submitted documentation indicates a poor prognosis
- Carries susceptibility tests
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders
- Initial installation of a Denture to replace one of more natural teeth which were missing before such person was insured for dental insurance, except for congenitally missing natural teeth
- Precision attachments associated with fixed and removable prostheses
- Adjustment of a Denture made within 6 months after installation by the same dentist who installed it
- Duplicate prosthetic devices or appliances
- Periodontal scaling or root planing for children under the age of 14
- Partial dentures for children under the age of 14 to replace extracted or lost primary or permanent teeth
- Replacement of a lost or stolen appliance or crown, inlay/onlay, or Denture
- Implants
- Periodontal, Harmful Habits / Appliance

**Limitations – Benefits under this Policy are limited as follows:**

- Initial/Routine Oral Exam, Teeth Cleaning, Bitewing Series 2 per calendar year
- Fluoride Treatment 1 per calendar year
- Full mouth and panoramic x-rays 1 per 36 months
- Sealants 1 per 36 months, children 17 years and under on permanent molars only
- Emergency Treatment Relief of acute pain, bleeding or infection only
- Periodontal maintenance where periodontal therapy has been performed. Periodontal maintenance is limited to 2 times in any year less the number of teeth cleanings received during such 12-month period.
- Root canal treatment is limited to once per tooth in a 24-month period
- Relines and rebases to dentures are limited to one per 36 months (minimum is 6 months after initial installation) initial installation of fixed bridgework
- Periodontal surgery, including gingivectomy or gingivoplasty, gingival curettage, osseous surgery, bone replacement graft and guided tissue regeneration once per quadrant every 36 months
- Consultations are limited to twice in 12 consecutive months
- Periodontal scaling and root planning, but not more than once per quadrant in any 24 month period. Not covered for children under age 14.

**You save when using a MetLife PDP dentist…** MetLife PDP dentists have agreed to reduce their treatment fees up to 30% for MetLife enrollees. Using a MetLife PDP dentist lowers your out-of-pocket expenses.

**Your Costs:** The usual & customary charge is determined by weighing the complexity of the treatment, and the fee most commonly charged for that service in your dentist's specific geographic area. Claims payment is based on the usual & customary charge for each procedure; this is the maximum amount that MetLife will pay. The benefit will be calculated based on the dentist’s submitted fee or the usual & customary amount, whichever is less.

**Balance Billing** If you receive care from a dentist that is not contracted with MetLife, and that dentist charges more than the maximum amount for a specific procedure, you are responsible for the difference between what the dentist charges you and MetLife’s maximum amount. This is called “Balance Billing”. If you receive treatment from a MetLife contracted dentist, you will not be “Balance Billed” — MetLife contracted dentists have agreed to accept a negotiated amount, plus your co-insurance payment if any, as payment in full.