Texas Society of Certified Public Accountants

Dental

Metropolitan Life Insurance Company

Network: PDP

	PLAN OPTION 1 High Plan		PLAN OPTION 2 Low Plan	
Coverage Type	**In-Network** Negotiated Fee Schedule	**Out-of-Network** Negotiated Fee - MAC	**In-Network** Negotiated Fee Schedule	**Out-of-Network** Negotiated Fee - MAC
Type A: Preventive (cleanings, exams, X-rays)	100%	100%	80%	80%
Type B: Basic Restorative (fillings, extractions)	80%	80%	60%	60%
Type C: Major Restorative (bridges, dentures)	40%	40%	50%	50%
Type D: Orthodontia	50%	50%	0%	0%
Deductible†				
Individual	$50	$50	$75	$75
Family	$150	$150	$225	$225
Annual Maximum Benefit				
Per Person	$2,000	$2,000	$1,000	$1,000
Orthodontia Lifetime Maximum				
Per Person	$1,000	$1,000	Not covered	Not covered

Child(ren)'s eligibility for dental coverage is from birth up to age 26

Late enrollment waiting period: There is a one year waiting period for all services following date of request.

*Negotiated Fee refers 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.

List of Primary Covered Services & Limitations

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.

Plan Option 1: High Plan		Plan Option 2: Low Plan	
Type A – Preventive	**How Many/How Often**	**Type A – Preventive**	**How Many/How Often**
Prophylaxis (cleanings)	▪ 1 time in 6 months	Prophylaxis (cleanings)	▪ 1 time in 6 months
Oral Examinations	▪ 1 time in 6 months	Oral Examinations	▪ 1 time in 6 months
Topical Fluoride Applications	▪ 2 times in 12 months for a dependent child under the age of 14	Topical Fluoride Applications	▪ 2 times in 12 months for a dependent child under the age of 14
X-rays	▪ Full mouth X-rays; one per 60 months ▪ Bitewings X-rays; For a child under 19: 2 times in 1 calendar year Adult: 2 times in 1 calendar year, Periapical & Other	X-rays	▪ Full mouth X-rays; one per 60 months ▪ Bitewings X-rays; For a child under 19: 2 times in 1 calendar year ▪ Adult: 2 times in 1 calendar year, Periapical & Other
Space Maintainers	▪ 1 per lifetime for a child under age 14	Space Maintainers	▪ 1 per lifetime for a child under age 14
Periodontal Maintenance	▪ 2 perio Treatments in 1 calendar yr,, includes 2 cleanings (total comb: 2)	Periodontal Maintenance	▪ 2 perio Treatments in 1 calendar yr, includes 2 cleanings (total comb: 2)
Lab & Other Tests		Lab & Other Tests	
Type B – Basic Restorative	**How Many/How Often**	**Type B – Basic Restorative**	**How Many/How Often**
Fillings	Amalgams – 1 replacement per surface in 24 months	Fillings	Amalgams – 1 replacement per surface in 24 months
Resin Composite Fillings (excludes coverage for composite fillings on molar			
Sealants	▪ 1 per molar in 3 years for a child under age 16	Sealants	▪ 1 per molar in 3 years for a child under age 16
Dentures-Rebases/Relines	▪ 1 in 36 months	Dentures-Rebases/Relines	▪ 1 in 36 months
Denture Adjustments	▪ 1 in 12 months	Denture Adjustments	▪ 1 in 12 months
Tissue Conditioning	▪ 1 in 36 months	Tissue Conditioning	▪ 1 in 36 months
Emergency Palliative Treatment		Emergency Palliative Treatment	
Oral Surgery	Simple extractions, Surgical Extractions, Other Oral Surgery	Oral Surgery	Simple extractions, Surgical Extractions, Other Oral Surgery
General Anesthesia	▪ When dentally necessary in connection with oral surgery, extractions or other covered dental services	General Anesthesia	▪ When dentally necessary in connection with oral surgery, extractions or other covered dental services
Type C – Major Restorative	**How Many/How Often**	**Type C – Major Restorative**	**How Many/How Often**
Consultations	▪ 2 in 12 months	Consultations	▪ 2 in 12 months
Root Canal	▪ 1 in 24 months	Root Canal	▪ 1 in 24 months
Periodontal Surgery	▪ 1 per quadrant in any 36	Periodontal Surgery	▪ 1 per quadrant in any 36

	month period		month period
Scaling & Root planning	▪ 1 per quadrant in any 24 month period	Scaling & Root planning	▪ 1 per quadrant in any 24 month period
Pre-Fabricated Crowns	▪ 1 per tooth in 84 months	Pre-Fabricated Crowns	▪ 1 per tooth in 84 months
Crown Buildups / Post Care	▪ 1 per tooth in 84 months	Crown Buildups / Post Care	▪ 1 per tooth in 84 months
Repairs	▪ 1 in 24 months	Repairs	▪ 1 in 24 months
Recementations	▪ 1 in 24 months	Recementations	▪ 1 in 24 months
Dentures	▪ 1 in 84 months	Dentures	▪ 1 in 84 months
Fixed Bridges	▪ 1 in 84 months	Fixed Bridges	▪ 1 in 84 months
Inlays/Onlays/Crowns	▪ 1 replacement per tooth in 84 months	Inlays/Onlays/Crowns	▪ 1 replacement per tooth in 84 months
Implant Service	▪ 1 per tooth in 84 months	Implant Service	▪ 1 per tooth in 84 months
Implant Repairs	▪ 1 per tooth in 12 months	Implant Repairs	▪ 1 per tooth in 12 months
Implant supported Prosthetic	▪ 1 per tooth in 84 months	Implant supported Prosthetic	▪ 1 per tooth in 84 months
Occlusal Adjustments	▪ 1 in 12 months	Occlusal Adjustments	▪ 1 in 12 months
Pulpotomy		Pulpotomy	
Pulp Capping		Pulp Capping	
Pulp Therapy		Pulp Therapy	
Apexification & Recalcification		Apexification & Recalcification	
Periodontal Surgery – Soft & Connective Tissue Grafts		Periodontal Surgery – Soft & Connective Tissue Grafts	
Periodontics – Non Surgical		Periodontics – Non Surgical	
General Services		General Services	
Type D – Orthodontia	**How Many/How Often**	**Type D – Orthodontia**	**How Many/How Often**
	▪ Your children, up to age 19, are covered while Dental insurance is in effect. All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia ▪ Payments are on a repetitive basis ▪ 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary ▪ Orthodontic benefits end at cancellation of coverage		▪ Not covered

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.

Exclusions

This plan does not cover the following services, treatments and supplies:

- 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 starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services which are neither performed nor prescribed 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 or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- 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 picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
  - Covered under any workers' compensation or occupational disease law;
  - Covered under any employer liability law;
  - For which the employer of the person receiving such services is not required to pay; or
  - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the Dentist on a separate basis:
  - Claim form completion;
  - Infection control such as gloves, masks, and sterilization of supplies; or
  - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
- Caries susceptibility tests;
- Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Other fixed Denture prosthetic services not described elsewhere in the certificate;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Initial installation of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of Minnesota;
- Repair or replacement of an orthodontic device;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and

- Intra and extraoral photographic images

Limitations

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 pre-treatment 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. Procedure charge schedules are subject to change each plan year. You can obtain an updated procedure charge schedule for your area via fax by calling 1-800-942-0854 and using the MetLife Dental Automated Information Service. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

Cancellation/Termination of Benefits: Coverage is provided under a group insurance policy (Policy form GPNP99 / G.2130-S) issued by Metropolitan Life Insurance Company (MetLife). Coverage terminates when your membership ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

This dental benefits plan is made available through a self-funded arrangement. MetLife administers this dental benefits plan, but has not provided insurance to fund benefits.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. For complete details of coverage and availability, please refer to the certificate of insurance or contact MetLife.

