## Mature Decisions Dental

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type A – cleanings, oral</td>
<td>100% of Negotiated Fee*</td>
<td>100% of Negotiated Fee*</td>
</tr>
<tr>
<td>examinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type B – fillings</td>
<td>70% of Negotiated Fee*</td>
<td>70% of Negotiated Fee*</td>
</tr>
<tr>
<td>Type C – bridges and dentures</td>
<td>50% of Negotiated Fee*</td>
<td>50% of Negotiated Fee*</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>In-Network</td>
<td>*Out-of-Network</td>
</tr>
<tr>
<td>Individual</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td><strong>Annual Maximum Benefit</strong></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>Per Person 1st Year</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Per Person 2nd Year &amp; beyond</td>
<td>$5,000</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

*Negotiated Fees refer to the fees that participating dentists have agreed to accept as payment in full subject to any copayments, deductibles, cost sharing and benefit maximums. Negotiated fees are subject to change.

± Deductible applies to Type B&C Services

### How can I receive Graduating Dental Benefits?

All you have to do is enroll — there are no additional requirements or limitations. Assuming you have no gap in MetLife dental coverage*, your annual maximum will graduate (increase) for you and your covered dependents until reaching the maximum annual benefit.** The increase occurs on the anniversary (12 months of coverage) of when your coverage became effective under the plan.

*MetLife coverage refers to dental plans underwritten or administered by MetLife.

**Upon reaching the maximum Graduating Dental Benefit, there will be no further increases in annual maximums.
## Selected Covered Services and Frequency Limitations

<table>
<thead>
<tr>
<th>Type A - Preventive</th>
<th>How Many/How Often:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Examinations</td>
<td>1 in 6 months</td>
</tr>
<tr>
<td>Full Mouth X-rays</td>
<td>1 in 60 months</td>
</tr>
<tr>
<td>Bitewing X-rays (Adult/Child)</td>
<td>Adult - 1 in a calendar year / Child - 2 in a calendar year - Children to age 14</td>
</tr>
<tr>
<td>Prophylaxis - Cleanings</td>
<td>1 in 6 months</td>
</tr>
<tr>
<td>Topical Fluoride Applications</td>
<td>1 in 12 months - Children to age 14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type B - Basic Restorative</th>
<th>How Many/How Often:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sealants</td>
<td>1 in 60 months - Children to age 14</td>
</tr>
<tr>
<td>Space Maintainers</td>
<td>One per lifetime per area - Children up to age 14</td>
</tr>
<tr>
<td>Amalgam and Composite Fillings</td>
<td>1 in 24 months. Anterior teeth only</td>
</tr>
<tr>
<td>Periodontal Scaling &amp; Root Planing</td>
<td>1 in 24 months</td>
</tr>
<tr>
<td>Periodontal Maintenance</td>
<td>2 in 1 calendar year, includes 2 cleanings</td>
</tr>
<tr>
<td>Oral Surgery (Simple Extractions)</td>
<td></td>
</tr>
<tr>
<td>Emergency Palliative Treatment</td>
<td></td>
</tr>
<tr>
<td>General Anesthesia</td>
<td></td>
</tr>
<tr>
<td>Consultations</td>
<td>1 in 12 months</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type C - Major Restorative</th>
<th>How Many/How Often:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crowns/Inlays/Onlays</td>
<td>1 in 10 calendar years</td>
</tr>
<tr>
<td>Prefabricated Crowns</td>
<td>1 in 10 calendar years</td>
</tr>
<tr>
<td>Repairs</td>
<td>1 in 12 months</td>
</tr>
<tr>
<td>Endodontics Root Canal</td>
<td>1 in 24 months</td>
</tr>
<tr>
<td>Periodontal Surgery</td>
<td>1 in 36 months</td>
</tr>
<tr>
<td>Oral Surgery (Surgical Extractions)</td>
<td></td>
</tr>
<tr>
<td>Other Oral Surgery</td>
<td></td>
</tr>
<tr>
<td>Bridges</td>
<td>1 in 10 calendar years</td>
</tr>
<tr>
<td>Dentures</td>
<td>1 in 10 calendar years</td>
</tr>
<tr>
<td>Implant Services</td>
<td>1 service per tooth in 10 calendar years - 1 repair per 12 months</td>
</tr>
</tbody>
</table>

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.
Common Questions… Important Answers

Who is a participating dentist? A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for services provided to plan members. Negotiated fees typically range from 15-45% below the average fees charged in a dentist’s community for the same or substantially similar services.*

* Based on internal analysis by MetLife. Savings from enrolling in a dental benefits plan will depend on various factors, including how often members visit participating dentists and the cost for services rendered. Negotiated fees are subject to change. Negotiated fees for non-covered services may not apply in all states.

How do I find a participating dentist? There are thousands of general dentists and specialists to choose from nationwide — so you are sure to find one who meets your needs. You can receive a list of these participating dentists by calling 1-800-275-4638 to have a list faxed or mailed to you.

What services are covered by my plan? All services defined under your group dental benefits plan are covered. Please review the enclosed plan benefits to learn more.

Does the Preferred Dentist Program offer any discounts on non-covered services? Negotiated fees may extend to services not covered under your plan and services received after your plan maximum has been met, where permitted by applicable state law. If permitted, you may only be responsible for the negotiated fee.

* Negotiated fees are subject to change. Negotiated fees for non-covered services may not apply in all states.

Can my dentist apply for participation in the network? Yes. If your current dentist does not participate in the network and you would like to encourage him or her to apply, ask your dentist to visit www.metdental.com, or call 1-866-PDP-NTWK for an application.* The website and phone number are for use by dental professionals only.

* Due to contractual requirements, MetLife is prevented from soliciting certain providers.

How are claims processed? Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive e-mail alerts when a claim has been processed. If you need a claim form, Please contact AMA Insurance for complete details, 1-800-458-5736.
Can I find out what my out-of-pocket expenses will be before receiving a service? Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of $300. Simply have your dentist submit a request online at www.metdental.com or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

* The Dental Procedure Fee Tool application is provided by go2dental.com. Inc., an independent vendor. Network fee information is supplied to go2dental.com by MetLife and is not available for providers who participate with MetLife through a vendor. Out-of-network fee information is provided by go2dental.com. This tool does not provide the payment information used by MetLife when processing your claims. Prior to receiving services, pretreatment estimates through your dentist will provide the most accurate fee and payment information.

Can MetLife help me find a dentist outside of the U.S. if I am traveling? Yes. Through international dental travel assistance services you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits. Please remember to hold on to all receipts to submit a dental claim.

*International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. AXA Assistance is not affiliated with MetLife and any of its affiliates, and the services they provide are separate and apart from the benefits provided by MetLife.** Refer to your dental benefits plan summary for your out-of-network dental coverage.

How does MetLife coordinate benefits with other insurance plans? Coordination of benefits provision in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan.

Do I need an ID card? No, you do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in MetLife’s Preferred Dentist
Program. Your dentist can easily verify information about your coverage through a
toll-free automated Computer Voice Response system.

**Do my dependents have to visit the same dentist that I select?**
No, you and your dependents each have the freedom to choose any dentist.

**Alternate Benefits:** Your dental plan provides that where two or more professionally
acceptable dental treatments for a dental condition exist, your plan bases
reimbursement, and the associated procedure charge, on the least costly treatment
alternative. If you and your dentist have agreed on a treatment which is more costly
than the treatment upon which the plan benefit is based, your actual out-of-pocket
expense will be: the procedure charge for the treatment upon which the plan benefit is
based, plus the full difference in cost between the Negotiated Fee or, for out-of-network
care, the actual charge, for the service rendered and the Negotiated Fee or R&C fee (if
out-of-network care) for the service upon which the plan benefit is based. 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
plans 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 1-800-275-4638 and using
the MetLife Dental Automated Information Service.

**Cancellation/Termination of Benefits:** Coverage is provided under a group insurance
policy (Policy form GPNP99) issued by MetLife. Coverage terminates 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.

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. Please contact MetLife or your plan administrator for costs
and complete details.
DENTAL INSURANCE: DESCRIPTION OF COVERED SERVICES

Type A Covered Services

1. Oral exams are limited to once every 6 months less the number of problem-focused examinations received during such months.

2. Screenings, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis, are limited to once every 6 months.

3. Patient assessments (limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment), are limited to once every 6 months.

4. Problem-focused examinations are limited to once every 6 months less the number of oral exams received during such months.

5. Bitewing x-rays but not more than:
   - 2 sets every calendar year for a Child under age 14; and
   - 1 set every calendar year for everyone else.

6. Full mouth or panoramic x-rays once every 60 months.

7. Cleaning of teeth (oral prophylaxis) once every 6 months.

8. Topical fluoride treatment for a Child under age 14, but not more than once in 12 months.

Type B Covered Services

1. Intraoral-periapical x-rays.

2. Dental x-rays except as mentioned elsewhere in this certificate.

3. Pulp vitality, diagnostic photographs, and bacteriological studies for determination of bacteriologic agents.

4. Genetic test for susceptibility to oral diseases.

5. Diagnostic casts.

6. Sealants for a Child under age 14, which are applied to non-restored, non-decayed first and second permanent molars, but not more than once per tooth every 60 months.

7. Space maintainers for a Child under age 14, once per lifetime per tooth area.

8. Protective (sedative) fillings.

9. Initial placement of amalgam fillings.

10. Replacement of an existing amalgam filling, but only if:
   - at least 24 months have passed since the existing filling was placed; or
   - a new surface of decay is identified on that tooth.

11. Initial placement of resin fillings.

12. Replacement of an existing resin filling, but only if:
DENTAL INSURANCE: DESCRIPTION OF COVERED SERVICES (CONTINUED)

- at least 24 months have passed since the existing filling was placed; or
- a new surface of decay is identified on that tooth.

13. Consultations for interpretation of diagnostic image by a Dentist not associated with the capture of the image, but not more than once in a 12 month period.

14. Other consultations, but not more than once in a 12 month period.

15. Emergency palliative treatment to relieve tooth pain.

16. General anesthesia or intravenous sedation in connection with oral surgery, extractions or other Covered Services, when We determine such anesthesia is necessary in accordance with generally accepted dental standards.

17. Simple extractions.

18. Pulp capping (excluding final restoration).

19. Pulp therapy.

20. Apexification/recalcification.

21. Therapeutic pulpotomy (excluding final restoration).

22. Periodontal maintenance where periodontal treatment (including scaling, root planing, and periodontal surgery such as gingivectomy, gingivoplasty and osseous surgery) has been performed. Periodontal maintenance is limited two times in any calendar year less the number of teeth cleanings received during such calendar year.

23. Periodontal, non-surgical treatment such as scaling and root planing, but not more than once per quadrant in any 24 month period.

24. Local chemotherapeutic agents.

25. Injections of therapeutic drugs.

26. Application of desensitizing medicaments where periodontal treatment (including scaling, root planing, and periodontal surgery such as osseous surgery) has been performed.

Type C Covered Services

1. Surgical extractions.

2. Oral surgery except as mentioned elsewhere in this certificate.

3. Periodontal surgery not mentioned elsewhere, including gingivectomy, gingivoplasty and osseous surgery, but no more than one surgical procedure per quadrant in any 36 month period.

4. Periodontal soft & connective tissue grafts, but no more than one surgical procedure per quadrant in any 36 month period.

5. Root canal treatment, but not more than once in any 24 month period for the same tooth.

6. Tissue Conditioning, but not more than once in a 36 month period.
7. Prefabricated crown, but no more than one replacement for the same tooth surface within 10 calendar years.

8. Initial installation of Cast Restorations.

9. Replacement of any Cast Restorations with the same or a different type of Cast Restoration but no more than one replacement for the same tooth surface within 10 calendar years of a prior replacement.

10. Simple Repairs of Cast Restorations but not more than once in a 12 month period.

11. Core buildup, but no more than once per tooth in a period of 10 calendar years.

12. Labial veneers, but no more than once per tooth in a period of 10 calendar years.

13. Post and cores, but no more than once per tooth in a period of 10 calendar years.

14. Initial installation of fixed and permanent Denture:
   - when needed to replace congenitally missing teeth; or
   - when needed to replace natural teeth.

15. Replacement of a non-serviceable fixed and permanent Denture if such Denture was installed more than 10 calendar years prior to replacement.

16. Initial installation of full or removable Dentures:
   - when needed to replace congenitally missing teeth; or
   - when needed to replace natural teeth.

17. Replacement of an immediate, temporary full Denture with a permanent full Denture if the immediate, temporary full Denture cannot be made permanent and such replacement is done within 12 months of the installation of the immediate, temporary full Denture.

18. Replacement of a non-serviceable full or removable Denture if such Denture was installed more than 10 calendar years prior to replacement.

19. Adjustments of Dentures:
   - if at least 6 months have passed since the installation of the existing removable Denture; and
   - not more than once in any 12 month period.

20. Relinings and rebasings of existing removable Dentures:
   - if at least 6 months have passed since the installation of the existing removable Denture; and
   - not more than once in any 36 month period.

21. Repair of Dentures but not more than once in a 12 month period.

22. Addition of teeth to fixed and permanent Denture to replace natural teeth.

23. Addition of teeth to a partial removable Denture to replace natural teeth.

24. Re-cementing of Cast Restorations or Dentures but not more than once in a 12 month period.
25. Implant services (including sinus augmentation and bone replacement and graft for ridge preservation), but no more than once for the same tooth position in a 10 calendar year period:
   - when needed to replace congenitally missing teeth; or
   - when needed to replace natural teeth.

26. Repair of implants, but not more than once in a 12 month period.

27. Implant supported prosthetics, but no more than once for the same tooth position in a 10 calendar year period:
   - when needed to replace congenitally missing teeth; or
   - when needed to replace natural teeth.

28. Repair of implant supported prosthetics but not more than once in a 12 month period.

29. Occlusal adjustments, but not more than once in a 24 month period.

30. With respect to residents of Minnesota, surgical and non-surgical treatment of temporomandibular joint disorders. This includes cone beam imaging but cone beam imaging for this treatment will not be covered more than once for the same tooth position in a 60 month period.
DENTAL INSURANCE: EXCLUSIONS

We will not pay Dental Insurance benefits for charges incurred for:

1. 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;

2. Services for which You would not be required to pay in the absence of Dental Insurance;

3. Services or supplies received by You or Your Dependent before the Dental Insurance starts for that person;

4. Services which are primarily cosmetic (for residents of Texas, see notice page section).

5. 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.

6. Services or appliances which restore or alter occlusion or vertical dimension.

7. Restoration of tooth structure damaged by attrition, abrasion or erosion, unless caused by disease.

8. Restorations or appliances used for the purpose of periodontal splinting.

9. Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.

10. Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.

11. Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work.

12. Missed appointments.

13. Services:
   - covered under any workers’ compensation or occupational disease law;
   - covered under any employer liability law;

14. Temporary or provisional restorations.

15. Temporary or provisional appliances.

16. Prescription drugs.

17. Services for which the submitted documentation indicates a poor prognosis.

18. 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.

19. 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.
DENTAL INSURANCE: EXCLUSIONS (CONTINUED)

20. Caries susceptibility tests.

21. Precision attachments, except when the precision attachment is related to implant prosthetics.

22. Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it.

23. Fixed and removable appliances for correction of harmful habits.

24. Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.

25. Diagnosis and treatment of temporomandibular joint (TMJ) disorders and cone beam imaging. This exclusion does not apply to residents of Minnesota.

26. Orthodontic services or appliances.

27. Repair or replacement of an orthodontic device.


29. Replacement of a lost or stolen appliance, Cast Restoration, or Denture.

30. Intra and extraoral photographic images.