

Summary of Benefits Dental Insurance - New Dental Option

| Employer Sponsored Dental | | | | |
|---|---|---------------------|--|---------------------|
| Class Description | All Active Full Time Employees (30 Hours) | | All Eligible Retirees in Low Plan (30 Hours) | |
| | In-Network | Out-of-Network* | In-Network | Out-of-Network* |
| Reimbursement | Negotiated Fee Schedule | R&C 90th Percentile | Negotiated Fee Schedule | R&C 90th Percentile |
| Type A – Preventive | 85% | 85% | 70% | 70% |
| Type B – Basic | 85% | 85% | 60% | 60% |
| Type C – Major | 50% | 50% | 50% | 50% |
| Calendar Year Deductible applies to: | B & C | B & C | B & C | B & C |
| ▪ Individual | \$0 | \$0 | \$75 | \$75 |
| ▪ Family | Aggregate | Aggregate | Aggregate | Aggregate |
| Calendar Year Maximum <i>(applies to A,B,C services)</i> | \$2,000 | \$2,000 | \$2,000 | \$2,000 |
| Orthodontia | 50% | 50% | 50% | 50% |
| Orthodontia Lifetime Maximum | \$4,000 | \$4,000 | \$4,000 | \$4,000 |
| TMJ Lifetime Maximum | \$2,000 | \$2,000 | \$2,000 | \$2,000 |
| Implant Maximum | \$3,000 | \$3,000 | \$3,000 | \$3,000 |
| <small>* 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 (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the 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.</small> | | | | |