OVERVIEW
The MetLife Dental Plan for Retirees

IN NETWORK:
Staying in network saves you money.1
- Participating dentists have agreed to MetLife’s negotiated fees — which are typically 15% to 45% below the average charge.
- Negotiated fees may also apply to non-covered services or to services received after you’ve reached the plan maximum.
- With thousands of participating dentist locations, there’s a good chance your dentist is part of the network.

<table>
<thead>
<tr>
<th>COVERAGE TYPE</th>
<th>Plan Option 1</th>
<th>Plan Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In Network</td>
<td>Out of Network</td>
</tr>
<tr>
<td>Plan Year Maximum per Person</td>
<td>$750</td>
<td>$750</td>
</tr>
<tr>
<td>Plan Year Deductibles</td>
<td>$75</td>
<td>$75</td>
</tr>
<tr>
<td>Preventive Cleaning, oral examination and X-rays</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>Basic Fillings and periodontal maintenance</td>
<td>70%</td>
<td>70%</td>
</tr>
<tr>
<td>Major Crown, bridges, root canal treatment and dentures</td>
<td>0% negotiated fees apply*</td>
<td>0% negotiated fees apply*</td>
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OUT OF NETWORK:
If your dentist is out of network.
You can go to the dentist you are most comfortable with. However, if you choose a dentist who does not participate in the network, your out-of-pocket expense may be more.**

1 Savings from enrolling in a dental benefits plan will depend on various factors, including how often participants visit the dentist and the cost of services covered.

* Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for services rendered by them. Negotiated fees are subject to change. Negotiated fees for non-covered services may not apply in all states.

** The Reasonable and Customary charge is based on the lowest of (1) the dentist’s actual charge, (2) the dentist’s usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

Like most group health insurance policies, MetLife group policies contain certain exclusions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife for complete details.
EXCLUSIONS AND LIMITATIONS

The MetLife Retirement Dental Benefits program is subject to: (i) exclusions in the Exclusions section below; (ii) Frequency/Age Limits in the Covered Services and Frequency/Age Limits section below, and (iii) annual maximums and deductibles in the Benefit Summary section of the enclosed Retirement Dental Benefits Overview document.

EXCLUSIONS

MetLife will not pay dental insurance benefits for charges incurred for:

Plan Option 1 Only:
1. Major restorative services such as inlays, onlays, veneers, crowns and Dentures. “Denture” means a fixed partial denture (bridgework), a removable partial denture or a removable full denture.

Plan Option 2 Only:
1. Initial installation of a Denture or implants to replace one or more teeth which were missing before you were covered by dental insurance except for congenitally missing teeth.
2. Precision attachments associated with fixed and removable prostheses, except when the precision attachment is related to implant prosthetics.
3. Adjustment of a Denture made within 6 months after installation by the same dentist who installed it.
4. Duplicate prosthetic devices or appliances.
5. Replacement of a lost or stolen appliance or crown, inlay/onlay or Denture.

Plan Options 1 and 2:
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 before your dental insurance starts.
4. 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.
5. Services which are primarily cosmetic unless required for the treatment or correction of a congenital cleft in the lip or palate or both.
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 pikes, toothbrushes or dental floss.
11. Decoration or inscription of any tooth, device, appliance, crown or other dental work.
12. Missed appointments.
13. Temporary or provisional restorations.
14. Temporary or provisional appliances.
15. Prescription drugs.
16. Services for which the submitted documentation indicates a poor prognosis.
17. The following when charged by the dentist on a separate basis: (1) claim form completion, (2) infection control such as gloves, masks and sterilization of supplies, (3) local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
18. 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.
19. Carries susceptibility tests.
20. Fixed and removable appliances for correction of harmful habits.
21. Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
22. Orthodontic services or appliances.
23. Repair or replacement of an orthodontic device.
24. Diagnosis and treatment of temporomandibular joint disorders and cone beam imaging associated with the treatment of temporomandibular joint disorders.
25. Intra and extraoral photographic images.

COVERED SERVICES AND FREQUENCY/AGE LIMITS

Plan Options 1 and 2
Preventive Covered Services
1. Oral exams once every 6 months.
2. Screenings, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis, 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), once every 6 months.
4. Full mouth or panoramic x-rays once every 60 months.
5. Bitewing x-rays — 1 set every Year
6. Cleaning of teeth (oral prophylaxis) once every 6 months.
Basic Covered Services
1. Intraoral-periapical and extraoral x-rays.
2. Pulp vitality, diagnostic casts, diagnostic photographs, and bacteriological studies for determination of bacteriologic agents.
3. Emergency palliative treatment to relieve tooth pain.
4. Initial placement of amalgam or resin fillings.
5. Replacement of an existing amalgam or resin fillings but only if (1) at least 24 months have passed since the existing filling was placed; or (2) a new surface of decay is identified on that tooth.
6. Protective (Sedative) Fillings.
7. 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 to four times in any year less the number of teeth cleanings received during such 12 month period.
8. Pulp capping (excluding final restoration) and therapeutic pulpotomy (excluding final restoration).
9. Preventive resin restorations which are applied to non-restored first and second permanent molars, once per tooth every 60 months.

Plan Option 2 Only
Major Covered Services
1. Pulp therapy and apexification/recalcification.
2. General anesthesia or intravenous sedation in connection with oral surgery, extractions or other Covered Services, when Metropolitan Life Insurance Company determines such anesthesia is necessary in accordance with generally accepted dental standards.
3. Local chemotherapeutic agents.
4. Injections of therapeutic drugs.
5. Initial installation of full or removable Dentures: (1) when needed to replace congenitally missing teeth; or (2) when needed to replace natural teeth that are lost while you are covered under The MetLife Retiree Dental Benefits Program.
6. Addition of teeth to a partial removable Denture to replace natural teeth removed while you are covered under The MetLife Retiree Dental Benefits Program.
7. Replacement of a non-serviceable Denture if such Denture was installed more than 10 years prior to replacement.
8. 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.
9. 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.
10. Re-cementing of Cast Restorations or Dentures, but not more than once in a 12 month period.
11. Adjustments of Dentures, if at least 6 months have passed since the installation of the Denture and not more than once in any 12 month period.
12. Initial installation of Cast Restorations. Cast Restoration means an inlay, onlay, or crown.
13. Replacement of any Cast Restoration with the same or a different type of Cast Restoration but no more than one replacement for the same tooth surface within 10 years of a prior replacement.
14. Prefabricated crown, but not more than one replacement for the same tooth surface within 60 consecutive months.
15. Core buildup, but no more than once per tooth in a period of 10 years.
16. Posts and cores, but no more than once per tooth in a period of 10 years.
17. Oral Surgery except as mentioned elsewhere in this document.
18. 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.
19. Other consultations, but not more than once in a 12 month period.
20. Root canal treatment, but not more than once in any 24 month period for the same tooth.
21. Periodontal scaling and root planing but not more than once per quadrant in any 24 month period.
22. Periodontal surgery, including gingivectomy, gingivoplasty, gingival curettage and osseous surgery, but no more than one surgical procedure per quadrant in any 36 month period.
23. Simple extractions.
24. Surgical extractions.
25. Simple repair of Cast Restorations or Dentures, but not more than once in a 12 month period.
26. Implant services (including sinus augmentation and bone replacement and graft for ridge preservation): (1) when needed to replace congenitally missing teeth; or (2) when needed to replace natural teeth that are lost while you are covered under The MetLife Retiree Dental Benefits Program, but no more than once for the same tooth position in a 10 year period.
27. Repair of implants, but not more than once in a 12 month period.
28. Application of desensitizing medications where periodontal treatment (including scaling, root planing, and periodontal surgery such as osseous surgery) has been performed.
29. Occlusal adjustments once in 12 months.
30. Tissue Conditioning, but not more than once in a 36 month period.
EXCLUSIONS AND LIMITATIONS

The MetLife Retirement Dental Benefits program is subject to (i) exclusions shown in the Exclusions section shown below; (ii) Frequency/Age Limits shown in the Covered Services and Frequency/Age Limits section shown below, and (iii) annual maximums and deductibles shown in the Benefit Summary section of the enclosed Retirement Dental Benefits Overview document.

EXCLUSIONS

MetLife will not pay dental insurance benefits for charges incurred for:

**Plan Option 1 Only:**
1. Major restorative services such as inlays, onlays, veneers, crowns and Dentures. “Denture” means a fixed partial denture (bridgework), a removable partial denture or a removable full denture.

**Plan Option 2 Only:**
1. Initial installation of a Denture or implants to replace one or more teeth which were missing before such person was insured for dental insurance (for Group Policies delivered in New York, applicable only if the Denture or implant is installed during the first 12 months that a person is covered under The MetLife Retirement Dental Benefits program), except for congenitally missing teeth.
2. Precision attachments associated with fixed and removable prostheses, except when the precision attachment is related to implant prosthetics.
3. Adjustment of a Denture made within 6 months after installation by the same dentist who installed it.
4. Duplicate prosthetic devices or appliances.
5. Replacement of a lost or stolen appliance or crown, inlay/onlay or Denture.

**Plan Options 1 and 2:**
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 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 (not applicable under Group Policies delivered in New York).
5. Services which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a new born child or to the treatment of a congenital cleft in the lip or palate or both.
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 or inscription of any tooth, device, appliance, crown or other dental work.
12. Missed appointments.
13. Temporary or provisional restorations.
14. Temporary or provisional appliances.
15. Prescription drugs.
16. Services for which the submitted documentation indicates a poor prognosis.
17. The following when charged by the dentist on a separate basis: (1) claim form completion, (2) infection control such as gloves, masks and sterilization of supplies, (3) local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
18. 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 (not applicable under Group Policies delivered in New York).
19. Carries susceptibility tests.
20. Fixed and removable appliances for correction of harmful habits.
21. Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
22. Orthodontic services or appliances.
23. Repair or replacement of an orthodontic device.
24. Diagnosis and treatment of temporomandibular joint disorders and cone beam imaging associated with the treatment of temporomandibular joint disorders.
25. Intra and extraoral photographic images.
PLAN OPTIONS 1 AND 2

PREVENTIVE COVERED SERVICES
1. Oral exams once every 6 months (twice in a year for Group Policies delivered in Maryland).
2. Screenings, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis, once every 6 months (twice in a year for Group Policies delivered in Maryland).
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), once every 6 months (twice in a year for Group Policies delivered in Maryland).
4. Full mouth or panoramic x-rays once every 60 months.
5. Bitewing x-rays — 1 set every 6 months for a Child; and 1 set every Year for everyone else.
6. Cleaning of teeth (oral prophylaxis) once every 6 months (twice in a year for Group Policies delivered in Maryland).
7. Topical fluoride treatment for a Child under age 14, once in 12 months (once in a year for Group Policies delivered in Maryland).

BASIC COVERED SERVICES
1. Intraoral-periapical and extraoral x-rays.
2. Pulp vitality, diagnostic casts, diagnostic photographs, and bacteriological studies for determination of bacteriologic agents.
3. Emergency palliative treatment to relieve tooth pain.
4. Initial placement of amalgam or resin fillings.
5. Replacement of an existing amalgam or resin fillings but only if (1) at least 24 months have passed since the existing filling was placed; or (2) a new surface of decay is identified on that tooth.
6. Protective (Sedative) Fillings.
7. 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 to four times in any year less the number of teeth cleanings received during such 12 month period.
8. Pulp capping (excluding final restoration) and therapeutic pulpotomy (excluding final restoration).
9. Space maintainers for a Child under age 14; once per lifetime per tooth area.
10. Sealants for a Child under age 14, which are applied to non-restored, non-decayed first and second permanent molars, once per tooth every 60 months.
11. Preventive resin restorations which are applied to non-restored first and second permanent molars, once per tooth every 60 months.

PLAN OPTION 2 ONLY

MAJOR COVERED SERVICES
1. Pulp therapy and apexification/recalcification.
2. General anesthesia or intravenous sedation in connection with oral surgery, extractions or other Covered Services, when Metropolitan Life Insurance Company determines such anesthesia is necessary in accordance with generally accepted dental standards.
3. Local chemo-therapeutic agents.
4. Injections of therapeutic drugs.
5. Initial installation of full or removable Dentures: (1) after the person receiving such services was covered under The MetLife Retirement Dental Benefits program for 12 months (applicable only to Group Policies delivered in New York); (2) when needed to replace congenitally missing teeth; or (3) when needed to replace natural teeth that are lost while the person receiving such benefits was covered under The MetLife Retirement Dental Benefits Program.
6. Addition of teeth to a partial removable Denture: (1) after the person receiving such services was covered under The MetLife Retirement Dental Benefits program for 12 months (applicable only to Group Policies delivered in New York); or (2) to replace natural teeth removed while covered under The MetLife Retirement Dental Benefits Program for the person receiving such services.
7. Replacement of a non-serviceable Denture if such Denture was installed more than 10 years prior to replacement.
8. 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.
9. 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.
10. Re-cementing of Cast Restorations or Dentures, but not more than once in a 12 month period.
11. Adjustments of Dentures, if at least 6 months have passed since the installation of the Denture and not more than once in any 12 month period.

12. Initial installation of Cast Restorations. Cast Restoration means an inlay, onlay, or crown.

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

14. Prefabricated crown, but not more than one replacement for the same tooth surface within 60 consecutive months.

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

16. Posts and cores, but no more than once per tooth in a period of 10 years.

17. Oral Surgery except as mentioned elsewhere in this document.

18. 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.

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

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

21. Periodontal scaling and root planing but not more than once per quadrant in any 24 month period.

22. Periodontal surgery, including gingivectomy, gingivoplasty, gingival curettage and osseous surgery, but no more than one surgical procedure per quadrant in any 36 month period.

23. Simple extractions.

24. Surgical extractions.

25. Simple repair of Cast Restorations or Dentures, but not more than once in a 12 month period.

26. Implant services (including sinus augmentation and bone replacement and graft for ridge preservation): (1) after the person receiving such services was covered under The MetLife Retirement Dental Benefits program for 12 months (applicable only to Group Policies delivered in New York); (2) when needed to replace congenitally missing teeth; or (3) when needed to replace natural teeth that are lost while the person receiving such benefits was covered under The MetLife Retiree Dental Benefits Program, but no more than once for the same tooth position in a 10 year period.

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

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

29. Occlusal adjustments once in 12 months.

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