

**COMPARISON OF DENTAL PLANS FOR 2013  
METROPOLITAN LIFE AND DELTA DENTAL**

<b>Covered Services</b>	<b>MetLife</b>	<b>Delta Dental of Ohio</b>
Calendar Year Maximum	\$1,500	\$1,500
Lifetime Orthodontic Maximum	\$1,500	\$1,500
Lifetime Maximum	\$20,000 Employees and Retirees	N/A
Annual Deductible per member (applies to basic and major services)	\$50 per member	\$50 member
<u>Diagnostic and Preventive Services</u> Oral Examinations (includes periodontal exams) Prophylaxis (cleanings) Periodontal maintenance  X-Rays <ul style="list-style-type: none"> <li>• Full mouth</li> <li>• Bite-wing</li> </ul> Fluoride Space Maintainers	Covered 100%  Once every 6 months  Once every 6 months Unlimited when periodontal treatment has previously been performed.  Once every 24 months One set every 6 months  Under age 19  No age limit	Covered 100%  Two in a 12-month period  Two in a 12-month period. Included in prophylaxis schedule above  Once every 3 years Two sets every 12 months  Under age 19  Under age 14  Note: Members with certain high-risk medical conditions, such as diabetes, heart conditions, high risk pregnancies, may be eligible for additional prophylaxes (cleanings) or fluoride treatment
<u>Basic Services</u> Restorative (fillings) General Anesthesia Occlusal Guards Extractions and Oral Surgery* Periodontics Endontics (root canal therapy)  Sealants	Covered 80%, after deductible         Not covered	Covered 80%, after deductible         Under age 16; Chewing surfaces for permanent first and second molars only - one benefit per tooth.

\*Oral surgery may be covered under the medical plan

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<p><u>Major Services</u></p> <p>Crowns</p> <p>Bridges / Partial Dentures / Full Dentures</p> <p>Implants</p>	<p>Covered 50%, after deductible</p> <p>No age limit</p> <p>Covered once every 60 months. No age limit</p> <p>Not covered</p>	<p>Covered 50%, after deductible</p> <p>Porcelain, gold or veneer crowns for children under age 12 are not a benefit</p> <p>Fixed bridges or cast partials for children under the age of 16 are not a benefit.</p> <p>Covered 50%,after deductible</p>
<p>Orthodontics</p>	<p>Based on schedule of fees for dependents to age 26, up to the lifetime orthodontic maximum</p>	<p>50% for dependents to age 26, up to the lifetime orthodontic maximum</p>
<p>Reimbursements</p>	<p>Freedom to choose any provider; benefits are the same, regardless of the provider you see. MetLife has no required network, but if you use a network provider, you will not be balance billed.</p> <p>Charges are based on the reasonable and customary charges of all providers within a 3-digit zip code for each procedure, and MetLife's negotiated rate.</p>	<p>Freedom to choose either a participating dentist, or for a higher cost, a non-network dentist. In-network charges are paid based on Delta Dental's maximum fee schedule, which providers agree to accept, with no balance billing.</p> <p>Out-of-network providers are generally reimbursed based on Delta Dental's nonparticipating fee schedule. You will be responsible for the difference between Delta Dental's reimbursement and the dentist's submitted fee</p>

***This is a summary of dental plan provisions. Every attempt has been made to assure accuracy.***

**Important Note:**

*This information describes only certain highlights of the company's dental plans. It does not supersede the actual provisions of the applicable plan documents, which in all cases are the final authority. Company plans, programs, practices or processes may be amended, changed, or terminated by the company at any time without prior notice to, or consent by, participants. This notice does not constitute a contract of employment between the company and any individual, or an obligation by the company to maintain any particular benefit program, practice or policy.*