COMPARISON OF DENTAL PLANS FOR 2010
METROPOLITAN LIFE AND DELTA DENTAL

Covered Services	MetLife	Delta Dental
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
Diagnostic and Preventive Services	Covered 100%	Covered 100%
Oral Examinations	Once every 6 months	Two in a 12-month period
Prophylaxis (cleanings)	Once every 6 months	Two in a 12-month period
X-Rays • Full mouth • Bite-wing	 Once every 24 months One set every 6 months	 Once every 3 years Two sets every 12 months
Fluoride	Under age 19	Under age 19
Space Maintainers	No age limit	Under age 15
Basic Services Restorative (fillings) General Anesthesia Occlusal Guards Extractions and Oral Surgery* Periodontics Endontics (root canal therapy)	Covered 80%, after deductible	Covered 80%, after deductible
Sealants	Not covered	Under age 16; Chewing surfaces for permanent first and second molars only - one benefit per tooth.
Major Services	Covered 50%, after deductible	Covered 50%, after deductible
Crowns	No age limit	Porcelain, gold or veneer crowns for children under age 12 are not a benefit
Bridges / Partial Dentures / Full Dentures	No age limit	Fixed bridges or cast partials for children under the age of 16 are not a benefit

*Oral surgery may be covered under the medical plan

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Orthodontics	Based on schedule of fees for dependents to age 24, up to the lifetime orthodontic maximum	50% for dependents to age 24, up to the lifetime orthodontic maximum
Reimbursements	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. 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.	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. Out-of-network providers are generally reimbursed at the 51st percentile of Delta Dental's prevailing fee schedule as submitted by all providers (based on an overall scale of 100, the maximum payment is paid at or below the 51st percentile).

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.