

2023 COMPARISON OF DENTAL PLANS FOR ALL EMPLOYEES METROPOLITAN LIFE AND DELTA DENTAL

Covered Services	MetLife	Delta Dental of Ohio
Calendar Year Maximum	\$1,500	\$1,500
Lifetime Orthodontic Maximum	\$1,500	\$1,500
Lifetime Maximum	N/A	N/A
Annual Deductible per member (applies to basic and major services)	\$50 per member	\$50 member
<u>Diagnostic and Preventive Services</u>	Covered 100%	Covered 100%
Oral Examinations (includes periodontal exams)	Two in a calendar year	Two in a calendar year
Prophylaxis (cleanings)	Two in a calendar year	Two in a calendar year
Periodontal maintenance	Unlimited when periodontal treatment has previously been performed.	Included in prophylaxis schedule above
X-Rays <ul style="list-style-type: none"> • Full mouth • Bite-wing 	Once every 24 months Two in a calendar year	Once every 3 years Two in a calendar year
Fluoride	Under age 19, Two in a calendar year	Under age 19, Two in a calendar year
Space Maintainers	No age limit	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>	Covered 80%, after deductible	Covered 80%, after deductible
Restorative (fillings, including composites on posterior teeth)		
General Anesthesia		
Occlusal Guards (<i>TMJ appliances are excluded</i>)		
Extractions and Oral Surgery*		
Periodontics		
Endontics (root canal therapy)		
Sealants	Under age 16; Chewing surfaces for permanent first and second molars only - one benefit per tooth.	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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Covered Services	MetLife	Delta Dental of Ohio
<p><u>Major Services</u></p> <p>Crowns, inlays & onlays (includes porcelain crowns on molar teeth)</p> <p>Bridges / Partial Dentures / Full Dentures</p> <p>Implants (Subject to Review)</p>	<p>Covered 50%, after deductible</p> <p>Covered once every 60 months No age limit</p> <p>Covered once every 60 months. No age limit</p> <p>Covered 50%, after deductible, once every 60 months per tooth</p>	<p>Covered 50%, after deductible</p> <p>Porcelain, gold or veneer crowns for children under age 12 are not a benefit Covered once every 5 year</p> <p>Fixed bridges or cast partials for children under the age of 16 are not a benefit. Covered once every 5 years</p> <p>Covered 50%,after deductible, once every 60 months per tooth</p>
<p>Orthodontics – For dependents up to age 26</p>	<p>\$300 initial payment and \$49.40 for each month following (paid quarterly), up to the lifetime orthodontic maximum</p>	<p>50%, 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.