# YOUR BENEFIT PLAN

## The University of Chicago Student

## Copay Plan

**Dental Insurance for You and Your Dependents**

**Certificate Date: September 1, 2023**

The University of Chicago
5801 S Ellis Ave
Chicago, IL 60637

TO OUR STUDENTS:

All of us appreciate the protection and security insurance provides.

This certificate describes the benefits that are available to you. We urge you to read it carefully.

The University of Chicago

Metropolitan Life Insurance Company
200 Park Avenue, New York, New York 10166

# CERTIFICATE OF INSURANCE

Metropolitan Life Insurance Company ("MetLife"), a stock company, certifies that You and Your Dependents are insured for the benefits described in this certificate, subject to the provisions of this certificate. This certificate is issued to You under the Group Policy and it includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.**

This certificate is part of the Group Policy. The Group Policy is a legal contract between MetLife and the Policyholder and may be changed or ended without Your consent or notice to You.

| | |
|---|---|
| **Policyholder:** | The University of Chicago Student |
| **Group Policy Number:** | 249986-1-G |
| **Type of Insurance:** | Dental Insurance |
| **MetLife Toll Free Number(s): For Claim Information** | FOR DENTAL CLAIMS: 1-800-438-6388 |

## THIS CERTIFICATE ONLY DESCRIBES DENTAL INSURANCE.

## FOR CALIFORNIA RESIDENTS: REVIEW THIS CERTIFICATE CAREFULLY. IF YOU ARE 65 OR OLDER ON YOUR EFFECTIVE DATE OF THIS CERTIFICATE, YOU MAY RETURN IT TO US WITHIN 30 DAYS FROM THE DATE YOU RECEIVE IT AND WE WILL REFUND ANY PREMIUM YOU PAID. IN THIS CASE, THIS CERTIFICATE WILL BE CONSIDERED TO NEVER HAVE BEEN ISSUED.

**THE BENEFITS OF THE POLICY PROVIDING YOUR COVERAGE ARE GOVERNED PRIMARILY BY THE LAW OF A STATE OTHER THAN FLORIDA.**

**For Residents of North Dakota:** If You are not satisfied with Your Certificate, You may return it to Us within 20 days after You receive it, unless a claim has previously been received by Us under Your Certificate. We will refund within 30 days of Our receipt of the returned Certificate any Premium that has been paid and the Certificate will then be considered to have never been issued. You should be aware that, if You elect to return the Certificate for a refund of premiums, losses which otherwise would have been covered under Your Certificate will not be covered.

**WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICE(S) WHICH APPEAR ON THIS PAGE AND IN THE NOTICE(S) SECTION WHICH FOLLOWS THIS PAGE. PLEASE READ THE(SE) NOTICE(S) CAREFULLY.**

## NOTICE FOR RESIDENTS OF CONNECTICUT and MINNESOTA

## The Definition Of Child Is Modified For The Coverages Listed Below:

**For Connecticut Residents (Dental Insurance):**

The age limit for children will not be less than 26, regardless of the child's marital status, student status or full-time employment status. Your natural child, adopted child or stepchild under age 26 will not need to be supported by You to qualify as a Child under this insurance.

A Child's insurance will not end due to age until the end of the Year in which that Child attains age 26.

**For Minnesota Residents (Dental Insurance):**

The term also includes:

- Your grandchildren who are financially dependent upon You and reside with You continuously from birth;
- children for whom You or Your Spouse is the legally appointed guardian; and
- children for whom You have initiated an application for adoption.

The age limit for children and grandchildren will not be less than 25 regardless of the child's or grandchild's student status or full-time employment status. Your natural child, adopted child stepchild or children for whom You or Your Spouse is the legally appointed guardian under age 25 will not need to be supported by You to qualify as a Child under this insurance.

## NOTICE FOR RESIDENTS OF ALL STATES WHO ARE INSURED FOR DENTAL INSURANCE

**Notice Regarding Your Rights and Responsibilities**

**Rights:**

- We will treat communications, financial records and records pertaining to Your care in accordance with all applicable laws relating to privacy.
- Decisions with respect to dental treatment are the responsibility of You and the Dentist. We neither require nor prohibit any specified treatment. However, only certain specified services are covered for benefits. Please see the Dental Insurance sections of this certificate for more details.
- You may request a pre-treatment estimate of benefits for the dental services to be provided. However, actual benefits will be determined after treatment has been performed.
- You may request a written response from MetLife to any written concern or complaint.
- You have the right to receive an explanation of benefits which describes the benefit determinations for Your dental insurance.

**Responsibilities:**

- You are responsible for the prompt payment of any charges for services performed by the Dentist. If the dentist agrees to accept part of the payment directly from MetLife, You are responsible for prompt payment of the remaining part of the dentist's charge.
- You should consult with the Dentist about treatment options, proposed and potential procedures, anticipated outcomes, potential risks, anticipated benefits and alternatives. You should share with the Dentist the most current, complete and accurate information about Your medical and dental history and current conditions and medications.
- You should follow the treatment plans and health care recommendations agreed upon by You and the Dentist.

## NOTICE FOR RESIDENTS OF ARKANSAS

If You have a question concerning Your coverage or a claim, first contact the Policyholder or group account administrator. If, after doing so, You still have a concern, You may call the toll free telephone number shown on the Certificate Face Page.

Policyholders have the right to file a complaint with the Arkansas Insurance Department (AID). You may call AID to request a complaint form at (800) 852-5494 or (501) 371-2640 or write the Department at:

Arkansas Insurance Department
Consumer Services Division
1 Commerce Way, Suite 102
Little Rock, Arkansas 72202

## NOTICE FOR RESIDENTS OF CALIFORNIA

**IMPORTANT NOTICE**

**TO OBTAIN ADDITIONAL INFORMATION, OR TO MAKE A COMPLAINT, CONTACT THE POLICYHOLDER OR METLIFE AT:**

**METROPOLITAN LIFE INSURANCE COMPANY**
**ATTN: CONSUMER RELATIONS DEPARTMENT**
**500 SCHOOLHOUSE ROAD**
**JOHNSTOWN, PA 15904**

**1-800-438-6388**

**IF, AFTER CONTACTING THE POLICYHOLDER AND/OR METLIFE, YOU FEEL THAT A SATISFACTORY SOLUTION HAS NOT BEEN REACHED, YOU MAY FILE A COMPLAINT WITH THE CALIFORNIA DEPARTMENT OF INSURANCE DEPARTMENT AT:**

**DEPARTMENT OF INSURANCE**
**CONSUMER SERVICES**
**300 SOUTH SPRING STREET**
**LOS ANGELES, CA 90013**

**WEBSITE: http://www.insurance.ca.gov/**

**1-800-927-4357 (within California)**
**1-213-897-8921 (outside California)**

## NOTICE FOR RESIDENTS OF THE STATE OF CALIFORNIA

California law provides that for dental insurance, domestic partners of California's residents must be treated the same as spouses. If the certificate does not already have a definition of domestic partner, then the following definition applies:

> **"Domestic Partner** means each of two people, one of whom is a Student of the Policyholder, a resident of California and who have registered as domestic partners or members of a civil union with the California government or another government recognized by California as having similar requirements."

If the certificate already has a definition of domestic partner, that definition will apply to California residents, as long as it recognizes as a domestic partner any person registered as the Student's domestic partner with the California government or another government recognized by California as having similar requirements.

Wherever the term **"Spouse"** appears in this certificate it shall, unless otherwise specified, be read to include Your Domestic Partner.

Wherever the term step-child appears, it is replaced by step-child or child of Your Domestic Partner.

## NOTICE FOR RESIDENTS OF GEORGIA

### IMPORTANT NOTICE

The laws of the state of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.

## NOTICE FOR RESIDENTS OF ILLINOIS

**IMPORTANT NOTICE**

To make a complaint to MetLife, You may write to:

MetLife
200 Park Avenue
New York, New York 10166

The address of the Illinois Department of Insurance is:

Illinois Department of Insurance
Public Services Division
Springfield, Illinois 62767

## NOTICE FOR RESIDENTS OF INDIANA

**Questions regarding your policy or coverage should be directed to:**

**Metropolitan Life Insurance Company**

**1-800-438-6388**

If you (a) need the assistance of the government agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer you may contact the Department of Insurance by mail, telephone or email:

State of Indiana Department of Insurance
Consumer Services Division
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204

Consumer Hotline: (800) 622-4461; (317) 232-2395

Complaint can be filed electronically at www.in.gov/idoi

## NOTICE FOR RESIDENTS OF WISCONSIN

## KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

**PROBLEMS WITH YOUR INSURANCE?** - If You are having problems with Your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve Your problem.

MetLife
Attn: Corporate Consumer Relations Department
200 Park Avenue
New York, New York 10166
1-800-438-6388

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by contacting:

Office of the Commissioner of Insurance
Complaints Department
P.O. Box 7873
Madison, WI 53707-7873
1-800-236-8517 outside of Madison or 608-266-0103 in Madison.

## TABLE OF CONTENTS

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## SCHEDULE OF BENEFITS

This schedule shows the benefits that are available under the Group Policy. You and Your Dependents are only covered for insurance:

- for which You become and remain eligible;
- which You elect, if subject to election; and
- which are in effect.
- In addition, You are eligible for Dependent Insurance only while You have Dependents who qualify.

| BENEFIT | BENEFIT AMOUNT AND HIGHLIGHTS | |
|---|---|---|
| Dental Insurance | | |
| For You and Your Dependents | In-Network | Out-of-Network Covered Percentage of the Maximum Allowed Charge |
| Preventive and Diagnostic Covered Services | We will pay an amount equal to the Maximum Allowed Charge less the Co-Payment for a Covered Service | 60% |
| Basic Covered Services | We will pay an amount equal to the Maximum Allowed Charge less the Co-Payment for a Covered Service | 40% |
| Major Covered Services | We will pay an amount equal to the Maximum Allowed Charge less the Co-Payment for a Covered Service | 25% |
| Orthodontic Covered Services | 50% | 50% |
| Deductibles for: | | |
| Yearly Individual Deductible | None | $50 for the following Covered Services Combined: Basic Restorative; Major Restorative |
| Yearly Family Deductible | None | $150 for the following Covered Services Combined: Basic Restorative; Major Restorative |
| **Maximum Benefit:** | | |
| Yearly Individual Maximum (Full Year Plan) | $1,000 for the following Covered Services: Preventive and Diagnostic; Basic Restorative; Major Restorative | $1,000 for the following Covered Services: Preventive and Diagnostic; Basic Restorative; Major Restorative |
| Yearly Individual Maximum (6-Months Semester Plan) | $500 for the following Covered Services: Preventive and Diagnostic; Basic Restorative; Major Restorative | $500 for the following Covered Services: Preventive and Diagnostic; Basic Restorative; Major Restorative |
| Lifetime Individual Maximum Benefit Amount for Orthodontic Covered Services | $1,500 | $1,500 |

## DEFINITIONS

As used in this certificate, the terms listed below will have the meanings set forth below. When defined terms are used in this certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

**Cast Restoration** means an inlay, onlay, or crown.

**Child** means the following: (for residents of Connecticut and Minnesota, the Child Definition is modified as explained in the Notice pages of this certificate - please consult the Notice)

Your natural or adopted child; Your stepchild (including the child of a Domestic Partner); or a child who resides with and is fully supported by You; and who, in each case, is under age 26 and unmarried.

An adopted child includes a child placed in Your physical custody for purpose of adoption. If prior to completion of the legal adoption the child is removed from Your custody, the child's status as an adopted child will end.

If You provide Us notice, a Child also includes a child for whom You must provide Dental Insurance due to a Qualified Medical Child Support Order as defined in the United States Employee Retirement Income Security Act of 1974 as amended.

The term includes a Student's Child who is incapable of self-sustaining employment because of a mental or physical disability as defined by applicable law, and has been so disabled continuously since a date before the Child reached the limiting age and who otherwise qualifies as a Child except for the age limit.

For the purposes of determining who may become covered for insurance, the term does not include any person who:

- is on active duty in the military of any country or international authority; however, active duty for this purpose does not include weekend or summer training for the reserve forces of the United States, including the National Guard; or
- is insured under the Group Policy as a Student.

**Contributory Insurance** means insurance for which the Policyholder requires You to pay any part of the premium.

Contributory Insurance includes: Dental Insurance.

**Covered Percentage** means the percentage of the Maximum Allowed Charge that We will pay for a Covered Service performed by an In-Network Dentist or an Out-of-Network Dentist after any required Deductible is satisfied.

**Covered Service** means a dental service used to treat Your or Your Dependent's dental condition which is:

- prescribed or performed by a Dentist while such person is insured for Dental Insurance;
- Dentally Necessary to treat the condition; and
- described in the SCHEDULE OF BENEFITS or DENTAL INSURANCE sections of this certificate.

**Deductible** means the amount You or Your Dependents must pay before We will pay for Covered Services.

**Dental Hygienist** means a person trained to:

- remove calcareous deposits and stains from the surfaces of teeth; and
- provide information on the prevention of oral disease.

**Dentally Necessary** means that a dental service or treatment is performed in accordance with generally accepted dental standards as determined by Us and is:

- necessary to treat decay, disease or injury of the teeth; or
- essential for the care of the teeth and supporting tissues of the teeth.

## DEFINITIONS (continued)

**Dentist** means:

- a person licensed to practice dentistry in the jurisdiction where such services are performed; or
- any other person whose services, according to applicable law, must be treated as Dentist's services for purposes of the Group Policy. Each such person must be licensed in the jurisdiction where the services are performed and must act within the scope of that license. The person must also be certified and/or registered if required by such jurisdiction.

For purposes of Dental Insurance, the term will include a Physician who performs a Covered Service.

**Dentures** means fixed partial dentures (bridgework), removable partial dentures and removable full dentures.

**Dependent(s)** means Your Spouse and/or Child.

**Domestic Partner** means each of two people, one of whom is a Student of the Policyholder, who:

- have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a government agency where such registration is available; or
- are of the same or opposite sex and have a mutually dependent relationship so that each has an insurable interest in the life of the other. Each person must be:

    1. 18 years of age or older;
    2. unmarried;
    3. the sole domestic partner of the other;
    4. sharing a primary residence with the other; and
    5. not related to the other in a manner that would bar their marriage in the jurisdiction in which they reside.

    A Domestic Partner declaration attesting to the existence of an insurable interest in one another's lives must be completed and Signed by the Student.

The Religious Freedom Protection Act and Civil Union Act (750 ILCS 75) allows both same-sex and opposite-sex couples to enter into a domestic partnership with all of the obligations, protections, and legal rights that Illinois provides to married heterosexual couples.

**In-Network Dentist** means a Dentist who participates in the Preferred Dentist Program and has a contractual agreement with Us to accept the Maximum Allowed Charge as payment in full for a dental service.

**Maximum Allowed Charge** means:

1. with respect to In-Network Dentists, the lesser of:

    a. the amount charged by the In-Network Dentist; or
    b. the maximum amount which the In-Network Dentist has agreed to accept as payment in full for the dental service;

2. with respect to Out-of-Network Dentists, the lesser of:

    a. the amount charged by the Out-of-Network Dentist; or
    b. the Out-of-Network scheduled amount for the state where the dental service is performed.

**Out-of-Network Dentist** means a Dentist who does not participate in the Preferred Dentist Program.

## DEFINITIONS (continued)

**Physician** means:

- a person licensed to practice medicine in the jurisdiction where such services are performed; or
- any other person whose services, according to applicable law, must be treated as Physician's services for purposes of the Group Policy. Each such person must be licensed in the jurisdiction where he performs the service and must act within the scope of that license. Such person must also be certified and/or registered if required by such jurisdiction.

**Proof** means Written evidence satisfactory to Us that a person has satisfied the conditions and requirements for any benefit described in this certificate. When a claim is made for any benefit described in this certificate, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant's right to receive payment.

Proof must be provided at the claimant's expense.

**Signed** means any symbol or method executed or adopted by a person with the present intention to authenticate a record, which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

**Spouse** means Your lawful spouse. Wherever the term "Spouse" appears in the certificate it shall, unless otherwise specified, be read to include Your Domestic Partner.

For the purposes of determining who may become covered for insurance, the term does not include any person who:

- is on active duty in the military of any country or international authority. However, active duty for this purpose does not include weekend or summer training for the reserve forces of the United States, including the National Guard; or
- is insured under the Group Policy as a Student.

**Student** means a student enrolled at The University of Chicago who is eligible for the insurance described in this certificate.

**We, Us** and **Our** mean MetLife.

**Written** or **Writing** means a record which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

**Year** or **Yearly**, for Dental Insurance, means the 12 month period that begins September 1.

**You** and **Your** mean a Student who is insured under the Group Policy for the insurance described in this certificate.

## ELIGIBILITY PROVISIONS: INSURANCE FOR YOU

### ELIGIBLE CLASS(ES)

**All Students enrolled in the Copay Plan.**

### DATE YOU ARE ELIGIBLE FOR INSURANCE

You may only become eligible for the insurance available for Your eligible class as shown in the SCHEDULE OF BENEFITS.

If You are in an eligible class on September 1, 2023, You will be eligible for the insurance described in this certificate on that date.

If You enter an eligible class after September 1, 2023, You will be eligible for insurance on the date You enter that class.

### ENROLLMENT PROCESS FOR DENTAL INSURANCE

If You are eligible for insurance, You may enroll for such insurance by completing the required form in Writing. If You enroll for Contributory Insurance, You will be notified how much You will be required to contribute.

### DATE YOUR INSURANCE TAKES EFFECT

**Rules for Contributory Insurance**

When You complete the enrollment process for Contributory Dental Insurance, such insurance will take effect on the later of:

- the date You become eligible for such insurance; and
- the date You enroll.

### DATE YOUR INSURANCE ENDS

Your insurance will end on the earliest of:

1. the date the Group Policy ends;
2. the date insurance ends for Your class;
3. the date You cease to be in an eligible class;
4. the end of the period for which the last premium has been paid for You;
5. the date You cease to be a Student.

In certain cases insurance may be continued as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

# ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS

## ELIGIBLE CLASS(ES) FOR DEPENDENT INSURANCE

**All Students enrolled in the Copay Plan.**

## DATE YOU ARE ELIGIBLE FOR DEPENDENT INSURANCE

You may only become eligible for the Dependent insurance available for Your eligible class as shown in the SCHEDULE OF BENEFITS.

If You are in an eligible class on September 1, 2023, You will be eligible for Dependent insurance on the later of:

1. September 1, 2023; and
2. the date You obtain a Dependent.

If You enter an eligible class after September 1, 2023, You will be eligible for Dependent insurance on the later of:

1. the date You enter a class eligible for insurance; and
2. the date You obtain a Dependent.

No person may be insured as a Dependent of more than one Student.

## ENROLLMENT PROCESS FOR DEPENDENT DENTAL INSURANCE

If You are eligible for Dependent Insurance, You may enroll for such insurance by completing the required form in Writing for each Dependent to be insured. If You enroll for Contributory Insurance, You will be notified how much You will be required to contribute.

In order to enroll for Dental Insurance for Your Dependents, You must either (a) already be enrolled for Dental Insurance for You or (b) enroll at the same time for Dental Insurance for You.

## DATE YOUR INSURANCE TAKES EFFECT FOR YOUR DEPENDENTS

When You complete the enrollment process for Contributory Dependent Dental Insurance, such insurance will take effect on the later of:

- the date You become eligible for such insurance; and
- the date You enroll.

Once You have enrolled one Child for Dependent insurance, each succeeding Child will automatically be insured for such insurance on the date that child qualifies as a Dependent.

## DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS

A Dependent's insurance will end on the earliest of:

1. the date You die;
2. the date Dental Insurance for You ends;
3. the date You cease to be in an eligible class;
4. the date the Group Policy ends;
5. the date insurance for Your Dependents ends under the Group Policy;
6. the date insurance for Your Dependents ends for Your class;
7. the date You cease to be a Student;

8. the end of the period for which the last premium has been paid for the Dependent; or
9. the last day of the calendar month the person ceases to be a Dependent.

In certain cases insurance may be continued as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

## CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT

### FOR MENTALLY OR PHYSICALLY HANDICAPPED CHILDREN

Insurance for a Dependent Child may be continued past the age limit if the child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of such handicap must be sent to Us within 31 days after the date the Child attains the age limit and at reasonable intervals after such date.

Subject to the DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS, insurance will continue while such Child:

- remains incapable of self-sustaining employment because of a mental or physical handicap; and
- continues to qualify as a Child, except for the age limit.

## CONTINUATION OF DENTAL INSURANCE FOR YOUR DEPENDENTS

### CONTINUATION OF DENTAL INSURANCE FOR YOUR SPOUSE AND YOUR DEPENDENT CHILDREN

Dental Insurance for Your Dependents may be continued for an additional period of time under this provision if such coverage would otherwise end due to a Qualifying Event. For the purposes of this provision, a Qualifying Event is:

1. the dissolution of Your marriage by judgment;

2. Your death; or

3. Your retirement if your Spouse is age 55 or older on the date of Your retirement.

To continue Dental Insurance under this provision:

1. Your Spouse must notify the Policyholder of the Qualifying Event within 30 days after the date of the Qualifying Event;

2. within 15 days of receipt of such notice, the Policyholder must give written notice to Us of the Qualifying Event and send a copy to Your Spouse at Your Spouse's residence;

3. within 30 days of the date We receive such notice, we will send Your Spouse a form to elect to continue such coverage, and information regarding the amount of premium required to continue such coverage, and instructions for returning the election form; and

4. Your Spouse must return the election form and any required premium to the Policyholder within 30 days of the date We mail the election form.

If Your Spouse fails to notify the Policyholder of the Qualifying Event within 30 days of the Qualifying Event, or fails to return the election form and pay the first premium within 30 days of the date We mail the election form, eligibility to continue Dental Insurance for Your Dependents under this provision will end.

Premium for the continued coverage shall be equal to the amount charged for active employees in the class of Employees to which You belong on the date of the Qualifying Event. With respect to a spouse who is age 55 or older on the date of the Qualifying Event, after Dental Insurance has been continued under this provision for 2 years, the premium may include an additional amount of up to 20 percent. Your Spouse must pay the full premium, including any contributions that You were paying and any amount that the Policyholder was paying before the Qualifying Event.

Dental Insurance for Your Dependents continued under this provision will end on the earliest of the following:

1. the date Your Spouse remarries;

2. with respect to a Spouse who has not attained age 55 on the date of the Qualifying Event, the end of two years following date of the Qualifying Event;

3. if Your Spouse is not an insured employee under any other group plan on the date of election, the date on which Your Spouse becomes an insured employee under any other group plan;

4. the date Your Spouse becomes entitled to Medicare;

5. the date Dental Insurance under the policy ends for all active employees, or for the class of active employees to which You belonged before Your employment terminated;

6. if Your Spouse fails to pay a premium when due, coverage will end at the end of the grace period; or

**CONTINUATION OF DENTAL INSURANCE FOR YOUR SPOUSE AND YOUR DEPENDENT CHILDREN (Continued)**

7. if the coverage is being continued under this provision because of Your death or the dissolution of Your marriage, the date coverage would end under the group policy if You and Your Spouse were still married, except that unless such coverage is ending for all employees, such coverage will not end until 120 consecutive days after the date of the Qualifying Event.

If Dental Insurance for Your Dependents may be continued:

- under this provision; and
- any other provision of this policy

all such continuation periods will be deemed to run concurrently with each other and shall not be deemed to run consecutively.

**CONTINUATION OF INSURANCE FOR YOUR DEPENDENT CHILDREN**

Dental Insurance for Your Dependent Child may be continued for an additional period of time under this provision if:

- such coverage would otherwise end due to Your death and Your Dependent Child is not eligible for coverage under the subsection entitled CONTINUATION OF DENTAL BENEFITS FOR YOUR SPOUSE AND YOUR DEPENDENT CHILDREN; or
- Your Dependent Child has attained the limiting age.

To continue Dental Insurance in the event of Your death:

1. Your Dependent Child or the responsible adult acting on behalf of Your Dependent Child must provide written notice to the Policyholder of Your death within 30 days of the date on which the coverage would otherwise end;

2. within 15 days of receipt of such notice, the Policyholder must give written notice to Us of Your death and Your Dependent Child's residence and send a copy to Your Dependent Child or the responsible adult of Your Dependent Child at Your Dependent Child's residence;

3. within 30 days of the date We receive such notice from the Policyholder, Your Dependent Child, or the responsible adult acting on behalf of Your Dependent Child, we will send by certified mail, return receipt requested, to Your Dependent Child or the responsible adult acting on behalf of Your Dependent Child:

    - a form to elect to continue such coverage;
    - information regarding the amount of premium required to continue such coverage; and
    - instructions for returning the election form; and

4. Your Dependent Child or the responsible adult acting on behalf of Your Dependent Child must return the election form and any required premium to the Policyholder within 30 days of the date We mail the election form.

To continue Dental Insurance in the event Your Dependent Child attains the limiting age:

1. Your Dependent Child must provide written notice to the Policyholder of the attainment of the limiting age of Your Dependent Child within 30 days of the date on which the coverage would otherwise end;

2. within 15 days of receipt of such notice, the Policyholder must give written notice to Us of the attainment of the limiting age of Your Dependent Child and Your Dependent Child's residence;

3. within 30 days of the date We receive such notice from the Policyholder, Your Dependent Child, or the responsible adult acting on behalf of Your Dependent Child, we will send by certified mail, return receipt requested, to Your Dependent Child or the responsible adult acting on behalf of Your Dependent Child:

4. Your Dependent Child must return the election form and any required premium to the employer within 30 days of the date We mail the election form.

Eligibility for Your Dependent Child to continue Dental Insurance under this provision will end if Your Dependent Child or the responsible adult acting on behalf of Your Dependent Child:

1. fails to notify the employer within 30 days of the date of:
   - Your death; or
   - the attainment of Your Dependent Child's limiting age;
2. fails to return the election form within 30 days of the date We mail the election form; or
3. fails to pay the required premium within 30 days of the date We mail the election form.

Notwithstanding any other provision of the policy, if We fail to notify Your Dependent Child or the responsible adult acting on behalf of Your Dependent Child of this continuation provision, all premiums will be waived from the date the notice was required until the date the notice was sent. The Dental Insurance will be continued under the terms and provisions of the policy, from the date the notice was required until the date the notice was sent, except where the Dental Insurance in existence at the time Our notice was to be sent in accordance with this section has ended for all employees.

Premium for the continued coverage shall be equal to the sum of:

- the amount charged for active employees in the class of employees to which Your Dependent Child belonged on the date of Your death or Your Dependent Child's attainment of the limiting age; and
- any amount that the Policyholder would pay toward the premium if You were a current employee and Your Dependent Child had not attained the limiting age.

Dental Insurance for Your Dependent Child continued under this provision will end on the earliest of the following:

1. if Your Dependent Child or the responsible adult acting on behalf of Your Dependent Child fails to pay a premium when due, coverage will end at the end of the grace period;

2. the date Dental Insurance under the policy ends for all active employees, or for the class of active employees to which You belonged before Your employment terminated;

3. if Your Dependent Child is not an insured employee under any other group plan on the date of election, the date on which Your Dependent Child becomes an insured employee under any other group plan; or

4. the end of two years following the date the continuation provision in this section began.

If Your Dependent Child is eligible to continue Dental Insurance under this provision and any other provision of the policy, all such continuation periods will be deemed to run concurrently with each other and shall not be deemed to run consecutively.

## DENTAL INSURANCE

If You or a Dependent incur a charge for a Covered Service, Proof of such service must be sent to Us. When We receive such Proof, We will review the claim, and if We approve it, will pay the insurance in effect on the date that service was completed.

This Dental Insurance gives You access to Dentists through the MetLife Preferred Dentist Program (PDP). Dentists participating in the PDP have agreed to limit their charge for a dental service to the Maximum Allowed Charge for such service. Under the PDP, We pay benefits for Covered Services performed by either In-Network Dentists or Out-of-Network Dentists. However, You may be able to reduce Your out-of-pocket costs by using an In-Network Dentist because Out-of-Network Dentists have not entered into an agreement with Us to limit their charges. You are always free to receive services from any Dentist. You do not need any authorization from Us to choose a Dentist.

The PDP does not provide dental services. Whether or not benefits are available for a particular service, does not mean You should or should not receive the service. You and Your Dentist have the right and are responsible at all times for choosing the course of treatment and services to be performed. After services have been performed, We will determine the extent to which benefits, if any, are payable.

When requesting a Covered Service from an In-Network Dentist, We recommend that You:

- identify Yourself as an insured in the Preferred Dentist Program; and
- confirm that the Dentist is currently an In-Network Dentist at the time that the Covered Service is performed.

The amount of the benefit will not be affected by whether or not You identify Yourself as a member in the Preferred Dentist Program.

You can obtain a customized listing of MetLife's In-Network Dentists either by calling 1-800-438-6388 or by visiting Our website at www.metlife.com/dental.

### BENEFIT AMOUNTS

We will pay benefit amounts for charges incurred by You or a Dependent for a Covered Service, subject to the conditions set forth in this certificate.

#### In-Network

If a Covered Service is performed by an In-Network Dentist, We will base the benefit on the Maximum Allowed Charge.

If a Covered Service is performed by an In-Network Dentist, You will be responsible for paying the Co-Payment Amount (shown in the MetLife Preferred Dentist Program Copay Schedule). If, under the Alternate Benefits provision, We pay benefits based upon a less costly Covered Service, the Co-Payment amount will be the amount applicable to the less costly service.

MetLife has the right to increase the amount of Your Co-Payment at the time of Your re-enrollment by adjusting Your Co-Payment schedule in order to maintain a consistent relationship between the Maximum Allowed Charges and the Co-Payment amounts.

#### Out-of-Network

If a Covered Service is performed by an Out-of-Network Dentist, We will base the benefit on the Covered Percentage of the Maximum Allowed Charge.

Out-of-Network Dentists may charge You more than the Maximum Allowed Charge. If an Out-of-Network Dentist performs a Covered Service, You will be responsible for paying:

- the Deductible
- any other part of the Maximum Allowed Charge for which We do not pay benefits; and
- any amount in excess of the Maximum Allowed Charge charged by the Out-of-Network Dentist.

**Maximum Benefit Amounts**

The SCHEDULE OF BENEFITS sets forth Maximum Benefit Amounts We will pay for Covered Services received In-Network and Out-of-Network. We will never pay more than the greater of the In-Network Maximum Benefit Amount or the Out-of-Network Maximum Benefit Amount.

For example, if a Covered Service is received Out-of-Network and We pay $300 in benefits for such service, $300 will be applied toward both the In-Network and the Out-of-Network Maximum Benefit Amounts applicable to such service.

**Deductibles**

The Deductible amounts are shown in the SCHEDULE OF BENEFITS.

The Yearly Individual Deductible is the amount that You and each Dependent must pay for Covered Services to which such Deductible applies each Year before We will pay benefits for such Covered Services.

We apply amounts used to satisfy Yearly Individual Deductibles to the Yearly Family Deductible. Once the Yearly Family Deductible is satisfied, no further Yearly Individual Deductibles are required to be met.

The amount We apply toward satisfaction of a Deductible for a Covered Service is the amount We use to determine benefits for such service. The Deductible Amount will be applied based on when Dental insurance claims for Covered Services are processed by Us. The Deductible Amount will be applied to Covered Services in the order that Dental Insurance claims for Covered Services are processed by Us regardless of when a Covered Service is “incurred”. When several Covered Services are incurred on the same date and Dental Insurance benefits are claimed as part of the same claim, the Deductible Amount is applied based on the Covered Percentage applicable to each Covered Service. The Deductible Amount will be applied in the order of highest Covered Percentage to lowest Covered Percentage.

**Alternate Benefit**

If We determine that a service, less costly than the Covered Service the Dentist performed, could have been performed to treat a dental condition, We will pay benefits based upon the less costly service if such service:

- would produce a professionally acceptable result under generally accepted dental standards; and
- would qualify as a Covered Service.

For example:

- when an amalgam filling and a composite filling are both professionally acceptable methods for filling a molar, We may base Our benefit determination upon the amalgam filling which is the less costly service;
- when a filling and an inlay are both professionally acceptable methods for treating tooth decay or breakdown, We may base Our benefit determination upon the filling, which is the less costly service;
- when a filling and a crown are both professionally acceptable methods for treating tooth decay or breakdown, We may base Our benefit determination upon the filling, which is the less costly service; and
- when a partial denture and fixed bridgework are both professionally acceptable methods for replacing multiple missing teeth in an arch, We may base Our benefit determination upon the partial denture, which is the less costly service.

If We pay benefits based upon a less costly service in accordance with this subsection, the Dentist may charge You or Your Dependent for the difference between the service that was performed and the less costly service. This is the case even if the service is performed by an In-Network Dentist.

Certain comprehensive dental services have multiple steps associated with them. These steps can be completed at one time or during multiple sessions. For benefit purposes under this certificate, these separate steps of one service are considered to be part of the more comprehensive service. Even if the dentist submits separate bills, the total benefit payable for all related charges will be limited by the maximum benefit payable for the more comprehensive service. For example, root canal therapy includes x-rays, opening of the pulp chamber, additional x-rays, and filling of the chamber. Although these services may be performed in multiple sessions, they all constitute root canal therapy. Therefore, We will only pay benefits for the root canal therapy.

**Orthodontic Covered Services**

Orthodontic treatment generally consists of initial placement of an appliance and periodic follow-up visits.

The benefit payable for the initial placement will not exceed 20% of the Maximum Benefit Amount for Orthodontia.

The benefit payable for the periodic follow-up visits will be payable on a quarterly basis during the course of the orthodontic treatment if:

- Dental Insurance is in effect for the person receiving the orthodontic treatment; and
- proof is given to Us that the orthodontic treatment is continuing.

If the initial placement was made prior to this Dental Insurance being in effect, the benefit payable will be reduced by the portion attributable to the initial placement.

If the periodic follow-up visits commenced prior to this Dental Insurance being in effect:

- the number of months for which benefits are payable will be reduced by the number of months of treatment performed before this Dental Insurance was in effect; and
- the total amount of the benefit payable for the periodic visits will be reduced proportionately.

**Pretreatment Estimate of Benefits**

If a planned dental service is expected to cost more than $300, You have the option of requesting a pretreatment estimate of benefits. The Dentist should submit a claim detailing the services to be performed and the amount to be charged. After We receive this information, We will provide You with an estimate of the Dental Insurance benefits available for the service. The estimate is not a guarantee of the amount We will pay. Under the Alternate Benefit provision, benefits may be based on the cost of a service other than the service that You choose. You are required to submit Proof on or after the date the dental service is completed in order for Us to pay a benefit for such service.

The pretreatment estimate of benefits is only an estimate of benefits available for proposed dental services. You are not required to obtain a pretreatment estimate of benefits. As always, You or Your Dependent and the Dentist are responsible for choosing the services to be performed.

**Benefits We Will Pay After Insurance Ends**

We will pay benefits for a 31 day period after Your insurance ends for the completion of installation of a prosthetic device if:

- the Dentist prepared the abutment teeth or made impressions before Your insurance ends; and
- the device is installed within 31 days after the date the insurance ends.

We will pay benefits for a 31 day period after Your insurance ends for the completion of installation of a Cast Restoration if:

- the Dentist prepared the tooth for the Cast Restoration before Your insurance ends; and
- the Cast Restoration is installed within 31 days after the date the insurance ends.

We will pay benefits for a 31 day period after Your insurance ends for completion of root canal therapy if:

- the Dentist opened into the pulp chamber before Your insurance ends; and
- the treatment is finished within 31 days after the date the insurance ends.

# DENTAL INSURANCE: DESCRIPTION OF COVERED SERVICES

### Preventive and Diagnostic Covered Services

1. Oral exams and problem-focused exams, but no more than two exams (whether the exam is an oral exam or problem-focused exam) every 12 months.
2. Screenings, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis, but no more than twice every 12 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), but no more than twice every 12 months.
4. Full mouth or panoramic x-rays once every 60 months.
5. Bitewing x-rays 1 set every 12 months.
6. Cleaning of teeth also referred to as oral prophylaxis (including full mouth scaling in presence of generalized moderate or severe gingival inflammation after oral evaluation) twice in 12 months.
7. Topical fluoride treatment for a Child under age 14 once in 12 months.

### Basic Covered Services

1. Intraoral-periapical x-rays.
2. X-rays, except as mentioned elsewhere.
3. Diagnostic casts.
4. Initial placement of amalgam fillings.
5. Replacement of an existing amalgam filling, but only if:
   - at least 24 months have passed since the existing filling was placed; or
   - a new surface of decay is identified on that tooth.
6. Initial placement of resin-based composite fillings.
7. Replacement of an existing resin-based composite filling, but only if:
   - at least 24 months have passed since the existing filling was placed; or
   - a new surface of decay is identified on that tooth.
8. Emergency palliative treatment to relieve tooth pain.
9. Protective (sedative) fillings.
10. 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 two times in any 12 months, less the number of teeth cleanings received during such 12 month period.
11. Pulp capping (excluding final restoration).
12. Therapeutic pulpotomy (excluding final restoration).
13. Pulp vitality tests and bacteriological studies for determination of bacteriologic agents.
14. Collection and preparation of genetic sample material for laboratory analysis and report, but no more than once per lifetime.
15. Space maintainers for a Child under age 14 once per lifetime per tooth area.
16. Sealants or sealant repairs 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.
17. Preventive resin restorations, which are applied to non-restored first and second permanent molars, once per tooth every 60 months.
18. Interim caries arresting medicament application applied to permanent bicuspids and 1$^{st}$ and 2$^{nd}$ molar teeth, once per tooth every 60 months.

**Major Covered Services**

1. Pulp therapy.
2. Pulpal regeneration, but not more than once per lifetime.
3. Apexification/recalcification.
4. General anesthesia or intravenous sedation in connection with oral surgery, extractions or other Covered Services, when We determine such anesthesia or intravenous sedation is necessary in accordance with generally accepted dental standards.
5. Local chemotherapeutic agents.
6. Initial installation of full or partial Dentures (other than implant supported prosthetics):
   - when needed to replace congenitally missing teeth; or
   - when needed to replace teeth that are lost while the person receiving such benefits was insured for Dental Insurance.
7. Addition of teeth to a partial removable Denture to replace teeth removed while this Dental Insurance was in effect for the person receiving such services.
8. Replacement of a non-serviceable fixed Denture if such Denture was installed more than 10 Years prior to replacement.
9. Replacement of a non-serviceable removable Denture if such Denture was installed more than 10 Years prior to replacement.
10. 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.
11. 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.
12. Re-cementing of Cast Restorations or Dentures, but not more than once in a 12 month period.
13. 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.
14. Initial installation of Cast Restorations (except implant supported Cast Restorations).
15. Replacement of Cast Restorations (except an implant supported Cast Restoration) but only if at least 10 Years have passed since the most recent time that:
    - a Cast Restoration was installed for the same tooth; or
    - a Cast Restoration for the same tooth was replaced.
16. Prefabricated crown, but no more than one replacement for the same tooth within 10 Years.
17. Core buildup, but no more than once per tooth in a period of 10 Years.
18. Posts and cores, but no more than once per tooth in a period of 10 Years.
19. Labial veneers, but no more than once per tooth in a period of 10 Years.
20. Oral surgery, except as mentioned elsewhere in this certificate.
21. 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.
22. Other consultations, but not more than once in a 12 month period.
23. Root canal treatment, including bone grafts and tissue regeneration procedures in conjunction with periradicular surgery, but not more than once for the same tooth.
24. Other endodontic procedures, such as apicoectomy, retrograde fillings, root amputation, and hemisection.
25. Periodontal scaling and root planing, but no more than once per quadrant in any 24 month period.

26. Full mouth debridements, but not more than once per lifetime.
27. Periodontal surgery, including gingivectomy, gingivoplasty and osseous surgery, but no more than one surgical procedure per quadrant in any 36 month period.
28. Simple extractions. Extractions of primary teeth or adult teeth solely for orthodontic purposes will be treated as orthodontic services.
29. Surgical extractions. Extractions of primary teeth or adult teeth solely for orthodontic purposes will be treated as orthodontic services.
30. Implant services (including sinus augmentation and bone replacement and graft for ridge preservation), but no more than once for the same tooth position in a 10 Year period:
    - when needed to replace congenitally missing teeth; or
    - when needed to replace teeth that are lost while the person receiving such benefits was insured for Dental Insurance.
31. Repair of implants, but no more than once in a 12 month period.
32. Implant supported Cast Restorations, but no more than once for the same tooth position in a 10 Year period:
    - when needed to replace congenitally missing teeth; or
    - when needed to replace teeth that are lost while the person receiving such benefits was insured for Dental Insurance.
33. Implant supported fixed Dentures, but no more than once for the same tooth position in a 10 Year period:
    - when needed to replace congenitally missing teeth; or
    - when needed to replace teeth that are lost while the person receiving such benefits was insured for Dental Insurance.
34. Implant supported removable Dentures, but no more than once for the same tooth position in a 10 Year period:
    - when needed to replace congenitally missing teeth; or
    - when needed to replace teeth that are lost while the person receiving such benefits was insured for Dental Insurance.
35. Tissue conditioning, but not more than once in a 36 month period.
36. Simple repair of Cast Restorations or Dentures other than recementing, but not more than once in a 12 month period.
37. Occlusal adjustments, but not more than once in a 12 month period.
38. Cleaning and inspection of a removable appliance once in 12 months.
39. Application of desensitizing medicaments where periodontal treatment (including scaling, root planing, and periodontal surgery, such as osseous surgery) has been performed.
40. Injections of therapeutic drugs.

**Orthodontic Covered Services**

Orthodontia for You, Your Spouse and Your Children up to age 19.

## DENTAL INSURANCE: EXCLUSIONS

We will not pay Dental Insurance benefits for charges incurred for:

1. services which are not Dentally Necessary, or those which do not meet generally accepted standards of care for treating the particular dental condition;
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;
5. services which are primarily cosmetic;
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. services:
    - covered under any workers' compensation or occupational disease law;
    - covered under any employer liability law;
    - for which the employer of the person receiving such services is required to pay; or
    - received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital;
14. services covered under other coverage provided by the Policyholder;
15. temporary or provisional restorations;
16. temporary or provisional appliances;
17. prescription drugs;
18. services for which the submitted documentation indicates a poor prognosis;
19. the following, when charged by the Dentist on a separate basis:
    - claim form completion;
    - infection control, such as gloves, masks, and sterilization of supplies; or
    - local anesthesia, non-intravenous conscious sedation or analgesia, such as nitrous oxide;
20. 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;
21. caries susceptibility tests;
22. appliances or treatment for bruxism (grinding teeth);
23. initial installation of a Denture or implant or implant supported prosthetic to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing teeth;
24. precision attachments associated with fixed and removable prostheses, except when the precision attachment is related to implant prosthetics;
25. adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
26. duplicate prosthetic devices or appliances;

## DENTAL INSURANCE: EXCLUSIONS (continued)

27. replacement of a lost or stolen appliance, Cast Restoration or Denture;
28. replacement of an orthodontic device;
29. diagnosis and treatment of temporomandibular joint disorders and cone beam imaging associated with the treatment of temporomandibular joint disorders;
30. other removable prosthetic services;
31. fixed and removable appliances for correction of harmful habits;
32. biopsies of hard or soft oral tissue;
33. intra and extraoral photographic images.

## DENTAL INSURANCE: COORDINATION OF BENEFITS

When You or a Dependent incur charges for Covered Services, there may be other Plans, as defined below, that also provide benefits for those same charges. In that case, We may reduce what We pay based on what the other Plans pay. This Coordination of Benefits section explains how and when We do this.

**DEFINITIONS**

In this section, the terms set forth below have the following meanings:

**Allowable Expense** means a necessary dental expense for which both of the following are true:

- a covered person must pay it; and
- it is at least partly covered by one or more of the Plans that provide benefits to the covered person.

If a Plan provides fixed benefits for specified events or conditions (instead of benefits based on expenses incurred), such benefits are Allowable Expenses.

If a Plan provides benefits in the form of services, We treat the reasonable cash value of each service performed as both an Allowable Expense and a benefit paid by that Plan.

**The term does not include:**

- expenses for services performed because of a Job-Related Injury or Sickness;
- any amount of expenses in excess of the higher reasonable and customary fee for a service, if two or more Plans compute their benefit payments on the basis of reasonable and customary fees;
- any amount of expenses in excess of the higher negotiated fee for a service, if two or more Plans compute their benefit payments on the basis of negotiated fees; and
- any amount of benefits that a Primary Plan does not pay because the covered person fails to comply with the Primary Plan's managed care or utilization review provisions, these include provisions requiring:
    - second surgical opinions;
    - pre-certification of services;
    - use of providers in a Plan's network of providers; or
    - any other similar provisions.

We won't use this provision to refuse to pay benefits because an HMO member has elected to have dental services provided by a non-HMO provider and the HMO's contract does not require the HMO to pay for providing those services.

**Claim Determination Period** means a period that starts on any and ends on the day before the next . A Claim Determination Period for any covered person will not include periods of time during which that person is not covered under This Plan.

**Custodial Parent** means a Parent awarded custody, other than joint custody, by a court decree. In the absence of a court decree, it means the Parent with whom the child resides more than half of the Year without regard to any temporary visitation.

**HMO** means a Health Maintenance Organization or Dental Health Maintenance Organization.

**Job-Related Injury** or **Sickness** means any injury or sickness:

- for which You are entitled to benefits under a workers' compensation or similar law, or any arrangement that provides for similar compensation; or
- arising out of employment for wage or profit.

**Parent** means a person who covers a child as a dependent under a Plan.

## DENTAL INSURANCE: COORDINATION OF BENEFITS (continued)

**Plan** means any of the following, if it provides benefits or services for an Allowable Expense:

- a group insurance plan;
- an HMO;
- a blanket plan;
- uninsured arrangements of group or group type coverage;
- a group practice plan;
- a group service plan;
- a group prepayment plan;
- any other plan that covers people as a group;
- motor vehicle No Fault coverage if the coverage is required by law; and
- any other coverage required or provided by any law or any governmental program, except Medicaid.

**The term does not include any of the following:**

- individual or family insurance or subscriber contracts;
- individual or family coverage through closed panel Plans or other prepayment, group practice or individual practice Plans;
- hospital indemnity coverage;
- a school blanket plan that only provides accident-type coverage on a 24 hour basis, or a "to and from school basis," to students in a grammar school, high school or college;
- disability income protection coverage;
- accident only coverage;
- specified disease or specified accident coverage;
- nursing home or long term care coverage; or
- any government program or coverage if, by state or Federal law, its benefits are excess to those of any private insurance plan or other non-government plan.

The provisions of This Plan, which limit benefits based on benefits or services provided under plans which the Policyholder (or an affiliate) contributes to or sponsors will not be affected by these Coordination of Benefits provisions.

Each policy, contract or other arrangement for benefits is a separate Plan. If part of a Plan reserves the right to reduce what it pays based on benefits or services provided by other Plans, that part will be treated separately from any parts which do not.

**This Plan** means the dental benefits described in this certificate, except for any provisions in this certificate that limit insurance based on benefits for services provided under plans which the Policyholder (or an affiliate) contributes to or sponsors.

**Primary Plan** means a Plan that pays its benefits first under the “Rules to Decide Which Plan Is Primary” section. A Primary Plan pays benefits as if the Secondary Plans do not exist.

**Secondary Plan** means a Plan that is not a Primary Plan. A Secondary Plan may reduce its benefits by amounts payable by the Primary Plan. If there are more than two Plans that provide coverage, a Plan may be Primary to some plans, and Secondary to others.

## DENTAL INSURANCE: COORDINATION OF BENEFITS (continued)

### RULES TO DECIDE WHICH PLAN IS PRIMARY

When more than one Plan covers the person for whom Allowable Expenses were incurred, We determine which plan is primary by applying the rules in this section.

When there is a basis for claim under This Plan and another Plan, This Plan is Secondary unless:

- the other Plan has rules coordinating its benefits with those of This Plan; and
- this Plan is primary under This Plan's rules.

The first rule below, which will allow Us to determine which Plan is Primary, is the rule that We will use.

**Dependent or Non-Dependent**: A Plan that covers a person other than as a dependent (for example, as an employee, member, subscriber, or retiree) is Primary and shall pay its benefits before a Plan that covers the person as a dependent; except that if the person is a Medicare beneficiary and, as a result of federal law or regulations, Medicare is:

- Secondary to the Plan covering the person as a dependent; and
- Primary to the Plan covering the person as other than a dependent (e.g., a retired employee);

then the order of benefits between the two Plans is reversed and the Plan that covers the person as a dependent is Primary.

**Child Covered Under More Than One Plan – Court Decree**: When This Plan and another Plan cover the same Child as the Dependent of two or more Parents, and the specific terms of a court decree state that one of the Parents must provide health coverage or pay for the Child's health care expenses, that Parent's Plan is Primary, if the Plan has actual knowledge of those terms. This rule applies to Claim Determination Periods that start after the Plan is given notice of the court decree.

**Child Covered Under More Than One Plan – The Birthday Rule**: When This Plan and another Plan cover the same Child as the Dependent of two or more Parents, the Primary Plan is the Plan of the Parent whose birthday falls earlier in the Year if:

- the Parents are married; or
- the Parents are not separated (whether or not they have ever married); or
- a court decree awards joint custody without specifying which Parent must provide health coverage.

If both Parents have the same birthday, the Plan that covered either of the Parents longer is the Primary Plan.

However, if the other Plan does not have this rule, but instead has a rule based on the gender of the parent, and if, as a result, the Plans do not agree on the order of benefits, the rule in the other Plan will determine the order of benefits.

**Child Covered Under More than One Plan – Custodial Parent:** When This Plan and another Plan cover the same Child as the Dependent of two or more Parents, if the Parents are not married, or are separated (whether or not they ever married), or are divorced, the Primary Plan is:

- the Plan of the Custodial Parent; then
- the Plan of the Spouse of the Custodial Parent; then
- the Plan of the non-custodial Parent; and then
- the Plan of the Spouse of the non-custodial Parent.

**Active or Inactive Employee**: A Plan that covers a person as an employee who is neither laid off nor retired is Primary to a Plan that covers the person as a laid-off or retired employee (or as that person's Dependent). If the other Plan does not have this rule and, if as a result, the Plans do not agree on the order of benefits, this rule is ignored.

**Continuation Coverage**: The Plan that covers a person as an active employee, member or subscriber (or as that employee's Dependent) is Primary to a Plan that covers that person under a right of continuation pursuant to federal law (e.g., COBRA) or state law. If the Plan that covers the person has not adopted this rule, and if, as a result, the Plans do not agree on the order of benefits, this rule shall not apply.

**Longer/Shorter Time Covered**: If none of the above rules determine which Plan is Primary, the Plan that has covered the person for the longer time shall be Primary to a Plan that has covered the person for a shorter time.

**No Rules Apply**: If none of the above rules determine which Plan is Primary, the Allowable Expenses shall be shared equally between all the Plans. In no event will This Plan pay more than it would if it were Primary.

**EFFECT ON BENEFITS OF THIS PLAN**

If This Plan is Secondary, when the total Allowable Expenses incurred by a covered person in any Claim Determination Period are less than the sum of:

- the benefits that would be payable under This Plan without applying this Coordination of Benefits provision; and
- the benefits that would be payable under all other Plans without applying Coordination of Benefits or similar provisions;

then We will reduce the benefits that would otherwise be payable under This Plan. The sum of these reduced benefits, plus all benefits payable for such Allowable Expenses under all other Plans, will not exceed the total of the Allowable Expenses. Benefits payable under all other Plans include all benefits that would be payable if the proper claims had been made on time.

**RIGHT TO RECEIVE AND RELEASE NEEDED INFORMATION**

We need certain information to apply the Coordination of Benefits rules. We have the right to decide which facts We need. We may get facts from or give them to any other organization or person. We do not need to tell, or get the consent of, any person or organization to do this. To obtain all benefits available, a covered person who incurs Allowable Expenses should file a claim under each Plan which covers the person. Each person claiming benefits under This Plan must give Us any facts We need to pay the claim.

**FACILITY OF PAYMENT**

A payment made under another Plan may include an amount which should have been paid under This Plan. If it does, We may pay that amount to the organization which made that payment. That amount will then be treated as though it were a benefit paid under This Plan. We will not have to pay that amount again. The term "payment made" includes benefits provided in the form of services, in which case We may pay the reasonable cash value of the benefits provided in the form of services.

**RIGHT OF RECOVERY**

If the amount We pay is more than We should have paid under this Coordination of Benefits provision, We may recover the excess from one or more of:

- the person We have paid or for whom We have paid;
- insurance companies; or
- other organizations.

The amount of the payment includes the reasonable cash value of any benefits provided in the form of services.

## FILING A CLAIM

The Policyholder should have a supply of claim forms. Obtain a claim form from the Policyholder and fill it out carefully. Return the completed claim form with the required Proof to the Policyholder. The Policyholder will certify Your insurance under the Group Policy and send the certified claim form and Proof to Us.

For Dental Insurance, all claim forms needed to file for benefits under the group insurance program can be obtained by calling MetLife at 1-800-438-6388. Dental claim forms can also be downloaded from www.metlife.com/dental. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim.

When We receive the claim form and Proof, We will review the claim and, if We approve it, We will pay benefits subject to the terms and provisions of this certificate and the Group Policy.

### CLAIMS FOR DENTAL INSURANCE BENEFITS

**When a claimant files a claim for Dental Insurance benefits described in this certificate,** both the notice of claim and the required Proof should be sent to Us within 90 days of the date of a loss.

Claim and Proof may be given to Us by following the steps set forth below:

**Step 1**
A claimant can request a claim form by calling Us at 1-800-438-6388.

**Step 2**
We will send a claim form to the claimant within 15 days of the request. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim.

**Step 3**
When the claimant receives the claim form, the claimant should fill it out as instructed and return it with the required Proof described in the claim form.

**Step 4**
The claimant must give Us Proof not later than 90 days after the date of the loss.

If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and Proof are given as soon as is reasonably possible.

**Time Limit on Legal Actions.** A legal action on a claim may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends 3 years after the date such Proof is required.

# DENTAL INSURANCE: PROCEDURES FOR DENTAL CLAIMS

### Procedures for Presenting Claims for Dental Insurance Benefits

All claim forms needed to file for Dental Insurance benefits under the group insurance program can be obtained from the Employer who can also answer questions about the insurance benefits and to assist You or, if applicable, Your beneficiary in filing claims. Dental claim forms can also be downloaded from www.metlife.com/dental. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully.

### Routine Questions on Dental Insurance Claims

If there is any question about a claim payment, an explanation may be requested from MetLife by dialing 1-800-438-6388.

### Claim Submission

For claims for Dental Insurance benefits, the claimant must complete the appropriate claim form and submit the required Proof as described in the FILING A CLAIM section of the certificate.

Claim forms must be submitted in accordance with the instructions on the claim form.

### Initial Determination

After You submit a claim for Dental Insurance benefits to MetLife, MetLife will review Your claim and notify You of its decision to approve or deny Your claim.

Such notification will be provided to You within a 30 day period from the date You submitted Your claim; except for situations requiring an extension of time of up to 15 days because of matters beyond the control of MetLife. If MetLife needs such an extension, MetLife will notify You prior to the expiration of the initial 30 day period, state the reason why the extension is needed, and state when it will make its determination. If an extension is needed because You did not provide sufficient information or filed an incomplete claim, the time from the date of MetLife's notice requesting further information and an extension until MetLife receives the requested information does not count toward the time period MetLife is allowed to notify You as to its claim decision. You will have 45 days to provide the requested information from the date You receive the notice requesting further information from MetLife.

If MetLife denies the claim in whole or in part, the notification of the claims decision will state the reason why the claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because MetLife did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. Further, if an internal rule, protocol, guideline or other criterion was relied upon in making the denial, the claims decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that You may request a copy free of charge.

### Appealing the Initial Determination

If MetLife denies Your claim, You may take two appeals of the initial determination. Upon Your written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim. You must submit Your appeal to MetLife at the address indicated on the claim form after receiving MetLife's decision. Appeals must be in writing and must include at least the following information:

- Name of Student
- Name of the Plan
- Reference to the initial decision
- Whether the appeal is the first or second appeal of the initial determination
- An explanation why You are appealing the initial determination.

As part of each appeal, You may submit any written comments, documents, records, or other information

relating to Your claim.

After MetLife receives Your written request appealing the initial determination or determination on the first appeal, MetLife will conduct a full and fair review of Your claim. Deference will not be given to initial denials, and MetLife's review will look at the claim anew. The review on appeal will take into account all comments, documents, records, and other information that You submit relating to Your claim without regard to whether such information was submitted or considered in the initial determination. The person who will review Your appeal will not be the same person as the person who made the initial decision to deny Your claim. In addition, the person who is reviewing the appeal will not be a subordinate of the person who made the initial decision to deny Your claim. If the initial denial is based in whole or in part on a medical judgment, MetLife will consult with a health care professional with appropriate training and experience in the field of dentistry involved in the judgment. This health care professional will not have consulted on the initial determination, and will not be a subordinate of any person who was consulted on the initial determination.

MetLife will notify You in writing of its final decision within 30 days after MetLife's receipt of Your written request for review, except that under special circumstances MetLife may have up to an additional 30 days to provide written notification of the final decision. If such an extension is required, MetLife will notify You prior to the expiration of the initial 30 day period, state the reason(s) why such an extension is needed, and state when it will make its determination.

If MetLife denies the claim on appeal, MetLife will send You a final written decision that states the reason(s) why the claim You appealed is being denied and references any specific Plan provision(s) on which the denial is based. If an internal rule, protocol, guideline or other criterion was relied upon in denying the claim on appeal, the final written decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that You may request a copy free of charge. Upon written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim.

## GENERAL PROVISIONS

### Assignment

The rights and benefits under the Group Policy are not assignable prior to a claim for benefits, except as required by law. We are not responsible for the validity of an assignment.

Upon receipt of a Covered Service, You may assign Dental Insurance benefits to the Dentist providing such service.

### Dental Insurance: Who We Will Pay

If You assign payment of Dental Insurance benefits to Your or Your Dependent's Dentist, We will pay benefits directly to the Dentist. Otherwise, We will pay Dental Insurance benefits to You.

### Entire Contract

Your insurance is provided under a contract of group insurance with the Policyholder. The entire contract with the Policyholder is made up of the following:

1. the Group Policy and its Exhibits, which include the certificate(s);
2. the Policyholder's application; and
3. any amendments and/or endorsements to the Group Policy.

### Incontestability: Statements Made by You

Any statement made by You will be considered a representation and not a warranty.

Evidence of insurability will not be required nor will any statement made by You, which relates to insurability, be used:

1. to contest the validity of the insurance benefits; or
2. to reduce the insurance benefits.

### Conformity with Law

If the terms and provisions of this certificate do not conform to any applicable law, this certificate shall be interpreted to so conform.

### Overpayments

### Recovery of Dental Insurance Overpayments

We have the right to recover any amount that We determine to be an overpayment, whether for services received by You or Your Dependents.

An overpayment occurs if We determine that:

- the total amount paid by Us on a claim for Dental Insurance is more than the total of the benefits due to You under this certificate; or
- payment We made should have been made by another group plan.

If such overpayment occurs, You have an obligation to reimburse Us.

**How We Recover Overpayments**

We may recover the overpayment from You by:

- stopping or reducing any future benefits payable for Dental Insurance;
- demanding an immediate refund of the overpayment from You; and
- taking legal action.

If the overpayment results from Our having made a payment to You that should have been made under another group plan, We may recover such overpayment from one or more of the following:

- any other insurance company;
- any other organization; or
- any person to or for whom payment was made.

## COPAY SCHEDULE

Metropolitan Life Insurance Company
200 Park Avenue, New York, New York 10010-3690

CERTIFICATE RIDER

Group Policy No.: 249986-1-G

Policyholder: University of Chicago Student

Effective Date: 09/01/2023

As of the above effective date, the certificate for all Employees is changed by adding the following PDP Copay Schedule.

| Service Category | Description | Area 1 | Area 2 | Area 3 | Area 4 |
|---|---|---|---|---|---|
| Diagnostic | PERIODIC ORAL EVALUATION | $0 | $0 | $0 | $0 |
| | LIMITED ORAL EVALUATION | $0 | $0 | $0 | $5 |
| | ORAL EVALUATION UNDER AGE OF 3 | $0 | $0 | $0 | $0 |
| | COMPREHENSIVE ORAL EVALUATION | $0 | $0 | $0 | $0 |
| | EXTENSIVE ORAL EVALUATION | $0 | $0 | $0 | $5 |
| | LIMITED ORAL RE-EVALUATION | $0 | $0 | $0 | $0 |
| | COMPREHENSIVE PERIO EVALUATION | $0 | $0 | $0 | $0 |
| | SCREENING OF A PATIENT | $0 | $0 | $0 | $0 |
| | ASSESSMENT OF A PATIENT | $0 | $0 | $0 | $0 |
| | COMPLETE SET RADIOGRAPHIC IMAGES | $5 | $5 | $5 | $5 |
| | PERIAPICAL RADIOGRAPHIC IMAGE | $5 | $5 | $5 | $5 |
| | ADD'L PERIAPICAL IMAGES | $0 | $0 | $0 | $0 |
| | OCCLUSAL RADIOGRAPHIC IMAGE | $5 | $5 | $5 | $10 |
| | EXTRAORAL 2D RADIOGRAPHIC IMAGE | $10 | $5 | $10 | $10 |
| | EXTRAORAL POSTERIOR IMAGE | $10 | $5 | $10 | $10 |
| | BITEWING - SINGLE IMAGE | $0 | $0 | $0 | $0 |
| | BITEWINGS - TWO IMAGES | $0 | $0 | $0 | $0 |
| | BITEWINGS - THREE IMAGES | $0 | $0 | $0 | $0 |
| | BITEWINGS - FOUR IMAGES | $0 | $0 | $0 | $0 |
| | VERTICAL BITEWINGS 7-8 IMAGES | $0 | $0 | $0 | $0 |
| | SKULL/FACIAL BONE IMAGE | $0 | $0 | $0 | $0 |
| | PANORAMIC RADIOGRAPHIC IMAGE | $5 | $5 | $5 | $5 |
| | 2D CEPHALOMETRIC IMAGE | $15 | $15 | $15 | $20 |
| | CONE BEAM LESS THAN WHOLE JAW | $135 | $140 | $165 | $180 |
| | CONE BEAM FULL ARCH MANDIBLE | $135 | $140 | $165 | $180 |
| | CONE BEAM FULL ARCH MAXILLA | $135 | $140 | $165 | $180 |
| | CONE BEAM BOTH JAWS | $135 | $140 | $165 | $180 |
| | CONE BEAM - TMJ | $135 | $140 | $165 | $180 |
| | INTRAORAL TOMOSYN - COMPREHEN | $5 | $5 | $5 | $5 |
| | INTRAORAL TOMOSYN - BITWING | $0 | $0 | $0 | $0 |
| | INTRAORAL TOMOSYN - PERIAPICAL | $5 | $5 | $5 | $5 |
| | CONE BEAM CAPT LESS THAN ONE JAW | $135 | $140 | $165 | $180 |
| | CONE BEAM CAPTURE - MANDIBLE | $135 | $140 | $165 | $180 |
| | CONE BEAM CAPTURE - MAXILLA | $135 | $140 | $165 | $180 |
| | CONE BEAM CAPTURE - BOTH JAWS | $135 | $140 | $165 | $180 |
| | CONE BEAM CAPTURE - TMJ SERIES | $135 | $140 | $165 | $180 |
| | INTERPRETATION - DIAGNOSTIC IMAGE | $5 | $10 | $10 | $10 |
| | LAB TEST | $5 | $10 | $10 | $10 |
| | SALIVA SAMPLE COLLECTION | $5 | $5 | $5 | $10 |

## COPAY SCHEDULE

| | | | | | |
|---|---|---|---|---|---|
| | COLLECT & PREP GENETIC SAMPL | $5 | $5 | $5 | $5 |
| | PULP VITALITY TEST | $5 | $5 | $5 | $10 |
| | DIAGNOSTIC CASTS | $15 | $10 | $15 | $15 |
| Preventive | CLEANING - ADULT | $0 | $5 | $5 | $5 |
| | CLEANING - CHILD | $0 | $0 | $0 | $0 |
| | TOPICAL FLUORIDE-VARNISH | $0 | $0 | $0 | $0 |
| | TOPICAL APPLICATION-FLUORIDE | $0 | $0 | $0 | $0 |
| | SEALANT - PER TOOTH | $5 | $5 | $10 | $10 |
| | PREVENTIVE RESIN RESTORATION | $5 | $5 | $10 | $10 |
| | SEALANT REPAIR-PER TOOTH | $0 | $0 | $0 | $0 |
| | INTERIM CARIES MEDICAMENT | $5 | $5 | $5 | $5 |
| | CARIES PREV MEDIC APPL PER TOOTH | $5 | $5 | $5 | $5 |
| | SPACE MAINTAINER FIXED-UNILATERAL | $50 | $45 | $50 | $55 |
| | SPACE MAINTAINER FIXED MAXILLARY | $65 | $70 | $65 | $85 |
| | SPACE MAINTAINER FIXED MAND | $65 | $70 | $65 | $85 |
| | SPACE MAINTAINER REM-UNILATERAL | $45 | $50 | $60 | $70 |
| | SPACE MAINTAINER REMOVABLE MAX | $85 | $90 | $55 | $105 |
| | SPACE MAINTAINER REMOVABLE MAND | $85 | $90 | $55 | $105 |
| | RECEMENT OR RE-BOND BILATERAL SPACE MAINTAINER MAXILLARY | $5 | $10 | $10 | $10 |
| | RECEMENT OR RE-BOND BILATERAL SPACE MAINTAINER MANDIBULAR | $5 | $10 | $10 | $10 |
| | RECEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER PER QUADRANT | $5 | $10 | $10 | $10 |
| | DISTAL SPACE MAINTAINER FIXED | $50 | $45 | $50 | $55 |
| Restorative | ONE SURFACE COMPOSITE - POSTERIOR | $15 | $20 | $25 | $30 |
| | TWO SURFACE COMPOSITE - POSTERIOR | $20 | $20 | $30 | $35 |
| | THREE SURFACE COMPOSITE - POSTERIOR | $25 | $30 | $35 | $45 |
| | 4 OR MORE SURF COMPOSITE - POSTERIOR | $30 | $30 | $45 | $50 |
| | 1 SURFACE GOLD FOIL | $75 | $80 | $95 | $100 |
| | 2 SURFACE GOLD FOIL | $105 | $115 | $135 | $150 |
| | 3 SURFACE GOLD FOIL | $125 | $140 | $160 | $180 |
| | ONE SURFACE METALLIC INLAY | $160 | $165 | $155 | $215 |
| | TWO SURFACE METALLIC INLAY | $190 | $205 | $205 | $265 |
| | THREE SURFACE METALLIC INLAY | $205 | $220 | $215 | $275 |
| | TWO SURFACE METALLIC ONLAY | $230 | $280 | $305 | $320 |
| | THREE SURFACE METALLIC ONLAY | $235 | $290 | $320 | $320 |
| | 4 OR MORE SURF. METALLIC ONLAY | $250 | $310 | $340 | $345 |
| | ONE SURFACE PORCELAIN INLAY | $180 | $160 | $165 | $270 |
| | 2 SURFACE PORCELAIN INLAY | $195 | $205 | $195 | $295 |
| | 3 OR MORE SURF. PORCELAIN INLAY | $235 | $265 | $220 | $350 |
| | 2 SURFACES - PORCELAIN ONLAY | $280 | $340 | $360 | $415 |
| | 3 SURFACES - PORCELAIN ONLAY | $285 | $345 | $370 | $425 |
| | 4 OR MORE SURF. PORCELAIN ONLAY | $295 | $355 | $380 | $435 |
| | 1 SURFACE COMPOSITE/RESIN INLAY | $135 | $140 | $155 | $205 |
| | 2 SURFACE COMPOSITE/RESIN INLAY | $160 | $165 | $190 | $240 |
| | 3 OR MORE SURF COMP/RESIN INLAY | $180 | $185 | $215 | $260 |
| | 2 SURFACE COMPOSITE/RESIN ONLAY | $220 | $225 | $260 | $290 |
| | 3 SURFACE COMPOSITE/RESIN ONLAY | $215 | $225 | $260 | $320 |
| | 4 OR MORE SURF COMP/RESIN ONLAY | $225 | $255 | $280 | $320 |
| | RESIN CROWN (INDIRECT) | $95 | $110 | $125 | $145 |
| | CROWN 3/4 RESIN BASED INDIRECT | $95 | $105 | $120 | $145 |
| | CROWN RESIN W/HIGH NOBLE METAL | $260 | $280 | $300 | $380 |
| | CROWN RESIN W/BASE METAL | $195 | $205 | $250 | $290 |
| | CROWN RESIN W/NOBLE METAL | $225 | $230 | $275 | $320 |
| | CROWN PORCELAIN/CERAMIC | $275 | $325 | $370 | $425 |
| | CROWN PORCELAIN - HIGH NOBLE METAL | $275 | $325 | $350 | $405 |
| | CROWN PORCELAIN - BASE METAL | $245 | $265 | $305 | $375 |
| | CROWN PORCELAIN - NOBLE METAL | $260 | $320 | $350 | $375 |

## COPAY SCHEDULE

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|---|---|---|---|---|---|
| | CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOY | $275 | $325 | $350 | $405 |
| | CROWN 3/4 HIGH NOBLE | $270 | $290 | $310 | $365 |
| | CROWN 3/4 BASE METAL | $240 | $260 | $300 | $345 |
| | CROWN 3/4 CAST NOBLE METAL | $250 | $260 | $290 | $340 |
| | CROWN 3/4 PORCELAIN/CERAMIC | $280 | $290 | $345 | $380 |
| | CROWN HIGH NOBLE | $255 | $320 | $345 | $385 |
| | CROWN FULL CAST/BASE METAL | $225 | $235 | $300 | $315 |
| | CROWN FULL CAST NOBLE METAL | $230 | $285 | $305 | $325 |
| | TITANIUM CROWN | $245 | $265 | $305 | $175 |
| | RECEMENT INLAY; ONLAY | $15 | $20 | $25 | $30 |
| | RECEMENT CAST - POST CORE | $15 | $20 | $20 | $25 |
| | RECEMENT CROWN | $15 | $20 | $25 | $30 |
| | PREFAB PORC CERAM CRN - PERM TOOTH | $140 | $165 | $185 | $215 |
| | PREFAB POR/CER CROWN - PRIMARY | $55 | $65 | $75 | $90 |
| | STAINLESS STEEL CROWN - CHILD | $50 | $55 | $70 | $80 |
| | STAINLESS STEEL CROWN - ADULT | $50 | $55 | $75 | $80 |
| | RESIN CROWN | $55 | $60 | $70 | $85 |
| | STAINLESS STEEL CROWN/RESIN | $75 | $80 | $85 | $110 |
| | SS CROWN PRIMARY TOOTH | $50 | $60 | $65 | $80 |
| | SEDATIVE FILLING | $5 | $5 | $10 | $15 |
| | CORE BUILDUP | $45 | $55 | $60 | $70 |
| | PIN RETENTION PER TOOTH | $10 | $10 | $10 | $15 |
| | POST AND CORE | $95 | $100 | $110 | $120 |
| | CAST POST - EACH ADDL SAME TOOTH | $10 | $10 | $15 | $15 |
| | PREFAB POST AND CORE | $65 | $70 | $95 | $105 |
| | STEEL POST - EACH ADDL SAME TH | $5 | $5 | $10 | $10 |
| | RESIN LABIAL VENEER - CHAIRSIDE | $105 | $110 | $135 | $170 |
| | RESIN LABIAL VENEER - LABORATORY | $170 | $175 | $225 | $250 |
| | PORCELAIN LABIAL VENEER | $220 | $220 | $290 | $255 |
| | ADDLT CROWN PROCEDURE | $45 | $50 | $55 | $60 |
| | CROWN REPAIR | $45 | $50 | $55 | $70 |
| | INLAY REPAIR | $45 | $50 | $55 | $70 |
| | ONLAY REPAIR | $45 | $50 | $55 | $70 |
| | VENEER REPAIR | $45 | $50 | $55 | $70 |
| | RESIN INFILTRATION/SMOOTH SURFACE | $5 | $5 | $10 | $10 |
| Endodontics | PULP CAP - DIRECT | $5 | $10 | $10 | $10 |
| | PULP CAP - INDIRECT | $5 | $10 | $10 | $10 |
| | THERAPEUTIC PULPOTOMY | $15 | $15 | $20 | $25 |
| | PULPAL DEBRIDEMENT | $10 | $10 | $15 | $15 |
| | PARTIAL PULPOTOMY - APEXOGENESIS | $15 | $15 | $20 | $25 |
| | PULPAL THERAPY ANT/PRIMARY TOOTH | $70 | $70 | $65 | $55 |
| | PULPAL THERAPY POST/PRIMARY TOOTH | $85 | $95 | $60 | $60 |
| | ENDODONTIC THERAPY - ANTERIOR | $160 | $190 | $205 | $260 |
| | ENDODONTIC THERAPY BICUSPID | $190 | $220 | $255 | $320 |
| | ENDODONTIC THERAPY MOLAR | $260 | $295 | $320 | $375 |
| | TREATMENT OF ROOT CANAL OBSTRUCT | $45 | $50 | $60 | $70 |
| | INCOMPLETE ROOT CANAL THERAPY | $75 | $80 | $85 | $100 |
| | ROOT PERFORATION REPAIR | $40 | $40 | $55 | $60 |
| | ROOT CANAL RETREAT/ANTERIOR | $200 | $225 | $230 | $285 |
| | ROOT CANAL RETREAT/BICUSPID | $230 | $260 | $265 | $335 |
| | ROOT CANAL RETREATMENT - MOLAR | $295 | $330 | $370 | $420 |
| | APEXIFICATION - INITIAL VISIT | $70 | $75 | $80 | $75 |
| | APEXIFICATION/RECALCIFICATION | $35 | $35 | $30 | $55 |
| | APEXIFICATION - FINAL VISIT | $105 | $105 | $45 | $140 |
| | PULPAL REGENERATION - INITIAL VISIT | $35 | $35 | $30 | $55 |
| | PULPAL REGENERATION - INTERIM MEDICATION REPLACEMENT | $20 | $20 | $15 | $30 |
| | PULPAL REGENERATION - COMPLETION OF TREATMENT | $35 | $40 | $30 | $60 |
| | APICOECTOMY - ANTERIOR | $140 | $145 | $190 | $230 |

## COPAY SCHEDULE

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|---|---|---|---|---|---|
| | APICOECTOMY - BICUSPID | $165 | $185 | $220 | $255 |
| | APICOECTOMY - MOLAR | $190 | $215 | $235 | $275 |
| | APICOECTOMY - ADDITIONAL ROOT | $70 | $75 | $90 | $70 |
| | BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY | $80 | $80 | $95 | $100 |
| | BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY | $40 | $50 | $55 | $55 |
| | RETROGRADE FILLING - PER ROOT | $45 | $45 | $60 | $70 |
| | BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION | $60 | $70 | $80 | $20 |
| | GUIDED TISSUE REGENERATION; RESORBABLE BARRIER | $100 | $110 | $120 | $140 |
| | ROOT AMPUTATION - PER ROOT | $105 | $120 | $140 | $135 |
| | SURG REPAIR OF ROOT RESORP - ANTERIOR | $105 | $110 | $140 | $175 |
| | SURG RPR OF ROOT RESORP - PREMOLAR | $125 | $140 | $165 | $190 |
| | SURG RPR OF ROOT RESORP - MOLAR | $140 | $160 | $175 | $205 |
| | SURG EXP OF ROOT - ANTERIOR | $105 | $120 | $130 | $155 |
| | SURG EXP OF ROOT - PREMOLAR | $105 | $120 | $130 | $155 |
| | SURG EXP OF ROOT - MOLAR | $105 | $120 | $130 | $155 |
| | HEMISECTION | $90 | $95 | $110 | $115 |
| | DECORONATION SUBM ERUP TOOTH | $80 | $90 | $100 | $115 |
| Periodontics | GINGIVECTOMY/PLASTY FULL QUAD | $125 | $135 | $145 | $85 |
| | GINGIVECTOMY/PLASTY - 1-3 TEETH | $60 | $70 | $85 | $100 |
| | GINGIVECTOMY/PLASTY W/REST - TOOTH | $20 | $20 | $25 | $30 |
| | GINGIVAL FLAP PROC FULL QUAD | $125 | $145 | $170 | $190 |
| | GINGIVAL FLAP 1-3 TEETH | $80 | $85 | $100 | $120 |
| | APICALLY POSITIONED FLAP | $65 | $70 | $90 | $100 |
| | CROWN LENGTHENING | $205 | $210 | $255 | $135 |
| | OSSEOUS SURGERY - 4 OR MORE TEETH | $285 | $295 | $180 | $380 |
| | OSSEOUS SURGERY 1-3 TEETH | $175 | $180 | $210 | $205 |
| | BONE GRAFT - FIRST SITE | $80 | $80 | $95 | $100 |
| | BONE GRAFT - ADDITIONAL SITE | $40 | $50 | $55 | $55 |
| | BIOLOGIC MATERIALS | $60 | $70 | $80 | $20 |
| | GTR - RESORBABLE BARRIER | $100 | $110 | $120 | $145 |
| | GTR - NONRESORBABLE BARRIER | $125 | $135 | $150 | $170 |
| | SURGICAL REVISION PROCEDURE | $30 | $30 | $40 | $45 |
| | PEDICLE SOFT TISSUE GRAFT | $140 | $160 | $190 | $225 |
| | AUTOGENOUS TISSUE GRAFT | $250 | $260 | $285 | $310 |
| | DISTAL/PROXIML WEDGE | $80 | $95 | $110 | $120 |
| | NON AUTOGENOUS TISSUE GRAFT | $235 | $255 | $275 | $300 |
| | COMBINED TISSUE GRAFTING/TOOTH | $245 | $275 | $300 | $330 |
| | FREE SOFT TISSUE GRAFT - 1ST TOOTH | $200 | $220 | $250 | $250 |
| | FREE SOFT TISSUE GRAFT - ADDL TOOTH | $100 | $110 | $125 | $125 |
| | SUBEPITHELIAL TISSUE GRAFT/ADD'L | $125 | $130 | $145 | $155 |
| | SOFT TISSUE ALLOGRAFT ADDITIONAL | $120 | $125 | $140 | $150 |
| | SCALING/ROOT PLANING - PER QUAD. | $45 | $60 | $70 | $80 |
| | SCALING & ROOT PLANING 1-3 TEETH | $30 | $30 | $45 | $45 |
| | SCALING GINGIVAL INFLAMMATION | $0 | $5 | $5 | $5 |
| | FULL MOUTH DEBRIDEMENT | $25 | $30 | $35 | $40 |
| | DELIVERY OF ANTIMICROBIAL AGENTS | $25 | $25 | $30 | $30 |
| | PERIODONTAL MAINTENANCE | $15 | $15 | $20 | $25 |
| | DRESSING CHANGE | $15 | $15 | $15 | $20 |
| Prosthodontics - Removable | COMPLETE UPPER DENTURE | $330 | $370 | $425 | $490 |
| | COMPLETE LOWER DENTURE | $330 | $370 | $425 | $490 |
| | IMMEDIATE DENTURE MAXILLARY | $365 | $385 | $445 | $435 |
| | IMMEDIATE DENTURE MANDIBULAR | $365 | $385 | $445 | $435 |
| | UPPER PARTIAL DENTURE - RESIN | $250 | $265 | $310 | $300 |
| | LOWER PARTIAL DENTURE - RESIN | $250 | $265 | $310 | $300 |
| | UPPER PARTIAL DENTURE - CAST | $385 | $435 | $510 | $610 |
| | LOWER PARTIAL DENTURE - CAST | $385 | $435 | $510 | $610 |

| | | | | | |
|---|---|---|---|---|---|
| | IMMEDIATE MAX PARTIAL RESIN | $250 | $265 | $310 | $300 |
| | IMMEDIATE MAND PARTIAL RESIN | $250 | $265 | $310 | $300 |
| | IMMEDIATE MAX PARTIAL METAL | $385 | $435 | $510 | $610 |
| | IMMEDIATE MAND PARTIAL METAL | $385 | $435 | $510 | $610 |
| | UPPER PARTIAL DENTURE - FLEXIBLE | $305 | $325 | $310 | $365 |
| | LOWER PARTIAL DENTURE - FLEXIBLE | $305 | $325 | $310 | $365 |
| | IMMEDIATE MAXILLARY PART DENT | $250 | $265 | $310 | $300 |
| | IMMEDIATE MANDIBULAR PART DENT | $250 | $265 | $310 | $300 |
| | REMOV UNILATERAL PART DENT MAXILLARY | $145 | $160 | $205 | $210 |
| | REMOV UNILATERAL PART DENT MANDIBULAR | $145 | $160 | $205 | $210 |
| | REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE, PER QUADRANT | $70 | $80 | $105 | $105 |
| | REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE RESIN, PER QUADRANT | $70 | $80 | $105 | $105 |
| | ADJUST UPPER COMPLETE DENTURE | $15 | $15 | $20 | $25 |
| | ADJUST LOWER COMPLETE DENTURE | $15 | $15 | $20 | $25 |
| | ADJUST UPPER PARTIAL DENTURE | $15 | $15 | $20 | $20 |
| | ADJUST LOWER PARTIAL DENTURE | $15 | $15 | $20 | $20 |
| | REPAIR DENTURE BASE MANDIBULAR | $50 | $50 | $55 | $70 |
| | REPAIR DENTURE BASE MAXILLARY | $50 | $50 | $55 | $70 |
| | REPLACE TH ON DENTURE - PER TOOTH | $40 | $35 | $45 | $55 |
| | REPAIR RESIN - PARTIAL MANDIBULAR | $35 | $40 | $40 | $50 |
| | REPAIR RESIN - PARTIAL MAXILLARY | $35 | $40 | $40 | $50 |
| | REPAIR CAST - PARTIAL MANDIBULAR | $40 | $45 | $55 | $65 |
| | REPAIR CAST - PARTIAL MAXILLARY | $40 | $45 | $55 | $65 |
| | REPAIR/REPLACE BROKEN CLASP | $35 | $40 | $45 | $60 |
| | REPLACE TOOTH ON DENTURE | $40 | $15 | $45 | $50 |
| | ADD TOOTH TO DENTURE | $45 | $30 | $65 | $60 |
| | ADD CLASP PARTIAL DENTURE | $55 | $60 | $65 | $65 |
| | REPLACE MAX TEETH & FRAMEWORK | $110 | $115 | $125 | $150 |
| | REPLACE MAND. TEETH & FRAMEWORK | $110 | $115 | $130 | $150 |
| | REBASE COMPLETE UPPER DENTURE | $125 | $130 | $145 | $170 |
| | REBASE COMPLETE LOWER DENTURE | $120 | $125 | $140 | $165 |
| | REBASE UPPER PARTIAL DENTURE | $110 | $115 | $130 | $160 |
| | REBASE LOWER PARTIAL DENTURE | $110 | $115 | $135 | $160 |
| | REBASE HYBRID PROSTHESIS | $125 | $130 | $145 | $170 |
| | RELINE UPPER DENTURE - CHAIRSIDE | $70 | $75 | $85 | $100 |
| | RELINE LOWER DENTURE - CHAIRSIDE | $70 | $75 | $80 | $100 |
| | RELINE UPPER DENTURE - CHAIRSIDE | $55 | $60 | $70 | $85 |
| | RELINE LOWER DENTURE - CHAIRSIDE | $55 | $60 | $70 | $65 |
| | RELINE UPPER DENTURE - LAB | $105 | $110 | $140 | $145 |
| | RELINE LOWER DENTURE - LAB | $105 | $110 | $130 | $145 |
| | RELINE UPPER DENTURE - LAB | $90 | $100 | $105 | $130 |
| | RELINE LOWER DENTURE - LAB | $90 | $100 | $110 | $125 |
| | SOFT LINER COMPL/PART REMOVE DENTURE | $105 | $110 | $140 | $145 |
| | TISSUE CONDITIONING - UPPER | $35 | $35 | $40 | $50 |
| | TISSUE CONDITIONING - LOWER | $35 | $35 | $40 | $45 |
| | OVERDENTURE - COMPLETE MAXILLARY | $425 | $440 | $520 | $625 |
| | OVERDENTURE - PARTIAL MAXILLARY | $395 | $430 | $475 | $550 |
| | OVERDENTURE - COMPLETE MANDIBULAR | $425 | $440 | $520 | $625 |
| | OVERDENTURE - PARTIAL MANDIBULAR | $395 | $430 | $475 | $550 |
| | METAL SUBSTRUCTURE TO ACRYLIC DENTURE PER ARCH | $85 | $95 | $105 | $120 |
| Implant Services | ENDOSTEAL IMPLANT | $525 | $575 | $605 | $720 |
| | PLACEMENT OF INTERIM IMPLANT | $510 | $560 | $600 | $700 |
| | SURGICAL PLACEMENT OF MINI IMPLANT | $520 | $570 | $600 | $715 |
| | EPOSTEAL IMPLANT | $955 | $1,050 | $1,190 | $1,350 |

| | | | | | |
|---|---|---|---|---|---|
| | TRANSOSTEAL IMPLANT | $1,170 | $1,285 | $1,455 | $1,650 |
| | IMPLANT CONNECTING BAR | $230 | $240 | $270 | $305 |
| | PREFAB IMPLANT ABUTMENT | $180 | $105 | $175 | $190 |
| | CUSTOM IMPLANT ABUTMENT | $235 | $145 | $235 | $250 |
| | IMPLANT CROWN - PORCELAIN | $350 | $275 | $405 | $425 |
| | IMPLANT CROWN - PORCEL-HIGH NOBLE | $330 | $310 | $395 | $420 |
| | IMPLANT CROWN - PORCEL BASE METAL | $295 | $300 | $350 | $365 |
| | IMPLANT CROWN - PORCEL NOBLE METAL | $315 | $310 | $375 | $385 |
| | IMPLANT CROWN - CAST HIGH NOBLE | $315 | $325 | $365 | $395 |
| | IMPLANT CROWN - CAST BASE METAL | $270 | $210 | $315 | $345 |
| | IMPLANT CROWN - CAST NOBLE METAL | $295 | $275 | $340 | $375 |
| | IMPLANT CROWN - PORCELAIN | $335 | $265 | $390 | $445 |
| | IMPLANT CROWN - PORCELAIN-METAL | $325 | $310 | $400 | $415 |
| | IMPLANT CROWN - METAL | $320 | $330 | $365 | $395 |
| | IMPLANT RETAINER - PORCELAIN | $335 | $265 | $390 | $410 |
| | IMPLANT RETAINER - PORCEL-METAL | $325 | $305 | $375 | $410 |
| | IMPLANT RETAINER - BASE METAL | $290 | $305 | $345 | $345 |
| | IMPLANT RETAINER - NOBLE METAL | $315 | $305 | $360 | $375 |
| | IMPLANT RETAINER - HIGH NOBLE | $305 | $320 | $355 | $385 |
| | IMPLANT RETAINER - BASE METAL | $255 | $200 | $310 | $320 |
| | IMPLANT RETAINER - NOBLE METAL | $280 | $260 | $320 | $360 |
| | IMPLANT RETAINER - CERAMIC | $320 | $250 | $380 | $390 |
| | IMPLANT RETAINER - HIGH NOBLE | $320 | $305 | $370 | $370 |
| | IMPLANT RETAINER - CAST-HIGH NOBLE | $300 | $310 | $355 | $375 |
| | IMPLANT MAINTENANCE PROCEDURES | $25 | $25 | $25 | $30 |
| | SCALING AND DEBRIDEMENT IMPLANT | $10 | $15 | $15 | $20 |
| | IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO BASE ALLOYS | $295 | $300 | $350 | $365 |
| | IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO NOBLE ALLOYS | $315 | $310 | $375 | $385 |
| | IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO TITANIUM | $300 | $310 | $350 | $375 |
| | IMPLANT SUPPORTED CROWN - PREDOMINANTLY BASE ALLOYS | $270 | $210 | $315 | $345 |
| | IMPLANT SUPPORTED CROWN - NOBLE ALLOYS | $295 | $275 | $340 | $375 |
| | IMPLANT SUPPORTED CROWN - TITANIUM AND TITANIUM ALLOYS | $300 | $310 | $350 | $375 |
| | REPAIR IMPLANT PROSTHESIS | $60 | $65 | $70 | $80 |
| | PRECISION ATTACHMENT REPLACEMENT | $105 | $110 | $125 | $140 |
| | RECEMENT IMPLANT CROWN | $15 | $20 | $20 | $30 |
| | RECEMENT IMPLANT FIXED DENTURE | $30 | $35 | $35 | $45 |
| | IMPLANT CROWN - TITANIUM | $300 | $310 | $350 | $375 |
| | REPAIR IMPLANT ABUTMENT;REPORT | $65 | $65 | $75 | $95 |
| | REMOVE BROKEN IMPLANT SCREW | $10 | $5 | $10 | $10 |
| | ABUTMENT SUPPORTED CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS | $325 | $310 | $400 | $415 |
| | IMPLANT SUPPORTED RETAINER - PORCELAIN FUSED TO BASE ALLOYS | $290 | $305 | $345 | $345 |
| | IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN TO NOBLE ALLOYS | $315 | $305 | $360 | $375 |
| | IMPLANT REMOVAL; BY REPORT | $80 | $70 | $95 | $115 |
| | DEBRIDEMENT PERIIMPLANT DEFECT | $25 | $25 | $30 | $35 |
| | DEBRIDE/OSS PERIIMPLANT DEFECT | $50 | $55 | $65 | $60 |
| | BONE GRAFT/PERIIMPLANT DEFECT | $75 | $100 | $145 | $85 |
| | BONE GRAFT IMPLANT PLACEMENT | $75 | $100 | $145 | $85 |
| | REMOV IMPLT BODY W/O BONE/FLAP | $80 | $70 | $95 | $115 |
| | GTR RESORB PER IMPLANT | $100 | $110 | $120 | $145 |
| | GTR NON-RESORB PER IMPLANT | $125 | $130 | $150 | $170 |
| | IMPLANT OVERDENTURE - MAXILLARY | $635 | $830 | $930 | $1,020 |

## COPAY SCHEDULE

| | | | | | |
|---|---|---|---|---|---|
| | IMPLANT OVERDENTURE - MANDIBULAR | $635 | $830 | $930 | $1,020 |
| | IMPLANT OVERDENTURE PARTIAL - MAXILLARY | $590 | $735 | $815 | $955 |
| | IMPLANT OVERDENTURE PARTIAL - MANDIBULAR | $590 | $735 | $815 | $955 |
| | IMPLANT SUPP FIXED DENTURE - MAXILLARY | $1,055 | $1,075 | $1,220 | $950 |
| | IMPLANT SUPP FIXED DENTURE - MANDIBULAR | $1,055 | $1,075 | $1,220 | $950 |
| | IMPLANT SUPP FIXED PARTIAL - MAXILLARY | $1,110 | $1,040 | $1,310 | $1,350 |
| | IMPLANT SUPP FIXED PARTIAL - MANDIBULAR | $1,110 | $1,040 | $1,310 | $1,350 |
| | IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN TO TITANIUM AND TITANIUM ALLOYS | $290 | $295 | $340 | $360 |
| | IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN TO BASE ALLOYS | $255 | $200 | $310 | $320 |
| | IMPLANT SUPPORTED RETAINER FOR FPD - NOBLE ALLOYS | $280 | $260 | $320 | $360 |
| | IMPLANT SUPPORTED RETAINER FOR FPD - TITANIUM AND TITANIUM ALLOYS | $290 | $295 | $340 | $360 |
| | SEMI-PRECISION ABUT - PLACEMENT | $235 | $145 | $235 | $250 |
| | SEMI-PRECISION ATTACH - PLACEMENT | $175 | $110 | $175 | $185 |
| | IMPLANT RETAINER - TITANIUM | $290 | $295 | $340 | $360 |
| | ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS | $300 | $310 | $355 | $375 |
| | REPLACE RESTOR MAT IMPL ACCESS | $15 | $20 | $25 | $30 |
| Prosthodontics - Fixed | PONTIC - TITANIUM | | | | |
| | PONTIC - PORCELAIN - HIGH NOBLE | $260 | $300 | $320 | $375 |
| | PONTIC - PORCELAIN - BASE METAL | $245 | $265 | $285 | $330 |
| | PONTIC - PORCELAIN NOBLE METAL | $255 | $290 | $305 | $345 |
| | PONTIC - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS | $255 | $290 | $305 | $345 |
| | PONTIC - PORCELAIN | $275 | $260 | $325 | $375 |
| | PONTIC - RESIN W/HIGH NOBLE METAL | $255 | $275 | $300 | $375 |
| | PONTIC - RESIN W/BASE METAL | $195 | $220 | $240 | $280 |
| | PONTIC - RESIN W/NOBLE METAL | $215 | $230 | $250 | $290 |
| | CAST METAL RETAINER | $105 | $115 | $120 | $145 |
| | RETAINER - PORCELAIN/CERAMIC | $120 | $125 | $135 | $160 |
| | RESIN RETAINER-FIXED PROSTHESIS | $90 | $95 | $100 | $120 |
| | RETAINER INLAY CERAMIC - 2 SURFACE | $250 | $200 | $200 | $330 |
| | RETAINER INLAY CERAMIC - 3 OR MORE | $255 | $205 | $210 | $340 |
| | RETAINER INLAY HIGH NOBLE - 2 SURF | $185 | $190 | $190 | $245 |
| | RETAINER INLAY HIGH NOBLE - 3 OR MORE | $200 | $210 | $215 | $270 |
| | RETAINER INLAY METAL - 2 SURFACE | $175 | $180 | $185 | $230 |
| | RETAINER INLAY METAL - 3 OR MORE | $185 | $195 | $200 | $250 |
| | RETAINER INLAY CAST METAL - 2 SURFACE | $175 | $185 | $185 | $235 |
| | RETAINER INLAY CAST METAL - 3 OR MORE | $195 | $200 | $210 | $250 |
| | RETAINER ONLAY CERAMIC - 2 SURFACE | $255 | $205 | $290 | $300 |
| | RETAINER ONLAY CERAMIC - 3 OR MORE | $260 | $210 | $250 | $320 |
| | RETAINER ONLAY HIGH NOBLE - 2 SURFACE | $200 | $215 | $260 | $275 |
| | RETAINER ONLAY HIGH NOBLE - 3 OR MORE | $235 | $245 | $245 | $305 |
| | RETAINER ONLAY BASE METAL - 2 SURFACE | $190 | $205 | $245 | $245 |
| | RETAINER ONLAY BASE METAL - 3 OR MORE | $230 | $240 | $240 | $295 |
| | RETAINER ONLAY CAST NOBLE - 2 SURFACE | $195 | $210 | $255 | $255 |
| | RETAINER ONLAY CAST NOBLE - 3 OR MORE | $230 | $240 | $240 | $260 |

$230 $255

| | | | | | |
|---|---|---|---|---|---|
| | RETAINER INLAY - TITANIUM | $170 | $180 | $180 | $230 |
| | RETAINER ONLAY - TITANIUM | $195 | $205 | $250 | $275 |
| | RETAINER CROWN - INDIRECT RESIN | $185 | $195 | $240 | $240 |
| | RETAINER CROWN - RESIN HIGH NOBLE | $255 | $275 | $300 | $375 |
| | RETAINER CROWN - RESIN BASE METAL | $200 | $205 | $250 | $290 |
| | RETAINER CROWN - RESIN NOBLE METAL | $220 | $225 | $270 | $310 |
| | RETAINER CROWN - PORCELAIN/CERAMIC | $285 | $275 | $330 | $390 |
| | RETAINER CROWN - PORC-HIGH NOBLE | $275 | $325 | $350 | $405 |
| | RETAINER CROWN - PORC-BASE METAL | $245 | $265 | $305 | $370 |
| | RETAINER CROWN - PORC-NOBLE METAL | $260 | $315 | $350 | $375 |
| | RETAINER CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS | $260 | $315 | $350 | $375 |
| | RETAINER CROWN - 3/4 CAST HIGH NOBLE | $260 | $280 | $300 | $380 |
| | RETAINER CROWN - 3/4 BASE METAL | $225 | $240 | $280 | $320 |
| | RETAINER CROWN - 3/4 NOBLE METAL | $245 | $250 | $285 | $325 |
| | RETAINER CROWN - 3/4 PORCELAIN | $270 | $280 | $310 | $365 |
| | RETAINER CROWN - 3/4 - TITANIUM AND TITANIUM ALLOYS | $245 | $250 | $285 | $325 |
| | RETAINER CROWN - FULL CAST HIGH | $255 | $270 | $295 | $340 |
| | RETAINER CROWN - FULL CAST BASE | $225 | $235 | $265 | $310 |
| | RETAINER CROWN - FULL CAST NOBLE | $235 | $255 | $285 | $325 |
| | RETAINER CROWN - TITANIUM | $240 | $260 | $285 | $325 |
| | CONNECTOR BAR | $165 | $190 | $215 | $245 |
| | RECEMENT BRIDGE | $30 | $35 | $35 | $45 |
| | BRIDGE REPAIR; BY REPORT | $45 | $45 | $50 | $60 |
| Oral and Maxillofacial Surgery | EXTRACT CORONAL REMNANTS | $25 | $30 | $35 | $40 |
| | EXTRACT ERUPT TOOTH/EXPOSED ROOT | $30 | $35 | $40 | $45 |
| | EXTRACT ERUPTED TOOTH - SURGICAL | $50 | $60 | $75 | $90 |
| | EXTRACT IMPACTED TOOTH SOFT TISS | $65 | $75 | $85 | $110 |
| | EXTRACT IMPACTED TOOTH PART BONY | $80 | $90 | $105 | $130 |
| | EXTRACT IMPACTED TOOTH COMP BONY | $105 | $120 | $140 | $155 |
| | EXT IMPACTED TOOTH BONY W/COMPL | $120 | $135 | $155 | $175 |
| | REMOVE RESIDUAL ROOT | $55 | $60 | $80 | $90 |
| | CORONECTOMY | $105 | $120 | $140 | $155 |
| | OROANTRAL FISTULA SURGERY | $185 | $195 | $220 | $245 |
| | PRIM. SINUS PERFORATION CLOSURE | $190 | $120 | $230 | $255 |
| | TOOTH REPLANTATION | $100 | $100 | $120 | $130 |
| | TOOTH TRANSPLANTATION | $95 | $105 | $115 | $130 |
| | UNERUPTED TOOTH ACCESS | $105 | $120 | $135 | $145 |
| | MOBILIZE TO AID ERUPTION | $95 | $50 | $115 | $130 |
| | CYTOLOGY SAMPLE | $20 | $20 | $25 | $25 |
| | BRUSH BIOPSY | $20 | $20 | $25 | $30 |
| | REPOSITION TEETH - SURGICAL | $105 | $105 | $120 | $135 |
| | TRANSEPTAL/SUPRA FIBEROTOMY | $30 | $30 | $35 | $40 |
| | ALVEOPLASTY - WITH EXTRACTIONS | $50 | $55 | $60 | $45 |
| | ALVEOPLASTY W/EXTRACTIONS 1-3 | $30 | $30 | $35 | $25 |
| | ALVEOPLASTY W/O EXTRACTION | $80 | $80 | $75 | $45 |
| | ALVEOPLASTY W/O EXTRACTION | $50 | $50 | $45 | $30 |
| | VESTIBULOPLASTY | $250 | $280 | $310 | $345 |
| | VESTIBULOPLASTY | $675 | $760 | $855 | $905 |
| | REMOVE ODONTOGENIC CYST/TUMOR | $95 | $95 | $115 | $135 |
| | REMOVE ODONTOGENIC CYST/TUMOR | $230 | $245 | $275 | $145 |
| | REMOVAL OF EXOSTOSIS | $140 | $150 | $170 | $190 |
| | REMOVE TORUS PALATINUS | $135 | $145 | $160 | $185 |
| | REMOVE TORUS MANDIBULARIS | $140 | $150 | $165 | $185 |
| | REDUCE OSSEOUS TUBEROSITY | $75 | $80 | $90 | $60 |
| | ABSCESS - INTRAORAL INCISION | $35 | $35 | $45 | $45 |
| | ABSCESS - INTRAORAL INCISION | $35 | $35 | $45 | $45 |
| | ABSCESS - EXTRAORAL INCISION | $65 | $70 | $75 | $85 |
| | ABSCESS - EXTRAORAL INCISION | $60 | $65 | $75 | $80 |
| | COLLECT - APPLY AUTOLOGOUS PRODUCT | $60 | $65 | $80 | $20 |

## COPAY SCHEDULE

| | | | | | |
|---|---|---|---|---|---|
| | BONE GRAFTS - MANDIBLE OR MAXILLA | $600 | $600 | $600 | $600 |
| | SINUS AUGMENTATION - LATERAL | $850 | $720 | $850 | $850 |
| | SINUS AUGMENTATION - VERTICAL | $850 | $720 | $850 | $850 |
| | BONE GRAFT | $75 | $100 | $145 | $85 |
| | BUCCAL / LABIAL FRENECTOMY | $75 | $80 | $95 | $115 |
| | LINGUAL FRENECTOMY | $75 | $80 | $95 | $115 |
| | FRENULOPLASTY | $70 | $80 | $90 | $110 |
| | EXCISION HYPERPLASTIC TISSUE | $90 | $95 | $55 | $65 |
| | EXCISE PERICORONAL GINGIVA | $35 | $40 | $45 | $55 |
| | REDUCE FIBROUS TUBEROSITY | $85 | $90 | $50 | $60 |
| Adjunctive General Services | REMOVABLE APPLIANCE THERAPY | $220 | $245 | $280 | $270 |
| | FIXED APPLIANCE THERAPY | $220 | $245 | $280 | $270 |
| | EMERGENCY RELIEF OF PAIN | $10 | $10 | $10 | $15 |
| | BRIDGE SECTIONING | $10 | $15 | $35 | $15 |
| | DEEP SEDATION/GEN ANES - 1ST 15 | $45 | $50 | $55 | $60 |
| | DEEP SEDATION/GENERAL ANES | $45 | $50 | $55 | $60 |
| | INTRAVENOUS SEDATION - 1ST 15 | $40 | $40 | $50 | $55 |
| | INTRAVENOUS SEDATION | $40 | $40 | $50 | $55 |
| | CONSULTATION | $25 | $30 | $35 | $30 |
| | CONSULT W/MEDICAL PROFESSIONAL | $15 | $15 | $20 | $15 |
| | INJECT DRUG - THERAPEUTIC | $15 | $15 | $15 | $15 |
| | MULTIPLE THERAPEUTIC DRUGS | $25 | $25 | $30 | $25 |
| | INFL SUSTAINED THERAPEUTIC DRUG | $15 | $15 | $15 | $15 |
| | APPLY DESENSITIZING MEDICINE | $10 | $10 | $15 | $15 |
| | DESENSITIZING RESIN | $10 | $10 | $15 | $15 |
| | POST-SURGICAL COMPLICATIONS | $20 | $20 | $25 | $25 |
| | CLEAN INSPECT COMPLETE UPPER | $25 | $25 | $25 | $30 |
| | CLEAN INSPECT COMPLETE LOWER | $25 | $25 | $25 | $30 |
| | CLEAN INSPECT PARTIAL UPPER | $25 | $25 | $25 | $30 |
| | CLEAN INSPECT PARTIAL LOWER | $25 | $25 | $25 | $30 |
| | ADJUST OCCLUSION - LIMITED | $20 | $20 | $25 | $30 |
| | ADJUST OCCLUSION - COMPLETE | $100 | $105 | $75 | $140 |

## COPAY SCHEDULE

The Copay amounts vary depending on the geographic location of where the Covered Dental Expense is performed. In order to determine what Copay amount will apply, the following is a listing of the geographic locations that are included within each area.

| State | Zip | Area | State | Zip | Area | State | Zip | Area | State | Zip | Area |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Alabama | 350 | 1 | Alabama | 351 | 1 | Alabama | 352 | 1 | Alabama | 354 | 1 |
| Alabama | 355 | 1 | Alabama | 356 | 1 | Alabama | 357 | 1 | Alabama | 358 | 1 |
| Alabama | 359 | 1 | Alabama | 360 | 1 | Alabama | 361 | 1 | Alabama | 362 | 1 |
| Alabama | 363 | 1 | Alabama | 364 | 1 | Alabama | 365 | 1 | Alabama | 366 | 1 |
| Alabama | 367 | 1 | Alabama | 368 | 1 | Alabama | 369 | 1 | Alaska | 995 | 4 |
| Alaska | 996 | 4 | Alaska | 997 | 4 | Alaska | 998 | 4 | Alaska | 999 | 4 |
| Arizona | 850 | 2 | Arizona | 851 | 2 | Arizona | 852 | 2 | Arizona | 853 | 2 |
| Arizona | 855 | 2 | Arizona | 856 | 2 | Arizona | 857 | 1 | Arizona | 859 | 2 |
| Arizona | 860 | 2 | Arizona | 863 | 2 | Arizona | 864 | 2 | Arizona | 865 | 2 |
| Arkansas | 716 | 1 | Arkansas | 717 | 1 | Arkansas | 718 | 2 | Arkansas | 719 | 1 |
| Arkansas | 720 | 1 | Arkansas | 721 | 2 | Arkansas | 722 | 1 | Arkansas | 723 | 1 |
| Arkansas | 724 | 1 | Arkansas | 725 | 1 | Arkansas | 726 | 1 | Arkansas | 727 | 2 |
| Arkansas | 728 | 1 | Arkansas | 729 | 1 | California | 900 | 2 | California | 901 | 2 |
| California | 902 | 2 | California | 903 | 3 | California | 904 | 3 | California | 905 | 2 |
| California | 906 | 2 | California | 907 | 2 | California | 908 | 2 | California | 910 | 3 |
| California | 911 | 3 | California | 912 | 2 | California | 913 | 2 | California | 914 | 2 |
| California | 915 | 2 | California | 916 | 2 | California | 917 | 2 | California | 918 | 2 |
| California | 919 | 2 | California | 920 | 2 | California | 921 | 2 | California | 922 | 2 |
| California | 923 | 2 | California | 924 | 2 | California | 925 | 2 | California | 926 | 2 |
| California | 927 | 2 | California | 928 | 2 | California | 930 | 3 | California | 931 | 4 |
| California | 932 | 3 | California | 933 | 3 | California | 934 | 3 | California | 935 | 3 |
| California | 936 | 2 | California | 937 | 3 | California | 938 | 2 | California | 939 | 3 |
| California | 940 | 4 | California | 941 | 4 | California | 942 | 4 | California | 943 | 4 |
| California | 944 | 4 | California | 945 | 3 | California | 946 | 3 | California | 947 | 4 |
| California | 948 | 3 | California | 949 | 4 | California | 950 | 3 | California | 951 | 4 |
| California | 952 | 3 | California | 953 | 2 | California | 954 | 3 | California | 955 | 4 |
| California | 956 | 3 | California | 957 | 3 | California | 958 | 3 | California | 959 | 3 |
| California | 960 | 3 | California | 961 | 3 | Colorado | 800 | 2 | Colorado | 801 | 2 |
| Colorado | 802 | 2 | Colorado | 803 | 2 | Colorado | 804 | 2 | Colorado | 805 | 2 |
| Colorado | 806 | 2 | Colorado | 807 | 2 | Colorado | 808 | 2 | Colorado | 809 | 2 |
| Colorado | 810 | 2 | Colorado | 811 | 2 | Colorado | 812 | 2 | Colorado | 813 | 2 |
| Colorado | 814 | 2 | Colorado | 815 | 2 | Colorado | 816 | 4 | Connecticut | 060 | 3 |
| Connecticut | 061 | 3 | Connecticut | 062 | 4 | Connecticut | 063 | 3 | Connecticut | 064 | 4 |
| Connecticut | 065 | 4 | Connecticut | 066 | 3 | Connecticut | 067 | 3 | Connecticut | 068 | 3 |
| Connecticut | 069 | 4 | D.C. | 200 | 3 | D.C. | 202 | 2 | D.C. | 203 | 2 |
| D.C. | 204 | 2 | D.C. | 205 | 2 | Delaware | 197 | 4 | Delaware | 198 | 4 |
| Delaware | 199 | 4 | Florida | 320 | 1 | Florida | 321 | 1 | Florida | 322 | 1 |
| Florida | 323 | 1 | Florida | 324 | 1 | Florida | 325 | 1 | Florida | 326 | 2 |
| Florida | 327 | 1 | Florida | 328 | 1 | Florida | 329 | 2 | Florida | 330 | 2 |
| Florida | 331 | 2 | Florida | 332 | 2 | Florida | 333 | 1 | Florida | 334 | 2 |
| Florida | 335 | 1 | Florida | 336 | 1 | Florida | 337 | 1 | Florida | 338 | 2 |
| Florida | 339 | 2 | Florida | 341 | 2 | Florida | 342 | 2 | Florida | 344 | 2 |
| Florida | 346 | 1 | Florida | 347 | 1 | Florida | 349 | 2 | Georgia | 300 | 2 |
| Georgia | 301 | 2 | Georgia | 302 | 2 | Georgia | 303 | 2 | Georgia | 304 | 2 |
| Georgia | 305 | 2 | Georgia | 306 | 2 | Georgia | 307 | 1 | Georgia | 308 | 1 |
| Georgia | 309 | 1 | Georgia | 310 | 2 | Georgia | 311 | 2 | Georgia | 312 | 1 |
| Georgia | 313 | 2 | Georgia | 314 | 2 | Georgia | 315 | 2 | Georgia | 316 | 2 |

## COPAY SCHEDULE

| State | Zip | Area | State | Zip | Area | State | Zip | Area | State | Zip | Area |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Georgia | 317 | 2 | Georgia | 318 | 2 | Georgia | 319 | 2 | Georgia | 398 | 2 |
| Guam | 969 | 4 | Hawaii | 967 | 2 | Hawaii | 968 | 2 | Idaho | 832 | 2 |
| Idaho | 833 | 2 | Idaho | 834 | 2 | Idaho | 835 | 2 | Idaho | 836 | 2 |
| Idaho | 837 | 2 | Idaho | 838 | 2 | Illinois | 600 | 1 | Illinois | 601 | 2 |
| Illinois | 602 | 2 | Illinois | 603 | 2 | Illinois | 604 | 2 | Illinois | 605 | 2 |
| Illinois | 606 | 2 | Illinois | 607 | 2 | Illinois | 608 | 2 | Illinois | 609 | 1 |
| Illinois | 610 | 1 | Illinois | 611 | 1 | Illinois | 612 | 1 | Illinois | 613 | 1 |
| Illinois | 614 | 1 | Illinois | 615 | 1 | Illinois | 616 | 1 | Illinois | 617 | 1 |
| Illinois | 618 | 1 | Illinois | 619 | 1 | Illinois | 620 | 1 | Illinois | 622 | 1 |
| Illinois | 623 | 2 | Illinois | 624 | 1 | Illinois | 625 | 1 | Illinois | 626 | 1 |
| Illinois | 627 | 1 | Illinois | 628 | 1 | Illinois | 629 | 1 | Indiana | 460 | 1 |
| Indiana | 461 | 1 | Indiana | 462 | 1 | Indiana | 463 | 1 | Indiana | 464 | 1 |
| Indiana | 465 | 1 | Indiana | 466 | 2 | Indiana | 467 | 2 | Indiana | 468 | 2 |
| Indiana | 469 | 1 | Indiana | 470 | 2 | Indiana | 471 | 1 | Indiana | 472 | 1 |
| Indiana | 473 | 1 | Indiana | 474 | 1 | Indiana | 475 | 1 | Indiana | 476 | 1 |
| Indiana | 477 | 1 | Indiana | 478 | 1 | Indiana | 479 | 2 | Iowa | 500 | 1 |
| Iowa | 501 | 1 | Iowa | 502 | 2 | Iowa | 503 | 2 | Iowa | 504 | 2 |
| Iowa | 505 | 2 | Iowa | 506 | 1 | Iowa | 507 | 1 | Iowa | 508 | 1 |
| Iowa | 509 | 1 | Iowa | 510 | 3 | Iowa | 511 | 3 | Iowa | 512 | 1 |
| Iowa | 513 | 1 | Iowa | 514 | 1 | Iowa | 515 | 1 | Iowa | 516 | 2 |
| Iowa | 520 | 1 | Iowa | 521 | 1 | Iowa | 522 | 2 | Iowa | 523 | 1 |
| Iowa | 524 | 1 | Iowa | 525 | 1 | Iowa | 526 | 1 | Iowa | 527 | 1 |
| Iowa | 528 | 1 | Kansas | 660 | 2 | Kansas | 661 | 1 | Kansas | 662 | 2 |
| Kansas | 664 | 2 | Kansas | 665 | 2 | Kansas | 666 | 2 | Kansas | 667 | 1 |
| Kansas | 668 | 1 | Kansas | 669 | 1 | Kansas | 670 | 2 | Kansas | 671 | 1 |
| Kansas | 672 | 2 | Kansas | 673 | 1 | Kansas | 674 | 1 | Kansas | 675 | 1 |
| Kansas | 676 | 1 | Kansas | 677 | 1 | Kansas | 678 | 2 | Kansas | 679 | 1 |
| Kentucky | 400 | 1 | Kentucky | 401 | 1 | Kentucky | 402 | 1 | Kentucky | 403 | 1 |
| Kentucky | 404 | 1 | Kentucky | 405 | 1 | Kentucky | 406 | 1 | Kentucky | 407 | 1 |
| Kentucky | 408 | 1 | Kentucky | 409 | 1 | Kentucky | 410 | 1 | Kentucky | 411 | 1 |
| Kentucky | 412 | 1 | Kentucky | 413 | 1 | Kentucky | 414 | 1 | Kentucky | 415 | 2 |
| Kentucky | 416 | 1 | Kentucky | 417 | 1 | Kentucky | 418 | 1 | Kentucky | 420 | 2 |
| Kentucky | 421 | 1 | Kentucky | 422 | 1 | Kentucky | 423 | 1 | Kentucky | 424 | 1 |
| Kentucky | 425 | 1 | Kentucky | 426 | 1 | Kentucky | 427 | 1 | Louisiana | 700 | 1 |
| Louisiana | 701 | 1 | Louisiana | 703 | 1 | Louisiana | 704 | 1 | Louisiana | 705 | 1 |
| Louisiana | 706 | 1 | Louisiana | 707 | 1 | Louisiana | 708 | 1 | Louisiana | 710 | 1 |
| Louisiana | 711 | 1 | Louisiana | 712 | 1 | Louisiana | 713 | 1 | Louisiana | 714 | 1 |
| Maine | 039 | 4 | Maine | 040 | 4 | Maine | 041 | 4 | Maine | 042 | 4 |
| Maine | 043 | 4 | Maine | 044 | 3 | Maine | 045 | 4 | Maine | 046 | 3 |
| Maine | 047 | 3 | Maine | 048 | 4 | Maine | 049 | 4 | Maryland | 206 | 1 |
| Maryland | 207 | 2 | Maryland | 208 | 2 | Maryland | 209 | 2 | Maryland | 210 | 2 |
| Maryland | 211 | 2 | Maryland | 212 | 1 | Maryland | 214 | 2 | Maryland | 215 | 1 |
| Maryland | 216 | 1 | Maryland | 217 | 1 | Maryland | 218 | 1 | Maryland | 219 | 2 |
| Massachusetts | 010 | 2 | Massachusetts | 011 | 3 | Massachusetts | 012 | 2 | Massachusetts | 013 | 2 |
| Massachusetts | 014 | 3 | Massachusetts | 015 | 3 | Massachusetts | 016 | 3 | Massachusetts | 017 | 3 |
| Massachusetts | 018 | 3 | Massachusetts | 019 | 3 | Massachusetts | 020 | 3 | Massachusetts | 021 | 3 |
| Massachusetts | 022 | 3 | Massachusetts | 023 | 3 | Massachusetts | 024 | 3 | Massachusetts | 025 | 3 |
| Massachusetts | 026 | 2 | Massachusetts | 027 | 2 | Michigan | 480 | 2 | Michigan | 481 | 2 |
| Michigan | 482 | 2 | Michigan | 483 | 2 | Michigan | 484 | 2 | Michigan | 485 | 2 |
| Michigan | 486 | 1 | Michigan | 487 | 1 | Michigan | 488 | 2 | Michigan | 489 | 2 |
| Michigan | 490 | 2 | Michigan | 491 | 2 | Michigan | 492 | 2 | Michigan | 493 | 2 |

## COPAY SCHEDULE

| State | Zip | Area | State | Zip | Area | State | Zip | Area | State | Zip | Area |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Michigan | 494 | 2 | Michigan | 495 | 2 | Michigan | 496 | 2 | Michigan | 497 | 2 |
| Michigan | 498 | 3 | Michigan | 499 | 2 | Minnesota | 550 | 3 | Minnesota | 551 | 3 |
| Minnesota | 553 | 3 | Minnesota | 554 | 3 | Minnesota | 555 | 2 | Minnesota | 556 | 2 |
| Minnesota | 557 | 2 | Minnesota | 558 | 2 | Minnesota | 559 | 2 | Minnesota | 560 | 2 |
| Minnesota | 561 | 1 | Minnesota | 562 | 1 | Minnesota | 563 | 2 | Minnesota | 564 | 2 |
| Minnesota | 565 | 2 | Minnesota | 566 | 1 | Minnesota | 567 | 1 | Mississippi | 386 | 1 |
| Mississippi | 387 | 1 | Mississippi | 388 | 1 | Mississippi | 389 | 1 | Mississippi | 390 | 1 |
| Mississippi | 391 | 2 | Mississippi | 392 | 1 | Mississippi | 393 | 1 | Mississippi | 394 | 1 |
| Mississippi | 395 | 1 | Mississippi | 396 | 2 | Mississippi | 397 | 2 | Missouri | 630 | 2 |
| Missouri | 631 | 2 | Missouri | 632 | 1 | Missouri | 633 | 1 | Missouri | 634 | 2 |
| Missouri | 635 | 1 | Missouri | 636 | 1 | Missouri | 637 | 1 | Missouri | 638 | 1 |
| Missouri | 639 | 1 | Missouri | 640 | 1 | Missouri | 641 | 1 | Missouri | 644 | 1 |
| Missouri | 645 | 1 | Missouri | 646 | 1 | Missouri | 647 | 1 | Missouri | 648 | 1 |
| Missouri | 649 | 1 | Missouri | 650 | 1 | Missouri | 651 | 1 | Missouri | 652 | 2 |
| Missouri | 653 | 1 | Missouri | 654 | 1 | Missouri | 655 | 1 | Missouri | 656 | 1 |
| Missouri | 657 | 1 | Missouri | 658 | 2 | Montana | 590 | 2 | Montana | 591 | 2 |
| Montana | 592 | 2 | Montana | 593 | 2 | Montana | 594 | 2 | Montana | 595 | 3 |
| Montana | 596 | 3 | Montana | 597 | 3 | Montana | 598 | 3 | Montana | 599 | 2 |
| Nebraska | 680 | 1 | Nebraska | 681 | 1 | Nebraska | 683 | 1 | Nebraska | 684 | 1 |
| Nebraska | 685 | 1 | Nebraska | 686 | 1 | Nebraska | 687 | 1 | Nebraska | 688 | 1 |
| Nebraska | 689 | 1 | Nebraska | 690 | 1 | Nebraska | 691 | 1 | Nebraska | 692 | 1 |
| Nebraska | 693 | 1 | Nevada | 889 | 2 | Nevada | 890 | 2 | Nevada | 891 | 2 |
| Nevada | 893 | 3 | Nevada | 894 | 4 | Nevada | 895 | 4 | Nevada | 897 | 4 |
| Nevada | 898 | 4 | New Hampshire | 030 | 4 | New Hampshire | 031 | 4 | New Hampshire | 032 | 4 |
| New Hampshire | 033 | 4 | New Hampshire | 034 | 4 | New Hampshire | 035 | 4 | New Hampshire | 036 | 4 |
| New Hampshire | 037 | 4 | New Hampshire | 038 | 4 | New Jersey | 070 | 2 | New Jersey | 071 | 2 |
| New Jersey | 072 | 2 | New Jersey | 073 | 2 | New Jersey | 074 | 3 | New Jersey | 075 | 3 |
| New Jersey | 076 | 3 | New Jersey | 077 | 2 | New Jersey | 078 | 3 | New Jersey | 079 | 3 |
| New Jersey | 080 | 2 | New Jersey | 081 | 2 | New Jersey | 082 | 2 | New Jersey | 083 | 2 |
| New Jersey | 084 | 2 | New Jersey | 085 | 2 | New Jersey | 086 | 2 | New Jersey | 087 | 2 |
| New Jersey | 088 | 3 | New Jersey | 089 | 3 | New Mexico | 870 | 3 | New Mexico | 871 | 2 |
| New Mexico | 872 | 2 | New Mexico | 873 | 3 | New Mexico | 874 | 3 | New Mexico | 875 | 2 |
| New Mexico | 877 | 2 | New Mexico | 878 | 3 | New Mexico | 879 | 2 | New Mexico | 880 | 2 |
| New Mexico | 881 | 2 | New Mexico | 882 | 2 | New Mexico | 883 | 2 | New Mexico | 884 | 2 |
| New York | 100 | 3 | New York | 101 | 3 | New York | 102 | 3 | New York | 103 | 2 |
| New York | 104 | 1 | New York | 105 | 3 | New York | 106 | 3 | New York | 107 | 3 |
| New York | 108 | 3 | New York | 109 | 2 | New York | 110 | 2 | New York | 111 | 2 |
| New York | 112 | 2 | New York | 113 | 2 | New York | 114 | 2 | New York | 115 | 2 |
| New York | 116 | 2 | New York | 117 | 2 | New York | 118 | 2 | New York | 119 | 2 |
| New York | 120 | 1 | New York | 121 | 1 | New York | 122 | 1 | New York | 123 | 1 |
| New York | 124 | 1 | New York | 125 | 1 | New York | 126 | 1 | New York | 127 | 2 |
| New York | 128 | 2 | New York | 129 | 2 | New York | 130 | 2 | New York | 131 | 2 |
| New York | 132 | 2 | New York | 133 | 2 | New York | 134 | 2 | New York | 135 | 2 |
| New York | 136 | 2 | New York | 137 | 2 | New York | 138 | 2 | New York | 139 | 2 |
| New York | 140 | 1 | New York | 141 | 1 | New York | 142 | 1 | New York | 143 | 1 |
| New York | 144 | 2 | New York | 145 | 2 | New York | 146 | 2 | New York | 147 | 1 |
| New York | 148 | 1 | New York | 149 | 1 | North Carolina | 270 | 2 | North Carolina | 271 | 3 |

## COPAY SCHEDULE

| State | Zip | Area | State | Zip | Area | State | Zip | Area | State | Zip | Area |
|---|---|---|---|---|---|---|---|---|---|---|---|
| North Carolina | 272 | 3 | North Carolina | 273 | 3 | North Carolina | 274 | 3 | North Carolina | 275 | 3 |
| North Carolina | 276 | 3 | North Carolina | 277 | 3 | North Carolina | 278 | 3 | North Carolina | 279 | 3 |
| North Carolina | 280 | 3 | North Carolina | 281 | 3 | North Carolina | 282 | 3 | North Carolina | 283 | 2 |
| North Carolina | 284 | 3 | North Carolina | 285 | 2 | North Carolina | 286 | 2 | North Carolina | 287 | 3 |
| North Carolina | 288 | 3 | North Carolina | 289 | 3 | North Dakota | 580 | 3 | North Dakota | 581 | 3 |
| North Dakota | 582 | 2 | North Dakota | 583 | 2 | North Dakota | 584 | 3 | North Dakota | 585 | 2 |
| North Dakota | 586 | 2 | North Dakota | 587 | 2 | North Dakota | 588 | 2 | Ohio | 430 | 1 |
| Ohio | 431 | 1 | Ohio | 432 | 1 | Ohio | 433 | 1 | Ohio | 434 | 1 |
| Ohio | 435 | 1 | Ohio | 436 | 1 | Ohio | 437 | 1 | Ohio | 438 | 1 |
| Ohio | 439 | 1 | Ohio | 440 | 1 | Ohio | 441 | 1 | Ohio | 442 | 1 |
| Ohio | 443 | 1 | Ohio | 444 | 1 | Ohio | 445 | 1 | Ohio | 446 | 1 |
| Ohio | 447 | 1 | Ohio | 448 | 1 | Ohio | 449 | 1 | Ohio | 450 | 1 |
| Ohio | 451 | 2 | Ohio | 452 | 1 | Ohio | 453 | 1 | Ohio | 454 | 1 |
| Ohio | 455 | 1 | Ohio | 456 | 1 | Ohio | 457 | 2 | Ohio | 458 | 2 |
| Ohio | 459 | 1 | Oklahoma | 730 | 1 | Oklahoma | 731 | 1 | Oklahoma | 733 | 1 |
| Oklahoma | 734 | 1 | Oklahoma | 735 | 2 | Oklahoma | 736 | 1 | Oklahoma | 737 | 1 |
| Oklahoma | 738 | 1 | Oklahoma | 739 | 1 | Oklahoma | 740 | 1 | Oklahoma | 741 | 1 |
| Oklahoma | 743 | 1 | Oklahoma | 744 | 1 | Oklahoma | 745 | 1 | Oklahoma | 746 | 1 |
| Oklahoma | 747 | 1 | Oklahoma | 748 | 1 | Oklahoma | 749 | 1 | Oregon | 970 | 3 |
| Oregon | 971 | 3 | Oregon | 972 | 3 | Oregon | 973 | 3 | Oregon | 974 | 3 |
| Oregon | 975 | 3 | Oregon | 976 | 3 | Oregon | 977 | 3 | Oregon | 978 | 3 |
| Oregon | 979 | 3 | Pennsylvania | 150 | 1 | Pennsylvania | 151 | 1 | Pennsylvania | 152 | 1 |
| Pennsylvania | 153 | 1 | Pennsylvania | 154 | 1 | Pennsylvania | 155 | 1 | Pennsylvania | 156 | 1 |
| Pennsylvania | 157 | 1 | Pennsylvania | 158 | 1 | Pennsylvania | 159 | 1 | Pennsylvania | 160 | 1 |
| Pennsylvania | 161 | 1 | Pennsylvania | 162 | 1 | Pennsylvania | 163 | 1 | Pennsylvania | 164 | 1 |
| Pennsylvania | 165 | 1 | Pennsylvania | 166 | 1 | Pennsylvania | 167 | 1 | Pennsylvania | 168 | 1 |
| Pennsylvania | 169 | 2 | Pennsylvania | 170 | 1 | Pennsylvania | 171 | 1 | Pennsylvania | 172 | 1 |
| Pennsylvania | 173 | 1 | Pennsylvania | 174 | 1 | Pennsylvania | 175 | 2 | Pennsylvania | 176 | 2 |
| Pennsylvania | 177 | 2 | Pennsylvania | 178 | 2 | Pennsylvania | 179 | 2 | Pennsylvania | 180 | 1 |
| Pennsylvania | 181 | 2 | Pennsylvania | 182 | 1 | Pennsylvania | 183 | 1 | Pennsylvania | 184 | 1 |
| Pennsylvania | 185 | 1 | Pennsylvania | 186 | 1 | Pennsylvania | 187 | 1 | Pennsylvania | 188 | 1 |
| Pennsylvania | 189 | 2 | Pennsylvania | 190 | 1 | Pennsylvania | 191 | 1 | Pennsylvania | 192 | 1 |
| Pennsylvania | 193 | 2 | Pennsylvania | 194 | 2 | Pennsylvania | 195 | 2 | Pennsylvania | 196 | 2 |
| Puerto Rico | 006 | 1 | Puerto Rico | 007 | 1 | Puerto Rico | 009 | 1 | Rhode Island | 028 | 3 |
| Rhode Island | 029 | 3 | South Carolina | 290 | 2 | South Carolina | 291 | 2 | South Carolina | 292 | 2 |
| South Carolina | 293 | 2 | South Carolina | 294 | 2 | South Carolina | 295 | 2 | South Carolina | 296 | 2 |

## COPAY SCHEDULE

| State | Zip | Area | State | Zip | Area | State | Zip | Area | State | Zip | Area |
|---|---|---|---|---|---|---|---|---|---|---|---|
| South Carolina | 297 | 2 | South Carolina | 298 | 2 | South Carolina | 299 | 2 | South Dakota | 570 | 2 |
| South Dakota | 571 | 3 | South Dakota | 572 | 3 | South Dakota | 573 | 2 | South Dakota | 574 | 2 |
| South Dakota | 575 | 2 | South Dakota | 576 | 2 | South Dakota | 577 | 2 | Tennessee | 370 | 1 |
| Tennessee | 371 | 1 | Tennessee | 372 | 1 | Tennessee | 373 | 2 | Tennessee | 374 | 1 |
| Tennessee | 375 | 1 | Tennessee | 376 | 2 | Tennessee | 377 | 2 | Tennessee | 378 | 1 |
| Tennessee | 379 | 1 | Tennessee | 380 | 1 | Tennessee | 381 | 1 | Tennessee | 382 | 1 |
| Tennessee | 383 | 1 | Tennessee | 384 | 1 | Tennessee | 385 | 1 | Texas | 750 | 1 |
| Texas | 751 | 1 | Texas | 752 | 1 | Texas | 753 | 1 | Texas | 754 | 2 |
| Texas | 755 | 1 | Texas | 756 | 1 | Texas | 757 | 1 | Texas | 758 | 1 |
| Texas | 759 | 1 | Texas | 760 | 1 | Texas | 761 | 1 | Texas | 762 | 1 |
| Texas | 763 | 1 | Texas | 764 | 1 | Texas | 765 | 1 | Texas | 766 | 1 |
| Texas | 767 | 1 | Texas | 768 | 1 | Texas | 769 | 1 | Texas | 770 | 1 |
| Texas | 771 | 1 | Texas | 772 | 1 | Texas | 773 | 1 | Texas | 774 | 1 |
| Texas | 775 | 1 | Texas | 776 | 1 | Texas | 777 | 1 | Texas | 778 | 1 |
| Texas | 779 | 1 | Texas | 780 | 1 | Texas | 781 | 1 | Texas | 782 | 1 |
| Texas | 783 | 2 | Texas | 784 | 2 | Texas | 785 | 1 | Texas | 786 | 1 |
| Texas | 787 | 1 | Texas | 788 | 1 | Texas | 789 | 1 | Texas | 790 | 1 |
| Texas | 791 | 1 | Texas | 792 | 1 | Texas | 793 | 1 | Texas | 794 | 1 |
| Texas | 795 | 1 | Texas | 796 | 1 | Texas | 797 | 1 | Texas | 798 | 1 |
| Texas | 799 | 1 | Texas | 885 | 2 | Utah | 840 | 1 | Utah | 841 | 1 |
| Utah | 842 | 1 | Utah | 843 | 1 | Utah | 844 | 1 | Utah | 845 | 1 |
| Utah | 846 | 1 | Utah | 847 | 1 | Vermont | 050 | 4 | Vermont | 051 | 4 |
| Vermont | 052 | 3 | Vermont | 053 | 3 | Vermont | 054 | 3 | Vermont | 056 | 3 |
| Vermont | 057 | 3 | Vermont | 058 | 3 | Vermont | 059 | 3 | Virgin Islands | 008 | 2 |
| Virginia | 201 | 2 | Virginia | 220 | 2 | Virginia | 221 | 2 | Virginia | 222 | 2 |
| Virginia | 223 | 2 | Virginia | 224 | 1 | Virginia | 225 | 1 | Virginia | 226 | 2 |
| Virginia | 227 | 1 | Virginia | 228 | 2 | Virginia | 229 | 2 | Virginia | 230 | 1 |
| Virginia | 231 | 1 | Virginia | 232 | 1 | Virginia | 233 | 1 | Virginia | 234 | 2 |
| Virginia | 235 | 2 | Virginia | 236 | 2 | Virginia | 237 | 2 | Virginia | 238 | 1 |
| Virginia | 239 | 1 | Virginia | 240 | 2 | Virginia | 241 | 1 | Virginia | 242 | 1 |
| Virginia | 243 | 1 | Virginia | 244 | 1 | Virginia | 245 | 2 | Virginia | 246 | 1 |
| Washington | 980 | 4 | Washington | 981 | 4 | Washington | 982 | 4 | Washington | 983 | 3 |
| Washington | 984 | 3 | Washington | 985 | 3 | Washington | 986 | 3 | Washington | 988 | 3 |
| Washington | 989 | 3 | Washington | 990 | 3 | Washington | 991 | 3 | Washington | 992 | 3 |
| Washington | 993 | 4 | Washington | 994 | 3 | West Virginia | 247 | 1 | West Virginia | 248 | 1 |
| West Virginia | 249 | 2 | West Virginia | 250 | 1 | West Virginia | 251 | 1 | West Virginia | 252 | 1 |
| West Virginia | 253 | 1 | West Virginia | 254 | 3 | West Virginia | 255 | 1 | West Virginia | 256 | 1 |
| West Virginia | 257 | 1 | West Virginia | 258 | 2 | West Virginia | 259 | 2 | West Virginia | 260 | 1 |
| West Virginia | 261 | 2 | West Virginia | 262 | 1 | West Virginia | 263 | 1 | West Virginia | 264 | 1 |
| West Virginia | 265 | 1 | West Virginia | 266 | 1 | West Virginia | 267 | 1 | West Virginia | 268 | 1 |
| Wisconsin | 530 | 2 | Wisconsin | 531 | 3 | Wisconsin | 532 | 3 | Wisconsin | 534 | 2 |
| Wisconsin | 535 | 3 | Wisconsin | 537 | 4 | Wisconsin | 538 | 1 | Wisconsin | 539 | 1 |
| Wisconsin | 540 | 1 | Wisconsin | 541 | 2 | Wisconsin | 542 | 2 | Wisconsin | 543 | 4 |

## COPAY SCHEDULE

| State | Zip | Area | State | Zip | Area | State | Zip | Area | State | Zip | Area |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Wisconsin | 544 | 2 | Wisconsin | 545 | 2 | Wisconsin | 546 | 2 | Wisconsin | 547 | 2 |
| Wisconsin | 548 | 1 | Wisconsin | 549 | 2 | Wyoming | 820 | 2 | Wyoming | 821 | 1 |
| Wyoming | 822 | 1 | Wyoming | 823 | 1 | Wyoming | 824 | 1 | Wyoming | 825 | 2 |
| Wyoming | 826 | 2 | Wyoming | 827 | 1 | Wyoming | 828 | 1 | Wyoming | 829 | 2 |
| Wyoming | 830 | 1 | Wyoming | 831 | 1 | | | | | | |

**This rider is to be attached to and made part of the certificate.**

**THE PRECEDING PAGE IS THE END OF THE CERTIFICATE.**
**THE FOLLOWING IS ADDITIONAL INFORMATION.**

MetLife

Delaware American Life Insurance Company
MetLife Health Plans, Inc.
MetLife Legal Plans, Inc.
MetLife Legal Plans of Florida, Inc.
Metropolitan General Insurance Company
Metropolitan Life Insurance Company
Metropolitan Tower Life Insurance Company
SafeGuard Health Plans, Inc.
SafeHealth Life Insurance Company

## Our Privacy Notice

We know that you buy our products and services because you trust us. This notice explains how we protect your privacy and treat your personal information. It applies to current and former customers. "Personal information" as used here means anything we know about you personally.

### SECTION 1: Plan Sponsors and Group Insurance Contract Holders

This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, group insurance or annuity contract, or as an executive benefit. In this notice, "you" refers to these individuals.

### SECTION 2: Protecting Your Information

We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

### SECTION 3: Collecting Your Information

We typically collect your name, address, age, and other relevant information. We may also collect information about any business you have with us, our affiliates, or other companies. Our affiliates include life insurers, a legal plans company and a securities broker-dealer. In the future, we may also have affiliates in other businesses.

### SECTION 4: How We Get Your Information

We get your personal information mostly from you. We may also use outside sources to help ensure our records are correct and complete. These sources may include consumer reporting agencies, employers, other financial institutions, adult relatives, and others. These sources may give us reports or share what they know with others. We don't control the accuracy of information outside sources give us. If you want to make any changes to information we receive from others about you, you must contact those sources.

We may ask for medical information. The Authorization that you sign when you request insurance permits these sources to tell us about you. We may also, at our expense:

- Ask for a medical exam
- Ask for blood and urine tests
- Ask health care providers to give us health data, including information about alcohol or drug abuse

We may also ask a consumer reporting agency for a "consumer report" about you (or anyone else to be insured). Consumer reports may tell us about a lot of things, including information about:

- Reputation
- Driving record
- Finances
- Work and work history
- Hobbies and dangerous activities

The information may be kept by the consumer reporting agency and later given to others as permitted by law. The agency will give you a copy of the report it provides to us, if you ask the agency and can provide adequate identification. If you write to us and we have asked for a consumer report about you, we will tell you so and give you the name, address and phone number of the consumer reporting agency.

Another source of information is MIB, Inc. ("MIB"). It is a not-for-profit membership organization of insurance companies which operates an information exchange on behalf of its Members. We, or our reinsurers, may make a brief report to MIB. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted, MIB, upon request, will supply such company with the information in its file. Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901. If you question the accuracy of information in MIB's

file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. You may do so by writing to MIB, Inc., 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734 or go to MIB website at www.mib.com.

**SECTION 5: Using Your Information**

We collect your personal information to help us decide if you're eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

- administer your products and services
- perform business research
- market new products to you
- comply with applicable laws
- process claims and other transactions
- confirm or correct your information
- help us run our business

**SECTION 6: Sharing Your Information With Others**

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. We may share your personal information without your consent if permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

- doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
- telling another company what we know about you if we are selling or merging any part of our business
- giving information to a governmental agency so it can decide if you are eligible for public benefits
- giving your information to someone with a legal interest in your assets (for example, a creditor with a lien on your account)
- giving your information to your health care provider
- having a peer review organization evaluate your information, if you have health coverage with us
- those listed in our "Using Your Information" section above

**SECTION 7: HIPAA**

We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. The Health Insurance Portability and Accountability Act ("HIPAA") protects your information if you request or purchase dental, vision, long-term care and/or medical insurance from us. HIPAA limits our ability to use and disclose the information that we obtain as a result of your request or purchase of insurance. Information about your rights under HIPAA will be provided to you with any dental, vision, long-term care or medical coverage issued to you.

You may obtain a copy of our HIPAA Privacy Notice by visiting our website at www.MetLife.com. For additional information about your rights under HIPAA; or to have a HIPAA Privacy Notice mailed to you, contact us at HIPAAprivacyAmericasUS@metlife.com, or call us at telephone number (212) 578-0299.

**SECTION 8: Accessing and Correcting Your Information**

You may ask us for a copy of the personal information we have about you. We will provide it as long as it is reasonably locatable and retrievable. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you privileged information relating to a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing, and we will include your statement whenever we give your disputed information to anyone outside MetLife.

**SECTION 9: Questions**

We want you to understand how we protect your privacy. If you have any questions or want more information about this notice, please contact us. A detailed notice shall be furnished to you upon request. When you write, include your name, address, and policy or account number.

**Send privacy questions to**:

MetLife Privacy Office
P. O. Box 489
Warwick, RI 02887-9954
privacy@metlife.com

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of the MetLife companies listed at the top of the first page.

# HIPAA Notice of Privacy Practices for Protected Health Information

## THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

## PLEASE REVIEW IT CAREFULLY.

Dear MetLife Customer:

This is your Health Information Privacy Notice from Metropolitan Life Insurance Company or a member of the MetLife, Inc. family of companies, which includes SafeGuard Health Plans, Inc., SafeHealth Life Insurance Company, and Delaware American Life Insurance Company (collectively, "**MetLife**"). **Please read it carefully.** You have received this notice because of your Dental, Vision, Long-Term Care, Cancer and Specified Disease Expense Insurance, or Health coverage with us (your "**Coverage**"). MetLife strongly believes in protecting the confidentiality and security of information we collect about you. This notice refers to MetLife by using the terms "us," "we," or "our."

This notice describes how we protect the personal health information we have about you which relates to your MetLife Coverage ("**Protected Health Information**" or "**PHI**"), and how we may use and disclose this information. PHI includes individually identifiable information which relates to your past, present or future health, treatment or payment for health care services. This notice also describes your rights with respect to the PHI and how you can exercise those rights.

We are required to provide this notice to you by the Health Insurance Portability and Accountability Act ("**HIPAA**"). For additional information regarding our HIPAA Medical Information Privacy Policy or our general privacy policies, please see the privacy notices contained at our website,**www.metlife.com**. You may submit questions to us there or you may write to us directly at MetLife, Americas – U.S. HIPAA Privacy Office, P.O. Box 902, New York, NY 10159-0902.

### NOTICE SUMMARY

**The following is a brief summary of the topics covered in this HIPAA notice. Please refer to the full notice below for details.**

As allowed by law, we may **use** and **disclose** PHI to:

- make, receive, or collect payments;
- conduct health care operations;
- administer benefits by sharing PHI with affiliates and Business Associates;
- assist plan sponsors in administering their plans; and
- inform persons who may be involved in or paying for another's health care.

**In addition, we may use or disclose PHI:**

- where required by law or for public health activities;
- to avert a serious threat to health or safety;
- for health-related benefits or services;
- for law enforcement or specific government functions;
- when requested as part of a regulatory or legal proceeding; and
- to provide information about deceased persons to coroners, medical examiners, or funeral directors.

**You have the right to:**

- receive a copy of this notice;
- inspect and copy your PHI, or receive a copy of your PHI;
- amend your PHI if you believe the information is incorrect;
- obtain a list of disclosures we made about you (except for treatment, payment, or health care operations);

- ask us to restrict the information we share for treatment, payment, or health care operations;
- request that we communicate with you in a confidential manner; and
- complain to us or the U.S. Department of Health and Human Services if you believe your privacy rights have been violated.

**We are required by law to:**

- maintain the privacy of PHI;
- provide this notice of our legal duties and privacy practices with respect to PHI;
- notify affected individuals following a breach of unsecured PHI; and
- follow the terms of this notice.

## NOTICE DETAILS

We protect your PHI from inappropriate use or disclosure. Our employees, and those of companies that help us service your MetLife Coverage, are required to comply with our requirements that protect the confidentiality of PHI. They may look at your PHI only when there is an appropriate reason to do so, such as to administer our products or services.

Except in the case of Long-Term Care Coverage, we will **not use or disclose** PHI that is genetic information for underwriting purposes. For example, we will not use information from a genetic test (such as DNA or RNA analysis) of an individual or an individual's family members to determine eligibility, premiums or contribution amounts under your Coverage.

We will **not sell or disclose** your PHI to any other company for their use in marketing their products to you. However, as described below, we will use and disclose PHI about you for business purposes relating to your Coverage.

The main reasons we may **use** and **disclose** your PHI are to evaluate and process any requests for coverage and claims for benefits you may make or in connection with other health-related benefits or services that may be of interest to you. The following describe these and other uses and disclosures.

- **For Payment:** We may use and disclose PHI to pay benefits under your Coverage. For example, we may review PHI contained in claims to reimburse providers for services rendered. We may also disclose PHI to other insurance carriers to coordinate benefits with respect to a particular claim. Additionally, we may disclose PHI to a health plan or an administrator of an employee welfare benefit plan for various payment-related functions, such as eligibility determination, audit and review, or to assist you with your inquiries or disputes.

- For Health Care Operations: We may also use and disclose PHI for our insurance operations. These purposes include evaluating a request for our products or services, administering those products or services, and processing transactions requested by you.

- To Affiliates and Business Associates: We may disclose PHI to Affiliates and to business associates outside of the MetLife family of companies if they need to receive PHI to provide a service to us and will agree to abide by specific HIPAA rules relating to the protection of PHI. Examples of business associates are: billing companies, data processing companies, companies that provide general administrative services, health Information organizations e-prescribing gateways, or personal health record vendors that provide services to covered entities. PHI may be disclosed to reinsurers for underwriting, audit or claim review reasons. PHI may also be disclosed as part of a potential merger or acquisition involving our business in order that the parties to the transaction may make an informed business decision.

- To Plan Sponsors: We may disclose summary health information such as claims history or claims expenses to a plan sponsor to enable it to obtain premium bids from health plans, or to modify, amend or terminate a group health plan. We may also disclose PHI to a plan sponsor to help administer its plan if the plan sponsor agrees to restrict its use and disclosure of PHI in accordance with federal law.

- To Individuals Involved in Your Care: We may disclose your PHI to a family member or other individual who is involved in your health care or payment of your health care. For example, we may disclose PHI to a covered family member whom you have authorized to contact us regarding payment of a claim.

- Where Required by Law or for Public Health Activities: We disclose PHI when required by federal, state or local law. Examples of such mandatory disclosures include notifying state or local health authorities regarding particular communicable diseases, or providing PHI to a governmental agency or regulator with health care oversight responsibilities.

- To Avert a Serious Threat to Health or Safety: We may disclose PHI to avert a serious threat to someone's health or safety. We may also disclose PHI to federal, state or local agencies engaged in disaster relief, as well as to private disaster relief or disaster assistance agencies to allow such entities to carry out their responsibilities in specific disaster situations.

- For Health-Related Benefits or Services: We may use your PHI to provide you with information about benefits available to you under your current coverage or policy and, in limited situations, about health-related products or services that may be of

interest to you. However, we will not send marketing communications to you in exchange for financial remuneration from a third party without your authorization.

- **For Law Enforcement or Specific Government Functions:** We may disclose PHI in response to a request by a law enforcement official made through a court order, subpoena, warrant, summons or similar process. We may disclose PHI about you to federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- **When Requested as Part of a Regulatory or Legal Proceeding:** If you or your estate are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the PHI requested. We may disclose PHI to any governmental agency or regulator with whom you have filed a complaint or as part of a regulatory agency examination.

- **PHI about Deceased Individuals :** We may release PHI to a coroner or medical examiner to assist in identifying a deceased individual or to determine the cause of death. In addition, we may disclose a deceased's person's PHI to a family member or individual involved in the care or payment for care of the deceased person unless doing so is inconsistent with any prior expressed preference of the deceased person which is known to us.

- **Other Uses of PHI:** Other uses and disclosures of PHI not covered by this notice and permitted by the laws that apply to us will be made only with your written authorization or that of your legal representative. If we are authorized to use or disclose PHI about you, you or your legally authorized representative may revoke that authorization in writing at any time, except to the extent that we have taken action relying on the authorization or if the authorization was obtained as a condition of obtaining your Coverage. You should understand that we will not be able to take back any disclosures we have already made with authorization.

## Your Rights Regarding Protected Health Information That We Maintain About You

The following are your various rights as a consumer under HIPAA concerning your PHI. Should you have questions about or wish to exercise a specific right, please contact us in writing at the applicable Contact Address listed on the last page.

- **Right to Inspect and Copy Your PHI:** In most cases, you have the right to inspect and obtain a copy of the PHI that we maintain about you. If we maintain the requested PHI electronically, you may ask us to provide you with the PHI in electronic format, if readily producible; or, if not, in a readable electronic form and format agreed to by you and us. To receive a copy of your PHI, you may be charged a fee for the costs of copying, mailing, electronic media, or other supplies associated with your request. You may also direct us to send the PHI you have requested to another person designated by you, so long as your request is in writing and clearly identifies the designated individual. However, certain types of PHI will not be made available for inspection and copying. This includes psychotherapy notes or PHI collected by us in connection with, or in reasonable anticipation of, any claim or legal proceeding. In very limited circumstances, we may deny your request to inspect and obtain a copy of your PHI. If we do, you may request that the denial be reviewed. The review will be conducted by an individual chosen by us who was not involved in the original decision to deny your request. We will comply with the outcome of that review.

- **Right to Amend Your PHI:** If you believe that your PHI is incorrect or that an important part of it is missing, you have the right to ask us to amend your PHI while it is kept by or for us. You must specify the reason for your request. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend PHI that:

  - is accurate and complete;
  - was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment;
  - is not part of the PHI kept by or for us; or
  - is not part of the PHI which you would be permitted to inspect and copy.

- **Right to a List of Disclosures:** You have the right to request a list of the disclosures we have made of your PHI. This list will not include disclosures made for treatment, payment, health care operations, purposes of national security, to law enforcement, to corrections personnel, pursuant to your authorization, or directly to you. To request this list, you must submit your request in writing. Your request must state the time period for which you want to receive a list of disclosures. You may only request an accounting of disclosures for a period of time less than six years prior to the date of your request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free. We may charge you for responding to any additional requests. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before you incur any cost.

- **Right to Request Restrictions:** You have the Right to request a restriction or limitation on PHI we

Use or disclose about you for treatment, payment, or health care operations, or that we disclose to someone who may be involved in your care or payment for your care, like a family member or friend. While we will consider your request, **we are not required to agree to it.** If we do agree to it, we will comply with your request. To request a restriction, you must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or parent). We will not agree to restrictions on PHI uses or disclosures that are legally required, or which are necessary to administer our business.

- **Right to Request Confidential Communications :** You have the right to request that we communicate with you about PHI in a certain way or at a certain location if you tell us that communication in another manner may endanger you. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing and specify how or where you wish to be contacted. We will accommodate all reasonable requests.

- **Contact Addresses:** If you have any questions about a specific individual right or you want to exercise one of your individual rights, please submit your request in writing to the address below which applies to your Coverage:

**MetLife or SafeGuard Dental & Vision**
**P.O. Box 14587**
**Lexington, KY 40512-4587**

**MetLife LTC Privacy Coordinator**
**1300 Hall Boulevard, 3rd Floor**
**Bloomfield, CT 06002**

**Delaware American Life Insurance Company**
**MetLife Worldwide Benefits**
**P.O. Box 1449**
**Wilmington, DE 19899-1449**

**Cancer and Specified Disease Expense Insurance**
**c/o Bay Bridge Administrators, LLC**
**P.O. Box 161690**
**Austin, TX 78716**

- **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, please contact MetLife, Americas – U.S. HIPAA Privacy Office, P.O. Box 902, New York, NY 10159-0902. All complaints must be submitted in writing. You will not be penalized for filing a complaint. If you have questions as to how to file a complaint, please contact us at telephone number (212) 578-0299 or at HIPAAprivacyAmericasUS@metlife.com.

## ADDITIONAL INFORMATION

**Changes to This Notice:** We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for PHI we already have about you, as well as any PHI we receive in the future. The effective date of this notice and any revised or changed notice may be found on the last page, on the bottom right-hand corner of the notice. You will receive a copy of any revised notice from MetLife by mail or by e-mail, if e-mail delivery is offered by MetLife and you agree to such delivery.

**Further Information:** You may have additional rights under other applicable laws. For additional information regarding our HIPAA Medical Information Privacy Policy or our general privacy policies, please e-mail us at HIPAAprivacyAmericasUS@metlife.com or call us at telephone number (212) 578-0299, or write us at:

MetLife, Americas
U.S. HIPAA Privacy Office
P.O. Box 902
New York, NY 10159-0902



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