

## Covered Dental Services

Here is a comparison of deductibles, copays and your share of coinsurance for 2019 under the dental options. Costs represent what the member pays.

| COVERED SERVICES  | CIGNA PREPAID OPTION  |                    | METLIFE DPPO OPTION                                      |  |
|---|---|--------------------|--|--|
|   | GENERAL DENTIST   | SPECIALIST DENTIST | IN-NETWORK   | OUT-OF-NETWORK   |
| <b>Annual Deductible</b>  | none  |                    | \$25 single; \$75 family, per policy year <sup>[1]</sup> | \$100 single; \$300 family, per policy year <sup>[1]</sup> |
| <b>Annual Maximum Benefit</b>   | none  |                    | \$1,500 per person, per policy year                      |  |
| <b>Pre-existing Conditions</b>  | covered   |                    | some exclusions  |  |
| <b>Office Visit</b>   | \$10 copay <sup>[2]</sup>   |                    | no charge  | 20% of MAC   |
| <b>Periodic Oral Evaluation</b>   | no charge   |                    | no charge  | 20% of MAC   |
| <b>Routine Cleaning – Adult</b>   | no charge   |                    | no charge  | 20% of MAC   |
| <b>Routine Cleaning – Child</b>   | no charge   | \$15 copay         | no charge  | 20% of MAC   |
| <b>X-ray — Intraoral, Complete Series</b>                                   | no charge   | \$5 copay          | no charge  | 20% of MAC   |
| <b>Amalgam (silver) Filling Permanent teeth</b>                             | \$8 copay   | \$10 copay         | 20% of MAC   | 40% of MAC   |
| <b>Endodontics — Root Canal Therapy Molar (excluding final restoration)</b> | \$125 copay   | \$600 copay        | 20% of MAC   | 40% of MAC   |
| <b>Major Restorations — Crowns</b>  | \$200 copay, plus lab fees <sup>[3]</sup>   |                    | 50% of MAC <sup>[4]</sup>                                |  |
| <b>Extraction of Erupted Tooth (minor oral surgery)</b>                     | \$15 copay  | \$70 copay         | 20% of MAC   | 40% of MAC   |
| <b>Removal of Impacted Tooth — Complete Bony (complex oral surgery)</b>     | \$100 copay   | \$120 copay        | 50% of MAC   |  |
| <b>Dentures — Complete Upper</b>  | \$310 copay, plus lab fees <sup>[3]</sup>   |                    | 50% of MAC <sup>[4]</sup>                                |  |
| <b>Orthodontics</b>   | \$140 monthly copay for treatment equal or less than 24 months. Then, full charge. <sup>[6]</sup>                               |                    | 50% of MAC   |  |
| • Annual Deductible   | none  |                    | none   |  |
| • Lifetime Maximum  | \$3,360 copay (\$140 x 24 months) for treatment fee only. Then, member pays full charge after initial 24 months. <sup>[6]</sup> |                    | \$1,250 <sup>[5]</sup>                                   |  |
| • Waiting Period  | none  |                    | 12 months  |  |
| • Age Limit   | none  |                    | up to age 19   |  |

MAC—Maximum Allowable Charge is the lesser of the amount charged by the dentist or the maximum payment amount that in-network dentists have agreed to accept in full for the dental service. When a participant receives dental services from an out-of-network provider, MetLife will reimburse a percentage of the MAC.

The participant is then responsible for everything over the percentage of MAC reimbursed up to the charge submitted by the out-of-network dentist. The benefits listed are a sample of the most frequently utilized dental treatments. Refer to vendor materials for complete information on coverage, limitations and exclusions.

[1] Does not apply to diagnostic and preventive benefits such as periodic oral evaluation, cleaning and x-ray.

[2] A charge may apply for a missed appointment when the member does not cancel at least 24 hours prior to the scheduled appointment.

[3] Members are responsible for additional lab fees for these services.

[4] A 6-month waiting period applies.

[5] The orthodontics lifetime maximum is for a dependent member enrolled in the state group dental insurance program even if the member has been covered under different employing agencies.

[6] Additional copays apply for specific orthodontic procedures. Orthodontic treatment after a member's effective date will not be covered under the Cigna plan if it began prior to the member's effective date.