

## 2008 SCHEDULE OF DENTAL BENEFITS

Procedure	Maximum Amount	Procedure	Maximum Amount
<b>DIAGNOSTIC</b>		<b>PERIODONTICS</b>	
Oral exam not associated with other services (limit of 2 exams in any calendar year)	The reasonable charge for such procedure	Gingivectomy/gingivoplasty • Per quadrant	\$229
Radiographs, intraoral-complete series (including bitewings) — limit of once every 36 months		Gingival flap procedure • Per quadrant	\$286
Radiographs, bitewings, complete series (4) — limit of twice per calendar year		Osseous surgery flap entry, per quadrant	\$515
<b>PREVENTIVE</b>		Periodontal scaling and root planing • Per quadrant	\$148
Dental prophylaxis, adults or children — all methods [limit of 2 prophylaxes (cleaning, scaling, and polishing) in any calendar year]	The reasonable charge for such procedure	Periodontal lifetime maximum	\$2,500
Topical application of fluoride, per treatment (excluding prophylaxis — limit of twice per calendar year)		<b>TEMPOROMANDIBULAR JOINT SYNDROME (TMJ)</b>	
Sealants for children to age 19 (limit of once every five years), permanent molars only		Non-surgical treatment • Arthogram, including injection • Tomographic survey	\$508 \$255
<b>RESTORATIVE</b>		TMJ appliance, occlusal orthotic device	\$564
Amalgam, one surface primary or permanent	\$46	TMJ lifetime maximum	\$1,500
Amalgam, two surfaces primary or permanent	\$69	<b>PROSTHODONTICS — REMOVABLE*</b>	
Amalgam, three surfaces primary or permanent	\$91	Complete upper dentures, including adjustments	\$629
Composite resin, one surface	\$57	Complete lower dentures, including adjustments	\$629
Composite resin, two surfaces	\$81	Immediate upper complete dentures, including adjustments**	\$641
Composite resin, three surfaces	\$114	Immediate lower complete dentures, including adjustments**	\$515
Gold foil, one surface	\$138	Partial denture, upper or lower, resin base	\$722
Gold foil, two surfaces	\$217	Partial denture, upper or lower, cast metal base	\$802
Gold foil, three surfaces	\$264	Repair denture — resin base	\$57
Inlay metallic, one surface	\$274	Repair denture — cast framework	\$57
Inlay metallic, two surfaces	\$343	Repair denture — repair or replace broken clasp	\$57
Inlay metallic, three surfaces	\$400	Repair denture — replace broken teeth; per tooth	\$91
Inlay, porcelain	\$217	Repair denture — add tooth to existing partial	\$81
Recement inlays, per tooth	\$34	Repair denture — add clasp to existing partial	\$138
Sedative fillings, per tooth	\$34	Relining upper or lower complete denture (office reline)	\$138
Crown, resin, single restorations only	\$286	Relining upper or lower complete denture (laboratory)***	\$207
Crown, resin with metal, single restorations only	\$493	<b>PROSTHODONTICS — FIXED*</b>	
Crown, porcelain, single restorations only	\$469	Bridge pontics, cast high noble metal	\$503
Crown, porcelain with metal, single restorations only	\$584	Bridge pontics, porcelain fused to metal	\$584
Crown, full cast, single restorations only	\$503	Bridge pontics, resin with high noble metal	\$493
Crown, stainless steel, single restorations only	\$114	Inlay abutments, three or more surfaces, metallic inlay	\$400
Crown, provisional	\$182	Bridge repair	\$81
Recement crowns, per tooth	\$34		

Procedure	Maximum Amount	Procedure	Maximum Amount
		<b>ORAL SURGERY</b>	
<b>ENDODONTICS</b>		Extractions (including routine post-operative care) <ul style="list-style-type: none"> <li>• Simple extractions <ul style="list-style-type: none"> <li>• Single tooth/first in quadrant</li> </ul> </li> </ul>	\$57
Pulp capping, direct (excluding final restoration)	\$34	Surgical extractions <ul style="list-style-type: none"> <li>• Tooth erupted</li> <li>• Soft tissue impaction</li> <li>• Partial bony impaction</li> <li>• Complete bony impaction</li> </ul>	\$69 \$103 \$126 \$217
Pulp capping, indirect (excluding final restoration)	\$23	Residual root recovery	\$91
Vital pulpotomy (or pulpectomy)	\$57	Oral antral fistula closure (and/or antral root recovery)	\$229
Root canal, anterior tooth	\$286	Surgical exposure of impacted or unerupted tooth for orthodontic reasons	\$148
Root canal, bicuspid tooth	\$400	Surgical repositioning of teeth	\$148
Root canal, molar tooth	\$529	Alveoplasty (surgical preparation of ridge for dentures) <ul style="list-style-type: none"> <li>• Per quadrant in conjunction with extractions</li> <li>• Per quadrant not in conjunction with extractions</li> </ul>	\$57 \$103
Root surgery, anterior	\$229	<b>ORTHODONTIC CARE</b>	
		Maximum allowance for all orthodontic treatment combined during lifetime of any family member	\$1,500

*\*Replacement of existing removable denture or fixed bridgework is covered if needed due to loss of one or more natural teeth after existing denture or bridgework was installed or if it is needed because existing denture or bridgework can no longer be used and was installed at least five years before it is replaced. Adding teeth to existing partial removable denture or bridgework is covered when needed to replace one or more natural teeth removed after existing denture or bridgework was installed.*

*\*\*Replacement of existing immediate temporary complete denture by a new permanent full denture is covered when existing denture cannot be made permanent and permanent denture is installed within 12 months after existing denture was installed.*

*\*\*\*Not covered first six months after denture is placed, then relining limited to once every 36 months.*

**Note:** If a procedure is not listed, an amount will be determined by MetLife in a consistent manner. Its type and complexity will be taken into account along with exclusions and other restrictions that apply.

### Reminder About Deductibles

- The individual deductible is \$50 per covered person. This means that each calendar year, you must pay the first \$50 of scheduled benefits for each covered person before the plan begins making payments.
- If you cover your family, only three people are subject to the \$50 calendar year deductible.
- There is no deductible requirement for diagnostic and preventive services.
- The lifetime maximum for periodontic services is \$2,500 per covered person, for orthodontic services it is \$1,500 per covered person, and for TMJ it is \$1,500 per covered person.
- The maximum annual benefit per covered person is \$2,000 each calendar year. This includes any charges for periodontic, TMJ, and orthodontic treatment, which also have separate lifetime maximums (see above bullet).

**Note:** This is not a full description of your dental benefits. For a complete description, including limitations and exclusions, consult the Summary Plan Description.