

MetLife Dental Cost and Benefit Summary for City Of North Royalton

General Information	
Effective Date:	January 1, 2011
Proposal Date:	October 18, 2010
Number of Covered Employees:	177
Eligibility Requirements:	All Active Full Time Employees (30 Hours)
Eligibility Waiting Period:	
Present Employees:	Hired on or before the effective date: None
Future Employees:	Hired after the effective date: First of the month following 30 days
Class Description:	All Active Full Time Employees
Eligible Dependent(s):	A child is covered up to age 26; A student is covered up to age 26
Employer Contribution:	99% for employee coverage 0% for dependent coverage
Employee Participation:	This quote assumes employee participation of 99%
Dependent Participation:	This quote assumes dependent participation of 99%

Schedule of Benefits		
	In-Network	Out-of-Network
Basis of Reimbursement – Classic	Negotiated PDP fee ¹	90th Percentile of Reasonable & Customary (R&C) ²
Type A – Preventive	100%	100%
Type B – Basic	80%	80%
Type C – Major	50%	50%
Type D – Orthodontia – - Child Up to Age 19	50%	50%
Calendar Year Individual Deductible	\$50	\$50
Calendar Year Family Deductible	3x Aggregate	3x Aggregate
Deductible Applies To	Type B & C	Type B & C
Calendar Year Maximum	\$1,500	\$1,500
Lifetime Orthodontic Maximum	\$1,000	\$1,000

¹ In Network Benefits provided under this plan for covered dental services provided by a dentist who is a participating provider.

² Out of Network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge'), or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.

Rate Information		
	Lives	Rate
Employee Only	32	\$24.96
Employee + Family	145	\$73.34
Total Number of Lives	177	
Estimated Total Monthly Premium	\$11,433.02	
Rate Guarantee Period	January 1, 2011 – December 31, 2011 2nd year Rate Cap: The first year's renewal rates will not be increased by more than 9.0% above the current rates.	

Highlights	
• Broker Commissions are based on Standard Scale	
• For the Effective Date Shown Above , proposal is effective for up to 90 days from the proposal date.	
• Final rates will be based on actual enrollment, participation, contribution levels, and the effective date of coverage	
• If the actual enrollment averages 3 or more children per family unit, we reserve the right to revise these rates.	
• State Laws - For covered employees residing in any state outside the situs state, which validly exercises extraterritorial jurisdiction, the plan will be modified to meet applicable laws.	
• Individuals 70 years of age and older must submit proof of full time employment.	
• Annual Open Enrollment is not included.	

PLAN DESIGN FEATURES

ALLOCATION OF SERVICES: CUSTOM PRIMARY (FLEX) PLAN (Subject to Exclusions and Limitations.)

TYPE A SERVICES	TYPE B SERVICES	TYPE C MAJOR SERVICES.	TYPE D ORTHODONTICS
<ul style="list-style-type: none"> ▪ Oral Exams ▪ Full Mouth X-Rays ▪ Bitewing X-Rays ▪ Prophylaxis / Cleanings ▪ Fluoride Treatments ▪ Sealants ▪ Space Maintainers 	<ul style="list-style-type: none"> ▪ Oral Exams-Problem Focused ▪ Periapical X-Rays ▪ Other X-Rays ▪ Labs & Other Tests ▪ Fillings ▪ Repairs ▪ Pulp Capping ▪ Root Canal ▪ Pulpotomy ▪ Pulp Therapy ▪ Apexification & Recalcification ▪ Periodontal Surgery ▪ Periodontal Surgery - Soft and Connective Tissue Grafts ▪ Periodontics – Non-Surgical ▪ Periodontal Maintenance ▪ Rebases / Relines ▪ Simple Extractions ▪ Surgical Extractions ▪ Oral Surgery ▪ Emergency Palliative Treatment 	<ul style="list-style-type: none"> ▪ Cone Beam Imaging ▪ Crowns ▪ Inlays / Onlays ▪ Prefabricated Stainless Steel and Resin Crowns ▪ Recementations ▪ Crown Build-ups / Post & Core ▪ Dentures ▪ Fixed Bridges ▪ General Anesthesia ▪ Consultations ▪ Occlusal Adjustments ▪ Implants 	<ul style="list-style-type: none"> • Orthodontic Diagnostics • Orthodontic Treatment

LIMITATIONS / PROVISIONS ON DENTAL SERVICES: CUSTOM LOWER COST (FLEX)

Type A Services

- Oral exams but not more than 2 times in 12 months.
- Full mouth or Panoramic X-rays but not more than once every 60 months.
- Bitewing X-rays 1 time in 12 months for a child under 14; and 1 time in 12 months for everyone else.
- Cleaning of teeth (oral prophylaxis) 2 times in 12 months.
- Topical fluoride treatment for a child under age 19, 2 times in 12 months.
- Sealants for a child under age 14, which are applied to non-restored, non-decayed first and second permanent molars once per tooth in 36 months.
- Space Maintainers limited to one per lifetime per area for a child under 14 years of age.

Type B Services

- Problem focused Oral Exams but not more than 1 time in 12 months.
- Amalgam or Resin Composite filling replacements if at least 24 months have passed since the existing filling was placed; or a new surface of decay is identified on that tooth.
- Repairs to Crowns, Inlays, Onlays, Dentures and Bridgework are limited to 1 time in 12 months.
- Root canal treatment not more often than once per lifetime for the same tooth.
- Periodontal surgery not mentioned elsewhere, including gingivectomy, gingivoplasty, gingival curettage, and osseous surgery, but no more than one surgical procedure per quadrant in any 60 month period.
- Periodontal Soft or Connective Tissue Grafts, but no more than one surgical procedure per quadrant in any 60 month period.
- Periodontal scaling and root planing but not more than once per quadrant in any 60 month period.
- Periodontal Maintenance: Where periodontal treatment (including scaling, root planing and periodontal surgery such as gingivectomy, gingivoplasty, osseous surgery) has been performed. Periodontal maintenance is limited to 4 times in any year less the number of teeth cleanings received during such 12 month period.
- Addition of teeth to a removable partial denture, removable full denture or bridgework when needed to replace one or more natural teeth removed while this dental insurance is in effect after the existing denture or bridgework was installed.
- Relining and Rebased of existing removable dentures: if at least 6 months have passed since the installation; and not more than once in any 36 month period.
- Tissue Conditioning, but not more than 1 time in 60 months.

Type C Services

- Cone Beam Imaging but not more than once for the same tooth position in any 60 month period.
- Initial installation of Cast Restorations (inlays, onlays, crowns).
 - Replacement of any Cast Restorations with the same or a different type of Cast Restoration but not more than one replacement for the same tooth surface within 10 calendar years of a prior replacement.
- Prefabricated stainless steel crowns or prefabricated resin crowns, but not more than one replacement for the same tooth surface within any 60 month period.
- Recementation of Crowns, Inlays, Onlays, Dentures and Bridgework is limited to 1 time in 12 months.
- Crown Buildups / Post and Core but no more than once per tooth in a period of 10 calendar years.
- 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.
- Replacement of a non-serviceable removable partial denture, removable full denture or fixed bridgework if installed more than 10 calendar years prior to replacement.
- Replacement of an immediate, temporary full denture with a permanent full denture if the immediate, temporary full denture cannot be made permanent and replacement is done within 12 months of the installation of the immediate, temporary full denture.
- Initial installation of fixed bridgework, a partial removable denture or a full removable denture when needed to replace congenitally missing teeth or to replace natural teeth lost while this dental insurance coverage is in effect.
- Administration of general anesthesia or intravenous sedation in connection with oral surgery, extractions, or other covered services, when dentally necessary as determined by Metropolitan in terms of generally accepted dental standards.
- Consultations, but not more than 1 time in a 12 month period.
- Occlusal Adjustments, but not more than 1 time in a 12 month period.
- Implants, but no more than once for the same tooth position in a 1 per tooth position in 10 calendar years period.
- Implant repairs but no more than once for the same tooth position in a 60 month period.
- Replacement of an existing Implant Supported Prosthetic, but not more than one replacement for a tooth in any 60 month period.

Type D (Orthodontic Services)

- Benefit for initial preparation, work up & installation of Orthodontic appliance is 20% of the total covered expense.
- All dental procedures performed in connection with Orthodontic treatment are payable as Orthodontia.
- Payments are on a repetitive basis (monthly installments).
- Benefits end at cancellation.

Late Entrant

Employees who do not elect coverage during their 31-day application period may still elect coverage later. Dental coverage would be subject to the following waiting periods:

Preventive Services.....	No waiting period
Basic Restorative Services (Fillings).....	6 month waiting period
Basic – All Other Services.....	12 month waiting period
Major Services.....	24 month waiting period
Orthodontic Services (if applicable).....	24 month waiting period

EXCLUSIONS ON DENTAL SERVICES

- Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature.
- Services for which a covered person would not be required to pay in the absence of dental insurance.
- Services or supplies received by a covered person before the insurance starts for that person.
- 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 or polishing of teeth or fluoride treatment.
- Services which are primarily cosmetic. (For residents of Texas: Services which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a newborn child).
- Services or appliances which restore or alter occlusion or vertical dimension.
- Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease.
- Restorations or appliances used for the purpose of periodontal splinting.
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
- Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.
- Initial installation of a Denture to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
- Decoration or inscription of any tooth, device, appliance, crown or other dental work.
- Missed appointments.
- Services covered under any workers' compensation or occupational disease law.
- Services covered under any employer liability law.
- Services for which the employer of the person receiving such services is not required to pay.
- Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital.
- Services covered under other coverage provided by the Policyholder.
- Temporary or provisional restorations.
- Temporary or provisional appliances.
- Prescription drugs.
- Services for which the submitted documentation indicates a poor prognosis.
- Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first.
- 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.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing and biting of food.
- Caries susceptibility tests.
- Precision attachments associated with fixed and removable prostheses.
- Adjustment of a denture made within 6 months after installation by the same dentist who installed it.
- Duplicate prosthetic devices or appliances.
- Replacement of a lost or stolen appliance, cast restoration or denture.
- Intra and extraoral photographic images.
- Fixed and removable appliances for correction of harmful habits.
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
- Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.