

Scott & White Traditional Dental Plans - 2 to 99 Eligible Lives

Plan Name		Basic Plan	Mid Plan	High Plan
Plan Type		PPO	PPO	PPO
Deductible		\$0 per person/\$0 per family per calendar year	\$0 per person/\$0 per family per calendar year	\$0 per person/\$0 per family per calendar year
Annual Maximum		\$500 per person	\$750 per person	\$1,000 per person
Preventive Care (cleanings, exams, bitewings)		100%	100%	100%
Basic Services (fillings, root canals, extractions)		50%	80%	80%
Major Services (crowns, bridges, dentures)		25%	50%	70%
Ortho (lifetime maximum)		Not Covered	Not Covered	Child Only, 50% to \$500
Out-of-Network Reimbursement Level ¹		90th R&C	90th R&C	90th R&C
Rates Without Pediatric EHB	Employee Only	\$21.10	\$36.32	\$46.43
	Employee + Spouse	\$42.00	\$72.56	\$90.33
	Employee + Child(ren)	\$56.26	\$79.35	\$92.35
	Family	\$82.28	\$121.69	\$144.84
Rates With Pediatric EHB ² (2-50 Lives Only)	Employee Only	\$21.10	\$36.32	\$46.43
	Employee + Spouse	\$42.00	\$72.56	\$90.33
	Employee + Child(ren)	\$60.19	\$84.91	\$98.81
	Family	\$86.39	\$127.77	\$152.08

25 25
Rates illustrated above are valid for effective dates 01/01/2024 to 12/31/2024

Groups must have a minimum of 2 enrolled lives

¹Out 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.

²Plan summary shown above does not include a description of the EHB coverage. The EHB portion of the plan is described in the following pages. Group dental insurance policies featuring the MetLife Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, 200 Park Avenue, New York, NY 10166.

Exclusions - High, Mid and Basic Plans

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 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.

Implantology, including repairs.

Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.

Pulp Capping.

Periodontal Maintenance.

Implant Supported Prosthetics.

Pulp Therapy

Periodontal Surgery.

Non-Surgical Periodontal services including Scaling and Root planning.

Orthodontia services or appliances. (does not apply to High Plan)

Repair or a replacement of an orthodontic appliance. (does not apply to High Plan)