

Summary of Dental Benefits

Important Note: This is only a summary of the benefits under the Dental Plans. Employees may review and/or obtain a copy of the Certificate of Coverage on the NCFlex website at ncflex.org. Employees may register on *MyBenefits* at metlife.com/mybenefits to get information about what is and is not covered on the Dental Plan. Payments for services are subject to **maximum amounts allowed** by the plan.

Benefit Category	High Option*	Classic Option*	Low Option*
Type I — Diagnostic and Preventive			
Oral Examination (two per calendar year)	100%	100%	100% after deductible
Cleaning (two per calendar year)			
X-rays (bitewing x-rays — one per calendar year; full-mouth radiograph series or panoramic series — one every five years)			
Topical Fluoride (two per calendar year under age 19)			
Sealants for Permanent First and Second Molars (under age 16; see certificate for frequencies)			
Space Maintainers (under age 19)			
Type II — Basic Services			
Fillings (amalgam, synthetic, or composite; replacements limited to once every 24 months)	80% after deductible	60% after deductible	50% after deductible
Simple Extractions			
Endodontics (root canal treatment)			
Re-Cement Crowns, Inlays, Bridges			
Repair of Removable Dentures	50% after deductible		
Periodontal Services (gingivectomy, gingivoplasty, osseous surgery, scaling, and root planing)			
Periodontal Maintenance after Therapy (two per consecutive 12 months)			
Oral Surgery (wisdom teeth extractions)			
General Anesthesia			
Type III — Major Services (Not covered under the Low Option)			
Crowns, including Single Implant Crowns (Not eligible for dependent children under age 14; replacements limited to every seven years. Single prosthetic procedures are considered completed on the date they are inserted, not the date of impression.)	50% after deductible	50% after deductible	Not Covered
Dentures (replacements limited to every seven years)			
Bridges (replacements limited to every seven years)			
Fixed Bridge Repairs			
Denture Adjustments/Relining (within six months of initial denture placement)			
Implants			
Type IV — Orthodontics (High Option and Classic Option — dependent children up to age 19)			
Orthodontic Treatment in Progress (Treatment plans not started under the High Option or Classic Option Plans will be prorated based on the date the benefit is eligible on the Dental Plans. Reimbursement will not be paid beyond the date the child turns the age of 19).	50%	50%	Not Covered
Maximums/Deductibles			
Calendar-Year Maximum (Per covered person; excludes orthodontic services under the High Option and Classic Option Plans)	\$5,000	\$1,500	\$1,000
Lifetime Orthodontic Maximum (per covered person) The lifetime maximum will include any reimbursement received from the prior carrier.	\$1,500	\$1,500	N/A
Calendar-Year Deductible (per person/per family)	\$50/\$150	\$25/\$75	\$25/\$75

* Benefits are subject to the Maximum Allowable Charge (MAC). The MAC for in-network dental providers is the negotiated in-network fee. Reimbursement for out-of-network services is based on reasonable and customary (R&C) charge for the area. R&C is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area. The employee may be responsible for the difference between the R&C charge and what an out-of-network dentist charges