Deluxe
Voluntary Dental Plan

OPEH&W Health Plan
www.opehw.com

$2,000 Calendar Year Maximum
(applies to A, B, C type services)

$50 Calendar Year Deductible
(Applies to Type B & C Services, $150 Family Aggregate)

Adult Orthodontics

Monthly Rates 2016-2017

Employee:	$ **53.28**
Employee & Spouse:	$**109.79**
Employee & Child(ren):	$**121.99**
Family:	$**191.86**

No Waiting Periods
(unless a late enrollee)

In-Network Benefits

Type A - Preventive
Plan pays 100% (not subject to deductible)

Type B - Basic
Plan pays 80% of allowable charges after deductible, up to calendar year maximum

Type C - Major
Plan pays 50% of allowable charges after deductible, up to calendar year maximum

Type D - Orthodontic
Adults & Children (up to age 19, or 26 if a full-time student)
50% Coinsurance
NO Deductible
$1,500 Lifetime Maximum

Out-of-Network Benefits*

Coverage Level
Plan pays Reasonable & Customary at 80th percentile

Type A - Preventive
Plan pays 100% (not subject to deductible)

Type B - Basic
Plan pays 80% of allowable charges after deductible, up to calendar year maximum

Type C - Major
Plan pays 50% of allowable charges after deductible, up to calendar year maximum

* Out of Network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable & Customary charge is based on the lower 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.

Underwritten by:
MetLife

Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166
www.metlife.com

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact OPEH&W for costs and complete details.

OPEH&W Health Plan
www.opehw.com

Deluxe Dental Plan

Schedule of Benefits

Type A Services - Benefits Payable from the start date of coverage

Examinations	**1** time in **6** months
Examinations - Problem Focused	Combined with Examinations Limit
Prophylaxis: Cleanings	**1** time in **6** months
Fluoride	**1** time in **12** months for a child under age 14
Bitewing X Rays	1 time in **12** months
Labs & Other Tests	

Type B Services - Benefits Payable from the start date of coverage

Sealants	**1** per molar in **60** months for a child under age **16**
Space Maintainers	**1** per lifetime for a child under age **14**
Full Mouth X-Rays	Once in **60** months
Amalgam Fillings	**1** replacement per surface in **24** months
Periodontal Maintenance	**4** periodontal treatments in **1** calendar year, includes **2** cleanings (total combined of 4)
Scaling & Root Planing	1 per quadrant in any **24** month period
Emergency Palliative Treatment	
Periapical X-Rays	
Resin Composite Fillings (excludes coverage for composite fillings on molars)	
Pulpotomy	
Pulp Capping	
Pulp Therapy	
Periodontics - Non-Surgical	
Oral Surgery: Simple Extractions	
General Services	

Type C Services - Benefits Payable from the start date of coverage

Cone Beam Imaging	**1** in **60** months
Consultations	**2** in **12** months
Root Canal	**1** per tooth per lifetime
Periodontal Surgery	**1** per quadrant in any **36** month period
Prefabricated Stainless Steel & Resin Crowns	**1** per tooth in **60** months
Crown Buildups / Post Core	**1** per tooth in **60** months
Repairs	**1** in **12** months
Recementations	**1** in **12** months
Dentures	**1** in **60** months
Immediate Temporary Dentures - Complete / Partial	**1** replacement in **12** months
Dentures - Rebates / Relines	**1** in **36** months
Denture Adjustments	**1** in **12** months
Fixed Bridges	**1** in **60** months
Inlays / Onlays / Crowns	**1** replacement per tooth in **60** months
Implant Services	**1** per tooth position in **60** months
Implant Repairs	**1** per tooth in **60** months
Implant Supported Prosthetic	**1** per tooth in **60** months
Tissue Conditioning	**1** in **36** months
Occlusal Adjustments	**1** in **12** months
General Anesthesia	
Apexification & Recalacification	
Periodontal Surgery - Soft & Corrective Tissue Grafts	
Oral Surgery: Surgical Extractions	
Other Oral Surgery	

Underwritten by:
MetLife

Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166
www.metlife.com

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact OPEH&W for costs and complete details.

OPEH&W Health Plan
www.opehw.com

Deluxe

Dental Plan Exclusions

- Services which are not deemed dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which are deemed 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. Payment of benefits will not be excluded 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.

Underwritten by:
MetLife

Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166
www.metlife.com