

CSEA Dental Choice 1

- **Freedom to visit any dentist** you want whether they are in the MetLife network or not¹
- **Typical savings of 30% - 45%** on covered services when you use a participating dentist²

Eligibility

All CSEA Retiree members³

As a member,³ you can also your spouse and your unmarried, dependent children⁴ under age 26

Plan Benefits

Coverage Type	In-Network	Out-of-Network
Type A: Preventive	100%	100%
Type B: Basic Restorative	75%	75%
Type C: Major Restorative Benefit Waiting Period: Benefits are payable after a 12 month waiting period from the start date of an individual's benefits	50%	50%
Deductible†		
Individual (per calendar year)	\$50	\$50
Family (per calendar year)	\$150	\$150
Annual Maximum Benefit		
Per Person	\$1,200	\$1,200

Child(ren)'s eligibility for dental coverage is from birth up to age 26.

†Applies to Type B and C Services.

Benefit Waiting Period

Dental coverage is subject to the following waiting periods:

- No waiting period for Preventive Services
- No waiting period for Basic Restorative
- 12 months on Major Services



Services & Limitations

The services and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category but is not a complete description of the Plan.

Type A: Preventive

- Prophylaxis (cleanings) -Once every six (6) months
- Oral Examinations - Once every six (6) months
- X-rays –
 - Bitewings X-rays; one set per 12 months

Type B: Basic Restorative

- Fillings
- Topical Fluoride Applications - One fluoride treatment in a 12-month period for dependent children up to their 14th birthday
- Space Maintainers - Space maintainers for dependent children up to their 14th birthday. Once per tooth area, per lifetime.
- Sealants One application of sealant material every 60 month for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to their 14th birthday
- X-Rays – Full Mouth One every 60 months.
- Periodontics –
 - Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year, less the number of teeth cleanings received during such 12-month period

Type C: Major Restorative

- Simple Extractions
- Crown, Denture, Implant and Bridge Repair/Re-cementations – once in a 12-month period
- Oral Surgery
- Implants- Replacement once every 10 years
- Bridges and Dentures
 - Dentures and bridgework replacement; one every 10 years
- Crowns, Inlays and Onlays - Replacement once every 10 years
- Endodontics - Root canal treatment limited to once per tooth in your lifetime
- General Anesthesia
- Periodontics-
 - Periodontal scaling and root planning once per quadrant, every 24 months
 - Periodontal surgery



Exclusions

This plan does not cover the following services, treatments and supplies:

- 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 covered person would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by a covered person before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by a 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: waterpicks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
 - Covered under any workers' compensation or occupational disease law;
 - Covered under any member liability law;
 - For which the member receiving such services is not required to pay; or
 - 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;
- 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.
- Caries susceptibility tests;
- Other fixed Denture prosthetic services not described elsewhere in the certificate;
- Precision attachments associated with fixed and removable prostheses
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed
- 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.
- Duplicate prosthetic devices or appliances;

- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images.

Cancellation/Termination of Benefits: Coverage is provided under a group insurance policy (Policy form GPNP15-2T / GCERT2015-DENTAL) issued by MetLife. Coverage terminates when your membership ceases, the participating association ceases to participate in the trust, insurance ceases for your class, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

1. Your out-of-pocket costs may be greater when you visit a dentist who does not participate in the MetLife network.
2. Based on internal analysis by MetLife. Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.
3. You must be a member in good standing of **CSEA** to qualify for this insurance plan.
4. Refers to your unmarried, dependent children through age 26.

Coverage may not be available in all states. Please contact Pearl Insurance for more information.

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Navigating life together