Association of Chamber of Commerce Executives Dental Plan Summary

With a MetLife Dental Insurance plan, your acceptance is guaranteed.

Plan Benefits

Coverage Type	In-Network Negotiated Fee	Out-of-Network R&C 90th Percentile
Type A: Preventive	100%	100%
Type B: Basic Restorative	80%	80%
Type C: Major Restorative	50%	50%
Deductible†		
Individual (per calendar year)	$25	$50
Family (per calendar year)	$75	$150
Annual Maximum Benefit		
Per Person	$1500	$1500
Incentive Provisions* **		
Criteria: 2 Exams and Cleanings in Prior	Increase Maximum by $100 the following year; subject to a total Maximum increase of $300	Increase Maximum by $100 the following year; subject to a total Maximum increase of $300

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

*Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for certain services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Negotiated fees do not apply to non-covered services in states that prohibit limitations for services not covered under a plan. Participating providers in these states may charge their non-negotiated fees for non-covered services.

**R&C fee refers to the Reasonable and Customary (R&C) charge, which 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 usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

***Not available in WA.

†Applies to Type A, B and C Services

List of Primary Covered Services & Limitations

The service categories and plan limitations shown above 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

Covered Services

- Prophylaxis (cleanings) – Two per calendar year
- Oral Examinations – Two exams per calendar year
- Topical Fluoride Applications - One fluoride treatment per calendar year for dependent children up to their 19th birthday
- X-rays –
  - Full mouth X-rays; one per 36 months
  - Bitewings X-rays; two sets per calendar year for adults; two sets per calendar year for children
- Space Maintainers - Space maintainers for dependent children up to their 14th birthday. Once per lifetime
- Sealants - One application of sealant material every 3 years for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to their 14th birthday

Type B:Basic Restorative

Covered Services

- Fillings
- Simple Extractions
- Oral Surgery
- Endodontics - Root canal treatment limited to once per tooth
- General Anesthesia - When dentally necessary in connection with oral surgery, extractions or other covered dental services
- Periodontics –
  - Periodontal scaling and root planing once per quadrant, every 24 months
  - Periodontal surgery once per quadrant, every 36 months
  - Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year

Type C: Major Restorative

Covered Services

- Crown, Denture, Implant and Bridge Repair/Recementations – once in a 12 month period
- Implants- Replacement once every 5 years
- Bridges and Dentures

- Initial placement to replace one or more natural teeth, which are lost while covered by the plan
- Dentures and bridgework replacement; one every 5 years
- Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed

- Crowns, Inlays and Onlays - Replacement once every 5 years

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 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 and polishing of teeth; or
  - Fluoride treatments;
- 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 employer liability law;
  - For which the policyholder of the person receiving such services is 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 ;
- Biopsies of hard or soft oral tissue;
- 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.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
- Caries susceptibility tests;
- Preventive resin restorations;
- Interim caries arresting medicament application;
- Modification of removal prosthodontic and other removable prosthetic services;
- Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Other fixed Denture prosthetic services not described elsewhere in the certificate;
- Precision attachments [associated with fixed and removable prostheses], except when the precision attachment is related to implant prosthetics;
- Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- 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;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of New Mexico.
- 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.

Alternate Benefits: Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those

services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

Cancellation/Termination of Benefits: Coverage is provided under a group insurance policy (Policy form GPNP15-2T / GCERT2015-DENTAL) issued by MetLife. **Refer to "Date Insurance Ends" section in certificate.** 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.

Coverage may not be available in all states. ACCE dental coverage is not available for residents of UT. Please contact your plan administrator for more information.

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. You may be financially responsible for copayments, deductibles, or any other amounts in excess of those MetLife is required to pay for covered services as described in your dental certificate and/or policy. Please contact your plan administrator for costs and complete details.

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