



CALIFORNIA ASSOCIATION OF REALTORS®

Summary of Benefits

MetLife Dental Insurance

Plan benefits effective 1/1/19

Plan benefits effective 1/1/19						
BENEFITS	- VALUE PLAN		SELECT PLAN		CHOICE PLAN	
Plans at a glance						
Deimber and	In-Network	Out-of- Network ³	In-Network	Out-of- Network ³	In-Network	Out-of- Network ³
Reimbursement	Negotiated Fee⁴ Schedule	Negotiated Fee ⁴ Schedule	Negotiated Fee ⁴ Schedule	R&C ⁵ 51 st Percentile	Negotiated Fee⁴ Schedule	R&C ⁵ 70 th Percentile
Type A – Preventive	70%	70%	100%	80%	100%	90%
Type B - Basic	70%	70%	80%	60%	80%	70%
Type C – Major	70%	70%	50%	40%	50%	50%
Calendar Year Deductible	Type B & C Services	Type B & C Services	Type B & C Services	Type B & C Services	Type B & C Services	Type B & C Services
applies to: Individual Family	\$100 \$300 Aggregate	\$100 \$300 Aggregate	\$50 \$150 Aggregate	\$100 \$300 Aggregate	\$50 \$150 Aggregate	\$50 \$150 Aggregate
Calendar Year Maximum (applies to A,B,C services)	\$1,000	\$750	\$1,750	\$1,000	\$2,000	\$1,500
Orthodontia	Not Covered	Not Covered	50%	50%	50%	50%
Orthodontia Annual Maximum	Not Covered	Not Covered	\$1,000	\$1,000	\$1,000	\$1,000

³Out of Network benefits are payable for services rendered by a dentist who is not a participating provider.

⁴Negotiated Fee refers to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

⁵R&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.



Frequency & Allocations / Exclusions – CHOICE PLAN

	iption: Choice plan TYF	PE A	
	Benefits are payable immediately from		rt date of an individual's benefits
Exar	minations	•	2 times in 1 calendar year
Prop	hylaxis: Cleanings	•	2 times in 1 calendar year
Fluo		•	1 time in 12 months for a dependent child
			under age 19
Full	Mouth or panoramic X-Rays	-	Once in 5 calendar years
Bites	wing X-Rays	-	For a child under 19: 1 time in 6 months
		-	Adult: 1 time in 6 months
Peria	apical X-Rays	-	No frequency limitation
Other	er X-Rays	•	No frequency limitation
		PEB	
	Benefits are payable immediately from		
	lants	•	1 per molar in 2 years for a child under age 19
Exar	minations – Problem Focused	•	1 time in 1 calendar year
	ce Maintainers	•	No Limit for a child under age 17
Con:	sultations	-	2 in 12 months
Ama	algam Fillings	-	1 replacement per surface in 12 Months
■ Roo	t Canal	•	1 per tooth in 12 months
Perio	odontal Maintenance	-	2 Perio. Treatments in a calendar year,
			includes 2 cleanings (total comb: 2)
Perio	odontal Surgery	-	1 per quadrant in any 36 month period
Scal	ing & Root Planing	-	1 per quadrant in any 24 month period
Pref	abricated Crowns	-	1 in 12 months
Rep.	airs	-	No frequency limitation
 Rec 	ementations	-	No frequency limitation
Labs	s & Other Tests	-	No frequency limitation
• Eme	ergency Palliative Treatment	•	No frequency limitation
Gen	eral Anesthesia	-	No frequency limitation
Resi	in Composite Fillings(excludes coverage	-	No frequency limitation
	composite fillings on molars)		
Pulp	otomy	-	No frequency limitation
Pulp	Capping	-	No frequency limitation
Pulp	Therapy	-	No frequency limitation
Ape:	xification & Recalcification	-	No frequency limitation
	odontal Surgery – Soft & Connective	•	No frequency limitation
	ue Grafts		
	odontics – Non-Surgical	•	No frequency limitation
	Surgery: Simple Extractions	•	No frequency limitation
	Surgery: Surgical Extractions	•	No frequency limitation
	er Oral Surgery	•	No frequency limitation
Gen	eral Services	•	No frequency limitation
		PEC	
	Benefits are payable immediately from	the star	
	wn Buildups / Post Core	•	1 per tooth in 84 months
	tures	•	1 in 84 months
	tures – Rebases / Relines	•	No frequency limitation
	ture Adjustments	•	No frequency limitation
	d Bridges	•	1 in 84 months
	ys / Onlays /Crowns	•	1 replacement per tooth in 84 months
	ant Services	•	1 per tooth position in 60 months
Impl	ant Repairs		1 per tooth in 12 months



 Implant Supported Prosthetic 	1 per tooth in 84 Months		
 Tissue Conditioning 	 No frequency limitation 		
 Occlusal Adjustments 	 No frequency limitation 		
Orthodontics			
Benefits are payable immediately from the start date of an individual's benefits			
Outher Leville Discounties	NI. Communication Production		
 Orthodontic Diagnostics 	 No frequency limitation 		

Exclusions

Choice plan

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



Frequency & Allocations / Exclusions – SELECT PLAN

Prophylaxis: Cleanings Fluoride Fluoride Full Mouth or panoramic X-Rays For a Adult: Periapical X-Rays Other X-Rays Other X-Rays For a Adult: Periapical X-Rays No fre TYPE B Benefits are payable immediately from the start date of the start date	es in 1 calendar year es in 1 calendar year es in 12 months for a dependent child age 19 in 5 calendar years child under 19: 1 time in 6 months 1 time in 6 months equency limitation equency limitation of an individual's benefits molar in 2 years for a child under age e in 1 calendar year mit for a child under age 17 2 months accement per surface in 12 Months tooth in 12 months
 Examinations Prophylaxis: Cleanings Fluoride Full Mouth or panoramic X-Rays Bitewing X-Rays Periapical X-Rays Other X-Rays No free Sealants Sealants Space Maintainers Consultations Amalgam Fillings Root Canal Periodontal Maintenance Periodontal Surgery Scaling & Root Planing Prefabricated Crowns Repairs No free Recementations No free Property Property Periodonted Periodonted Periodonted No free Periodonted No free Periodontal Surgery Repairs No free Recementations No free Recementations No free Recementations No free 	es in 1 calendar year es in 1 calendar year es in 12 months for a dependent child age 19 in 5 calendar years child under 19: 1 time in 6 months 1 time in 6 months equency limitation equency limitation of an individual's benefits molar in 2 years for a child under age e in 1 calendar year mit for a child under age 17 2 months accement per surface in 12 Months tooth in 12 months
Prophylaxis: Cleanings Fluoride Fluoride Full Mouth or panoramic X-Rays Bitewing X-Rays For a Adult: Periapical X-Rays No fre Other X-Rays No fre Benefits are payable immediately from the start date of the star	es in 1 calendar year e in 12 months for a dependent child age 19 in 5 calendar years child under 19: 1 time in 6 months 1 time in 6 months equency limitation of an individual's benefits molar in 2 years for a child under age e in 1 calendar year mit for a child under age 17 2 months accement per surface in 12 Months tooth in 12 months
Fluoride Full Mouth or panoramic X-Rays Bitewing X-Rays Periapical X-Rays Other X-Rays No free Benefits are payable immediately from the start date of	e in 12 months for a dependent child age 19 in 5 calendar years child under 19: 1 time in 6 months 1 time in 6 months equency limitation of an individual's benefits molar in 2 years for a child under age in 1 calendar year mit for a child under age 17 2 months accement per surface in 12 Months tooth in 12 months
■ Full Mouth or panoramic X-Rays ■ Once ■ Bitewing X-Rays ■ For a ■ Adult: ■ Periapical X-Rays ■ No free ■ Other X-Rays ■ No free ■ Sealants ■ 1 per ■ 19 ■ Examinations — Problem Focused ■ 1 times ■ Space Maintainers ■ No Line ■ Space Maintainers ■ No Line ■ Consultations ■ 2 in 1: ■ Amalgam Fillings ■ 1 reple ■ Root Canal ■ 1 per ■ Periodontal Maintenance ■ 2 Periodontal Maintenance ■ 2 Periodontal Surgery ■ 1 per ■ Scaling & Root Planing ■ 1 per ■ Prefabricated Crowns ■ 1 in 1: ■ Repairs ■ No free ■ Recementations ■ No free ■ Recementations ■ No free	in 5 calendar years child under 19: 1 time in 6 months 1 time in 6 months equency limitation equency limitation of an individual's benefits molar in 2 years for a child under age in 1 calendar year mit for a child under age 17 2 months accement per surface in 12 Months tooth in 12 months
 Full Mouth or panoramic X-Rays Bitewing X-Rays For a Adult: Periapical X-Rays Other X-Rays No free Sealants Sealants Space Maintainers Consultations Amalgam Fillings Root Canal Periodontal Maintenance Periodontal Surgery Perfabricated Crowns Recementations No free 	in 5 calendar years child under 19: 1 time in 6 months 1 time in 6 months equency limitation equency limitation of an individual's benefits molar in 2 years for a child under age e in 1 calendar year mit for a child under age 17 2 months accement per surface in 12 Months tooth in 12 months
Bitewing X-Rays Periapical X-Rays Other X-Rays No free Benefits are payable immediately from the start date of the start	child under 19: 1 time in 6 months 1 time in 6 months equency limitation equency limitation of an individual's benefits molar in 2 years for a child under age in 1 calendar year mit for a child under age 17 2 months accement per surface in 12 Months tooth in 12 months
 Periapical X-Rays Other X-Rays No free TYPE B Benefits are payable immediately from the start date of the start	1 time in 6 months equency limitation equency limitation of an individual's benefits molar in 2 years for a child under age in 1 calendar year mit for a child under age 17 2 months accement per surface in 12 Months tooth in 12 months
Periapical X-Rays Other X-Rays No free TYPE B Benefits are payable immediately from the start date of the start date o	equency limitation equency limitation of an individual's benefits molar in 2 years for a child under age in 1 calendar year mit for a child under age 17 2 months accement per surface in 12 Months tooth in 12 months
 Other X-Rays No free TYPE B Benefits are payable immediately from the start date of the second start date of the second	equency limitation of an individual's benefits molar in 2 years for a child under age in 1 calendar year mit for a child under age 17 2 months accement per surface in 12 Months tooth in 12 months
TYPE B Benefits are payable immediately from the start date of 19 Examinations – Problem Focused 11 times 19 Examinations – Problem Focused 11 times 19 Consultations 10 Lin 19 Amalgam Fillings 11 repl Root Canal 11 per 19 Periodontal Maintenance 12 Periodontal Maintenance 12 Periodontal Surgery 11 per 19 Periodontal Surgery 11 per 19 Prefabricated Crowns 11 in 15 Repairs 10 No free 19 Recementations 10 No free 19 Recementations 10 No free 19 Labs & Other Tests 10 No free 19 Page 19 Prefabricated Crowns 10 No free 19 Recementations 10 No free 19 Recementa	of an individual's benefits molar in 2 years for a child under age in 1 calendar year mit for a child under age 17 2 months accement per surface in 12 Months tooth in 12 months
 Sealants Examinations – Problem Focused Space Maintainers Consultations Amalgam Fillings Root Canal Periodontal Maintenance Periodontal Surgery Scaling & Root Planing Prefabricated Crowns Repairs Recementations Labs & Other Tests 1 per 19 1 per 2 1 per 3 1 per 4 1 per 4 2 Periodontal Tests No free No free No free No free No free 	molar in 2 years for a child under age in 1 calendar year mit for a child under age 17 2 months acement per surface in 12 Months tooth in 12 months
19	e in 1 calendar year mit for a child under age 17 2 months accement per surface in 12 Months tooth in 12 months
 Space Maintainers Consultations Amalgam Fillings Root Canal Periodontal Maintenance Periodontal Surgery Scaling & Root Planing Prefabricated Crowns Repairs No free Recementations No free Labs & Other Tests No free 	mit for a child under age 17 2 months accement per surface in 12 Months tooth in 12 months
 Consultations Amalgam Fillings Root Canal Periodontal Maintenance Periodontal Surgery Scaling & Root Planing Prefabricated Crowns Repairs Recementations Labs & Other Tests 1 repl 2 periodontal 1 per 2 periodontal 1 per No free No free No free 	2 months accement per surface in 12 Months tooth in 12 months
 Amalgam Fillings Root Canal Periodontal Maintenance Periodontal Surgery Scaling & Root Planing Prefabricated Crowns Repairs Recementations Labs & Other Tests 1 repl 1 per 1 per 1 per No fre No fre No fre 	acement per surface in 12 Months tooth in 12 months
 Root Canal Periodontal Maintenance Periodontal Surgery Scaling & Root Planing Prefabricated Crowns Repairs Recementations Labs & Other Tests 1 per 2 Prefabricated Crowns No fre 3 No fre 4 No fre 5 No fre 6 No fre 6	tooth in 12 months
 Root Canal Periodontal Maintenance Periodontal Surgery Scaling & Root Planing Prefabricated Crowns Repairs Recementations Labs & Other Tests 1 per 2 Prefabricated Crowns No fre 3 No fre 4 No fre 5 No fre 6 No fre 6	tooth in 12 months
 Periodontal Maintenance Periodontal Surgery Scaling & Root Planing Prefabricated Crowns Repairs Recementations Labs & Other Tests 2 Periodontal Surgery 1 per 1 per No fre No fre No fre 	
 Periodontal Surgery Scaling & Root Planing Prefabricated Crowns Repairs Recementations Labs & Other Tests 1 per 2 per 3 per 4 per 4 per 5 per 6 per 6 per 7 per 8 per 9 per 9	o. treatments in a calendar year,
 Scaling & Root Planing Prefabricated Crowns Repairs Recementations Labs & Other Tests 1 per 1 in 13 No fre No fre No fre No fre 	es 2 cleanings
 Prefabricated Crowns Repairs Recementations Labs & Other Tests 1 in 12 No free No free No free 	quadrant in any 36 month period
 Repairs Recementations Labs & Other Tests No free No free No free 	quadrant in any 24 month period
 Recementations Labs & Other Tests No free No free 	2 months
 Labs & Other Tests No free 	equency limitation
	equency limitation
 Emergency Palliative Treatment No free 	equency limitation
	equency limitation
	equency limitation
for composite fillings on molars)	equency limitation
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1 11 0	equency limitation
	equency limitation
	equency limitation
Tissue Grafts	equency limitation
	equency limitation
TYPE C	of an individual's banefits
Benefits are payable immediately from the start date of the Crown Buildups / Post Core ■ 1 per	
· '	tooth in 84 months 4 months
	equency limitation equency limitation
	CUUCHUV IIIIIIIAIIUH
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	4 months
 Implant Services Implant Repairs 1 per 	



 Implant Supported Prosthetic 	1 per tooth in 84 Months		
 Tissue Conditioning 	 No frequency limitation 		
 Occlusal Adjustments 	 No frequency limitation 		
Orthodontics			
Benefits are payable immediately from the start date of an individual's benefits			
 Orthodontic Diagnostics 	 No frequency limitation 		
 Orthodontic Treatment 	 No frequency limitation 		

Exclusions

Select plan

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



Frequency & Allocations / Exclusions – VALUE PLAN

Class Description: Value plan	
	YPE A
	om the start date of an individual's benefits
Examinations	2 times in 1 calendar year
Prophylaxis: Cleanings	2 times in 1 calendar year
 Fluoride 	 1 time in 12 months for a dependent child under age 19
Full Mouth or panoramic X-Rays	 Once in 5 calendar years
 Bitewing X-Rays 	 For a child under 19: 1 time in 6 months
,	 Adult: 1 time in 6 months
 Emergency Palliative Treatment 	 No frequency limitation
 Periapical X-Rays 	 No frequency limitation
Other X-Rays	 No frequency limitation
	YPE B om the start date of an individual's benefits
Sealants	1 per molar in 2 years for a child under age 19
Examinations – Problem Focused	1 time in 1 calendar year
Space Maintainers	No Limit for a child under age 17
Consultations	2 in 12 months
Amalgam Fillings	1 replacement per surface in 12 Months
Root Canal	1 per tooth in 12 months
Periodontal Maintenance	
Periodoniai Maintenance	21 ono: Trodimonto in a calondar your,
Periodontal Surgery	includes 2 cleanings (total comb: 2)
r enederital eargery	i per quadrant in arry de mentir period
Scaling & Root Planing Profebricated Crawns	 1 per quadrant in any 24 month period 1 in 12 months
Prefabricated Crowns	
Repairs	No frequency limitation
Recementations	No frequency limitation
Labs & Other Tests	No frequency limitation
General Anesthesia	No frequency limitation
 Resin Composite Fillings(excludes coverage 	No frequency limitation
for composite fillings on molars)	NI. Communication Programme
Pulpotomy	No frequency limitation
Pulp Capping	No frequency limitation
Pulp Therapy	No frequency limitation
Apexification & Recalcification	No frequency limitation
 Periodontal Surgery – Soft & Connective Tissue Grafts 	 No frequency limitation
Periodontics – Non-Surgical	 No frequency limitation
 Oral Surgery: Simple Extractions 	 No frequency limitation
 Oral Surgery: Surgical Extractions 	 No frequency limitation
 Other Oral Surgery 	 No frequency limitation
 General Services 	 No frequency limitation
	YPE C om the start date of an individual's benefits
■ Crown Buildups / Post Core	1 per tooth in 60 months
Dentures	1 in 60 months
 Dentures – Rebases / Relines 	No frequency limitation
Denture Adjustments	No frequency limitation
Fixed Bridges	1 in 60 months
 Inlays / Onlays / Crowns 	1 replacement per tooth in 60 months
Implant Services	1 per tooth position 60 months
Implant Services Implant Repairs	1 per tooth position to months 1 per tooth in 12 months
- Implant Nepalls	- 1 per tooti iii 12 iiioiitii5



 Implant Supported Prosthetic 	 1 per tooth in 60 months
 Tissue Conditioning 	No frequency limitation
 Occlusal Adjustments 	 No frequency limitation

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Value plan

- 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.
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- 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.
- 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.
- 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.
- Orthodontia services or appliances.
- Repair or a replacement of an orthodontic appliance.

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