Dental Benefits

Metropolitan Life Insurance Company

Overview of Benefits for: REED COLLEGE **Date Prepared: 10-31-2026**

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver affordable protection for a healthier smile and a healthier you.

Coverage Type	**In-Network:** % of Negotiated Fee[1]	**Out-of-Network:** % of R&C Fee[2]
Type A	100%	100%
Type B	80%	80%
Type C	60%	60%
Orthodontia	50%	50%
Deductible: Individual/Family*	$50 (Type B & C)	$50 (Type B & C)
Annual Maximum Benefit: Per Individual	$2000	$2000
Orthodontia Lifetime Maximum: Per Individual	$1500	$1500
	Ortho applies to Adult and Child (Up to dependent age limit)	

Understanding Your Dental Benefits Plan

With the MetLife Preferred Dentist Program** you can visit the dentist of your choice – an "in-network" dentist (a participating MetLife dentist) or an "out-of-network" dentist.

[1] Negotiated fees refer 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. 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.

- Plan benefits for in-network services are based on the percentage of the Negotiated fee –the fee that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefit maximums. Negotiated fees are subject to change.
- Plan benefits for out-of-network services are based on a percentage of the Reasonable and Customary (R&C) charge. If you choose a dentist who does not participate in the network, your out-of-pocket expenses may be higher, since you will be responsible for paying any difference between the dentist's fee and your plan's payment for the approved service. Please refer to the Selected Covered Services and Frequency Limitations page of this document for details regarding how R&C charges are defined under this plan.

[2] 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

Take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating dentist
- Elect to view your Explanation of Benefits online

If you are not already registered, just go to **www.metlife.com/mybenefits** and follow the easy registration instructions.

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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.

Certain plan benefits are based on a percentage of the negotiated fee. This is the amount that participating dentists have agreed to accept as payment in full. If your plan benefits are based on a percentage of the Reasonable and Customary (R&C) charges, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist's fee and your plan's payment for the approved service.

* If you are enrolled for dependent coverage, a maximum family deductible may apply.

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.

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Selected Covered Services and Frequency Limitations*

Type A	
• Oral Examinations	2 in 1 year.
• Fluoride	Children to age 18 / 2 in 1 year.
• Bitewing X-rays	Adult - 2 in 1 year / Children - 2 in 1 year.
• Full Mouth X-rays	1 in 3 years.
• Space Maintainers	For dependent children to age 12. Limited to 1 per lifetime per area.
• Sealants (1st & 2nd permanent molars)	1 per tooth in 60 months of a dependent child up to 18th birthday.
• Cleanings	2 in 1 year.
Type B	
• Periodontal Maintenance	2 in 1 year less the number of teeth cleanings.
• Emergency Palliative Treatment	
• Periodontal Root Planing & Scaling	1 per quadrant in any 24 months period.
• Periodontal Surgery	1 in 36 months.
• Amalgam & Composite Fillings	1 per surface in 24 months.
• Simple Extractions	
• Root Canal	One per tooth per Lifetime.
• Surgical Extractions	
Type C	
• Crowns	1 in 84 months.
• Dentures	1 in 84 months.
• Bridges	1 in 84 months.
• Repairs (Crowns)	1 in 12 months.
Orthodontia	
• Dependent children are covered up to their 26th birthday.	
• All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia. • Payments are on a repetitive basis. • 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the Plan Summary. • Orthodontic benefits end at cancellation of coverage.	

The service categories and plan limitations shown in this document represent an overview of your plan benefits, but are not a complete description of the plan. Before making any purchase or enrollment decision you should review the certificate of insurance which is available through MetLife or your employer. In the event of a conflict between this overview and your certificate of insurance, your certificate of insurance governs.

Like most group benefits programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations 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. Ask your MetLife representative for costs and complete details.

***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 pretreatment 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

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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.

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