Lower Colorado River Authority

Dental

Metropolitan Life Insurance Company

Network: PDP Plus

Coverage Type	In-Network % of Negotiated Fee*	Out-of-Network % of R&C Fee**
Type A: Preventive (cleanings, exams, X-rays)	100%	100%
Type B: Basic Restorative (fillings, extractions)	80%	80%
Type C: Major Restorative (bridges, dentures)	50%	50%
Type D: Orthodontia	50%	50%

Deductible†		
Individual	$50	$50
Family	$150	$150
Annual Maximum Benefit		
Per Person	$2,000	$2,000
Orthodontia Lifetime Maximum		
Per Person	$2,000	$2,000

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

*Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

**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 charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

†Applies only to Type B & C Services.

ADF# D1145.16

List of Primary Covered Services & Limitations

Type A - Preventive	How Many/How Often
Prophylaxis (cleanings)	• Four per calendar year
Oral Examinations	• Two exams per calendar year
Topical Fluoride Applications	• One fluoride treatment per calendar year for dependent children up to 15th birthday
X-rays	• Full mouth X-rays: one per 60 months • Bitewing X-rays: one set per calendar year
Space Maintainers	• Space Maintainers for dependent children up to 19th birthday. Once per tooth area, per lifetime.
Sealants	• One application of sealant material every 60 months for each non-restored, non-

	decayed 1st and 2nd molar of a dependent child up to 19th birthday
Type B - Basic Restorative	**How Many/How Often**
Fillings	• Replacement once every 24 months
Simple Extractions	
Crown, Denture, and Bridge Recementations	• Recementations once every 12 months
Endodontics	• Root canal treatment limited to once per tooth per 2 years
General Anesthesia	• When dentally necessary in connection with oral surgery, extractions or other covered dental services
Oral Surgery	
Periodontics	• Periodontal scaling and root planing once per quadrant, every 2 years • Periodontal surgery once per quadrant, every 3 years • Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year
Type C - Major Restorative	**How Many/How Often**
Crown, Denture, and Bridge Repair	• Repair once every 12 months
Implants	• Replacement once every 10 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 10 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/Onlays	• Replacement once every 10 years.
Type D - Orthodontia	**How Many/How Often**
	• You, Your Spouse, and Your Children, up to age 26, are covered while Dental Insurance is in effect. • 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 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.