Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Pearland Independent School District

Network: PDP Plus

	Plan option 1 High Dental Plan		Plan option 2 Low Dental Plan	
	In-Network[1] % of Negotiated Fee[2]	**Out-of-Network[1]** 90% of R&C Fee**	**In-Network[1]** % of Negotiated Fee[2]	**Out-of-Network[1]** Scheduled Amount
Coverage Type				
Type A: Preventive (cleanings, exams, X-rays)	100%	100%	100%	100%
Type B: Basic Restorative (fillings, extractions)	80%	80%	80%	80%
Type C: Major Restorative (bridges, dentures)	50%	50%	Not Covered	Not Covered
Type D: Orthodontia	50%	50%	Not Covered	Not Covered
Deductible†				
Individual	$50	$50	$50	$50
Family	$150	$150	$150	$150
Annual (9/1 – 8/31) Maximum Benefit				
Per Person	$1,250	$1,250	$500	$500
Orthodontia Lifetime Maximum				
Per Person***	$1,000	$1,000	Not Covered	Not Covered

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

[1] "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.
[2]Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for certain services, subject to any copayments, 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.

L0325047071[exp0327][xNM] © 2025 MetLife Services and Solutions, LLC

Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Pearland Independent School District

List of Primary Covered Services & Limitations*

The service categories 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.

*If Dentally Necessary, You and Your Dependents may be eligible for additional dental treatment if diagnosed with one or more specified medical conditions. Please see the Description of Covered Services section of this Certificate for additional details.

Plan Type	Plan Option 1: High Dental Plan How Many/How Often	Plan Option 2: Low Dental Plan How Many/How Often
Type A — Preventive		
Prophylaxis (cleanings)	Three per plan year	Three per plan year
Oral Examinations	Three exams per plan year	Three exams per plan year
Topical Fluoride Applications	One fluoride treatment per plan year for dependent children up to his/her 16th birthday	One fluoride treatment per plan year for dependent children up to his/her 16th birthday
X-rays	• Full mouth X-rays; once every 5 years • Bitewings X-rays; four sets per plan year for adults; one set per plan year for children up to his/her 10th birthday	• Full mouth X-rays; once every 5 years • Bitewing X-rays; four sets per plan year for adults; one set per plan year for children up to his/her 10th birthday
Space Maintainers	Space maintainers for dependent children up to his/her 15th birthday	Space maintainers for dependent children up to his/her 15th birthday
Sealants	One application of sealant material per tooth per lifetime for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 16th birthday	One application of sealant material per tooth per lifetime for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 16th birthday
Periodontics	• Evaluation once every 2 years • Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a plan year	• Evaluation once every 2 years • Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a plan year
Type B — Basic Restorative		
Fillings		
Simple Extractions		
Crowns, Inlays and Onlays		• Not Covered
Fixed and Removable Appliance	One set per plan year for children up to his/her 14th birthday	• Not Covered

L0325047071[exp0327][xNM] © 2025 MetLife Services and Solutions, LLC

Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Pearland Independent School District

Type C — Major Restorative		
Crown, Denture and Bridge Repair/ Recementations		• Not Covered
Oral Surgery		• Not Covered
Implants	Replacement once every 5 years	• Not Covered
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	• Not Covered
Endodontics	Root canal treatment is limited to once per tooth per lifetime.	• Not Covered
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services	• Not Covered
Periodontics	• Periodontal scaling and root planing once per quadrant, every 3 years • Periodontal surgery once per quadrant, every 36 months • Occlusal adjustments once per quadrant in a 3 year period	• Not Covered
Type D — Orthodontia		
	• Your children, up to age 19 and adults, 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	• Not Covered

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.

L0325047071[exp0327][xNM] © 2025 MetLife Services and Solutions, LLC

Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Pearland Independent School District

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 you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent 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;
- 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 picks, 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 employer of the person receiving such services is not required to pay; or
  - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- 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;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Implants including, but not limited to any related surgery, placement, restorations, maintenance, and removal;
- Repair of implants;
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Implants supported prosthetics to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders.
- Repair or replacement of an orthodontic device;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture

L0325047071[exp0327][xNM] © 2025 MetLife Services and Solutions, LLC

Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Pearland Independent School District

Limitations

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 GPNP99) issued by Metropolitan Life Insurance Company (MetLife). Coverage terminates when your participation ceases, 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.

This dental benefits plan is made available through a self-funded arrangement. MetLife administers this dental benefits plan but does not provide insurance to fund benefits.

Group dental plans featuring the Preferred Dentist Program are provided by Metropolitan Life Insurance Company, New York, NY 10166.

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.

L0325047071[exp0327][xNM] © 2025 MetLife Services and Solutions, LLC

Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Pearland Independent School District

Questions & Answers

Q. Who is a participating dentist?

A. A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees typically range from 30% – 45% below the average fees charged in a dentist's community for the same or substantially similar services.†

Q. How do I find a participating dentist?

A. There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists by calling 1-800-GET-MET8 to have a list faxed or mailed to you.

Q. What services are covered under this plan?

A. The Plan documents set forth the services covered by your plan. The List of Primary Covered Services & Limitations herein contains a summary of covered services. In the event of a conflict between the Plan documents and this summary, the terms of the Plan documents shall govern. Please review the enclosed plan benefits to learn more.

Q. May I choose a non-participating dentist?

A. Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist your out-of-pocket costs may be higher.

Q. Can my dentist apply for participation in the network?

A. Yes. If your current dentist does not participate in the network and you would like to encourage him/her to apply, ask your dentist to visit www.metdental.com, or call 1-866-PDP-NTWK for an application.†† The website and phone number are for use by dental professionals only.

Q. How are claims processed?

A. Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, call 1-800-GET-MET8.

Q. Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?

A. Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. MetLife strongly recommends that you have your dentist submit a pretreatment estimate to MetLife if the cost is expected to exceed $300. When your dentist suggests treatment, have him or her send a claim form, along with the proposed treatment plans and supporting documentation, to MetLife. An explanation of benefits (EOB) will be sent to you and the dentist detailing an estimate of what services MetLife will cover and at what payment level. Actual payments may vary from the pretreatment estimate depending upon annual maximums, deductibles, plan frequency limits and other plan provisions at time of payment.

Q. Can MetLife help me find a dentist outside of the U.S. if I am traveling?

A. Yes. Through international dental travel assistance services* you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.** Please remember to hold on to all receipts to submit a dental claim.

Q. How does MetLife coordinate benefits with other insurance plans?

A. Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan, subject to applicable law. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan, subject to applicable law.

Q. Do I need an ID card?

A. No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

L0325047071[exp0327][xNM] © 2025 MetLife Services and Solutions, LLC

Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Pearland Independent School District

Monthly Cost

The following monthly costs are effective through August 31, 2028. Your premium will be paid through convenient payroll deduction. The monthly costs shown below for “Employee + Family” include the cost for all eligible children.

Plan Option 1: High Dental Plan

Employee Only	$44.17	Employee + Family	$149.66
Employee + One	$86.92		

Plan Option 2: Low Dental Plan

Employee Only	$22.72	Employee + Family	$76.54
Employee + One	$33.58		

†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.

Savings from enrolling in a dental benefits plan featuring the MetLife Preferred Dentist Program will depend on various factors, including the cost of the plan, how often participants visit a

L0325047071[exp0327][xNM] © 2025 MetLife Services and Solutions, LLC

Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Pearland Independent School District

dentist, and the cost of services rendered.

††Due to contractual requirements, MetLife is prevented from soliciting certain providers.

*AXA Assistance USA, Inc. provides Dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations. Exclusions: The AXA Travel Assistance Program is available for participants in traveling status. Whenever a trip exceeds 120 days, the participant is no longer considered to be in traveling status and is therefore no longer eligible for the services. Also, AXA Assistance USA will not evacuate or repatriate participants without medical authorization; with mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home; or with infections under treatment and not yet healed. Benefits will not be paid for any loss or injury that is caused by or is the result from: pregnancy and childbirth except for complications of pregnancy, and mental and nervous disorders unless hospitalized. Reimbursements for non-medical services such as hotel, restaurant, taxi expenses or baggage loss while traveling are not covered. The maximum benefit per person for costs associated with evacuations, repatriations or the return of mortal remains is US$500,000. Treatment must be authorized and arranged by AXA Assistance's designated personnel to be eligible for benefits under this program. All services must be provided and arranged by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.

**Refer to your dental benefits plan summary for your out-of-network dental coverage.

L0325047071[exp0327][xNM] © 2025 MetLife Services and Solutions, LLC