

LIMITATIONS / PROVISIONS ON DENTAL SERVICES– Class 1

Type A (Preventive Services)

- Oral exams but not more than once every 6 months.
- Scaling and polishing of teeth (oral prophylaxis) but not more than once every 6 months.
- Topical fluoride treatment for a Dependent child under 19 years of age but not more than once every 12 months.
- Sealants which are applied to non-restored, non-decayed, first and second permanent molars only, for a Dependent child up to 14 years of age every 60 months.

Type B (Basic Services)

- Initial placement of amalgam or composite fillings.
- Replacement of an existing amalgam or composite filling; and
 - at least 24 months have passed since the existing filling was placed; or
 - a new surface of decay is identified on that tooth.
- Full Mouth X-rays but not more than once every 60 months.
- Bitewing X-rays but not more than once every 6 months for Dependent Children under 19 years of age, and once every 12 months for all other Covered Persons.
- Space Maintainers for a Dependent under 14 years of age.
- Periodontal maintenance but limited to 2 times in a year less the number of teeth cleanings received during such year.

Type C (Major Services)

- Initial Installation of Cast Restorations
 - Cast Restoration means an inlay, onlay or crown.
 - Replacement of any Cast Restorations with the same or a different type of Cast Restoration but not more than one replacement for the same tooth within 10 years.
 - Core buildup, labial veneers and post and cores, but not more than one of each service for a tooth in a period of 10 years.
- Prefabricated stainless steel crowns or prefabricated resin crowns, in either case, only for primary teeth but not more than once in any 60 month period.
- Endodontics
 - Root canal treatment not more often than once every 24 months for the same tooth.
- Periodontics
 - Periodontal scaling and root planing but not more than once per quadrant or area every 24 months.
 - Periodontal surgery, including gingivectomy or gingivoplasty, osseous surgery, bone replacement graft, and guided tissue regeneration once per quadrant or area every 36 months.
- Relining and Rebasings of existing removable dentures but not more than once in 36 months.
- Those services needed to replace one or more natural teeth which are lost while Dental Expense Benefits for the Covered Person are in effect for:
 - installation of fixed bridgework done for the first time.
 - installation for the first time of a partial removable denture; or a full removable denture.
- Replacing an existing removable denture or fixed bridgework if:
 - it is needed because of the loss of one or more natural teeth after the existing denture or bridgework was installed and the denture or bridgework cannot be made serviceable; or
 - it is needed because the existing denture or bridgework can no longer be used and was installed more than 10 years prior to its replacement.
- Replacement an existing immediate temporary full denture by a new permanent full denture when:
 - the existing denture cannot be made permanent; and
 - the permanent denture is installed within 12 months after the existing denture was installed.
- Adding teeth to an existing partial removable denture or to bridgework when needed to replace one or more natural teeth removed after the existing denture or bridgework was installed.
- Administration of general anesthesia, when dentally necessary as determined by Metropolitan in terms of generally accepted dental standards in connection with oral surgery, extractions, or other covered dental services.
- Consultations, not more than 2 in any 12 months.

Type D (Orthodontic Services)

- Benefit for initial preparation, work up & installation of Orthodontic appliance is 20% of the total covered expense.
- All dental procedures performed in connection with Orthodontic treatment are payable as Orthodontia.
- Payments are on a repetitive basis (monthly installments).
Benefits end at cancellation.

Benefit Waiting Period

For employees who elect coverage during the 31-day application period, the following Dental Benefits will become effective after the satisfaction of the waiting period(s) shown below. In the case of transferred business, if employees elected coverage under the prior plan for which the employees were eligible, the following waiting periods will not apply.

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| Preventive Services | No waiting period |
| Basic Services | No waiting period |
| • Major Services | 6 month waiting period |
| • Orthodontic Services | 6 month waiting period (if covered) |