

Maryland Retired School Personnel Association Plan Summary and Cost of Coverage

With a MetLife Dental Insurance plan, your acceptance is guaranteed.

Eligibility

You are eligible for insurance if you were covered for insurance on the day immediately preceding the date of your retirement and have retired in accord with the MRSPA retirement plan¹.

Plan Benefits— Choose a Plan

Plan Option 1

PPO Basic

Network: PDP Plus

Coverage Type	In-Network % of Negotiated Fee*	Out-of-Network % of Negotiated Fee*
Type A: Preventive (cleanings, exams,)	80%	80%
Type B: Basic Restorative (fillings, X-rays)	45% After deductible	45% After deductible
Type C: Major Restorative (bridges, dentures, extractions)	35%	35%
Deductible†		
Individual (per calendar year)	\$75	\$75
Family (per calendar year)	\$225	\$225
Annual Maximum Benefit		
Per Person	\$750	\$750

Child(ren)'s eligibility for dental coverage is from birth up to age 26².

*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.

†Applies to Type A, B and C Services

Plan Option 2

PPO Select

Network: PDP Plus

Coverage Type	In-Network % of Negotiated Fee*	Out-of-Network % of Negotiated Fee*
Type A: Preventive (cleanings, exams)	100%	80%
Type B: Basic Restorative (fillings, X-rays)	80% After deductible	60% After deductible
Type C: Major Restorative (bridges, dentures, extractions)	80% After deductible	60% After deductible
Deductible†		
Individual (per calendar year)	\$25	\$50
Family (per calendar year)	\$75	\$150
Annual Maximum Benefit		
Per Person	\$1750	\$1750

Child(ren)'s eligibility for dental coverage is from birth up to age 26².

*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.

†Applies to Type B and C Services.

Plan Option 3

PPO Premier

Network: PDP Plus

Coverage Type	In-Network % of Negotiated Fee*	Out-of-Network % of Negotiated Fee*
Type A: Preventive (cleanings, exams,)	100%	100%
Type B: Basic Restorative (fillings, X-rays,)	80% After deductible	80% After deductible
Type C: Major Restorative (bridges, dentures, extractions)	50% After deductible	50% After deductible
Deductible†		
Individual (per calendar year)	\$50	\$50
Family (per calendar year)	\$150	\$150
Annual Maximum Benefit		
Per Person	\$1,750	\$1,750

Child(ren)'s eligibility for dental coverage is from birth up to age 26².

*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.

†Applies to Type B and C Services.



Rates at a glance

Monthly Rates

The following monthly costs are effective through **October 31, 2021**

Plan Option 1

PPO Basic

Member Only	\$17.67	Member + One	\$33.41
Member + Family	\$48.92		

Plan Option 2

PPO Select

Member Only	\$47.86	Member + Spouse	\$108.10
Member + Child(ren)	\$75.69	Member + Family	\$140.12

Plan Option 3

PPO Premier

Member Only	\$52.93	Member + Spouse	\$119.58
Member + Child(ren)	\$83.74	Member + Family	\$155.00



List of Primary Covered Services & Limitations

The services 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.

Type A: Preventive

Covered Services for all plans


- Oral exams and problem-focused exams, but no more than two exams (whether these exams are oral exams or problem-focused exams) in a Year.
- Screenings, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis, but no more than twice in a Year.
- Patient assessments (limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment), but no more than twice in a Year.
- Diagnostic casts.
- Cleaning of teeth (oral prophylaxis) twice in a Year.

Type B: Basic Restorative

- Full mouth or panoramic x-rays once every 60 months.
- Bitewing x-rays 1 set every 12 months.
- Intraoral-periapical x-rays.
- X-rays, except as mentioned elsewhere.
- Pulp vitality tests and bacteriological studies for determination of bacteriologic agents.
- Collection and preparation of genetic sample material for laboratory analysis and report, but no more than once per lifetime.
- Emergency palliative treatment to relieve tooth pain.
- Topical fluoride treatment for a Child under age 14 twice in a Year.
- Initial placement of amalgam fillings.
- Replacement of an existing amalgam filling, but only if:
 - at least 24 months have passed since the existing filling was placed; or
 - a new surface of decay is identified on that tooth.
- Initial placement of resin-based composite fillings.
- Replacement of an existing resin-based composite filling, but only if:
 - at least 24 months have passed since the existing filling was placed; or
 - a new surface of decay is identified on that tooth.
- Space maintainers for a Child under age 14 once per lifetime per tooth area.
- Sealants or sealant repairs for a Child under age 14, which are applied to non-restored, non-decayed first and second permanent molars, once per tooth every 60 months.
- Preventive resin restorations, which are applied to non-restored first and second permanent molars, once per tooth every 60 months.
- Interim caries arresting medicament application applied to permanent bicuspid and 1st and 2nd molar teeth, once per tooth every 60 months.

Type C: Major Restorative

- Pulp capping (excluding final restoration).

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- Therapeutic pulpotomy (excluding final restoration).
 - Pulp therapy.
 - Apexification/recalcification.
 - Pulpal regeneration, but not more than once per lifetime.
 - General anesthesia or intravenous sedation in connection with oral surgery, extractions or other Covered Services, when We determine such anesthesia is necessary in accordance with generally accepted dental standards.
 - Local chemotherapeutic agents.
 - Initial installation of full or partial Dentures (other than implant supported prosthetics):
 - when needed to replace congenitally missing teeth; or
 - when needed to replace teeth that are lost while the person receiving such benefits was insured for Dental Insurance.
 - Addition of teeth to a partial removable Denture to replace teeth removed while this Dental Insurance was in effect for the person receiving such services.
 - Replacement of a non-serviceable fixed Denture if such Denture was installed more than 10 Years prior to replacement.
 - Replacement of a non-serviceable removable Denture if such Denture was installed more than 10 Years prior to replacement.
 - Replacement of an immediate, temporary, full Denture with a permanent, full Denture, if the immediate, temporary, full Denture cannot be made permanent and such replacement is done within 12 months of the installation of the immediate, temporary, full Denture.
 - Relinings and rebasings of existing removable Dentures:
 - if at least 6 months have passed since the installation of the existing removable Denture; and
 - not more than once in any 36 month period.
 - Re-cementing of Cast Restorations or Dentures, but not more than once in a 12 month period.
 - Adjustments of Dentures, if at least 6 months have passed since the installation of the Denture and not more than once in any 12 month period.
 - Initial installation of Cast Restorations (except implant supported Cast Restorations).
 - Replacement of Cast Restorations (except an implant supported Cast Restoration) but only if at least 10 Years have passed since the most recent time that:
 - a Cast Restoration was installed for the same tooth; or
 - a Cast Restoration for the same tooth was replaced.
 - Prefabricated crown, but no more than one replacement for the same tooth within 10 Years.
 - Core buildup, but no more than once per tooth in a period of 10 Years.
 - Posts and cores, but no more than once per tooth in a period of 10 Years.
 - Oral surgery, except as mentioned elsewhere in this certificate.
 - Consultations for interpretation of diagnostic image by a Dentist not associated with the capture of the image, but not more than once in a 12 month period.
 - Other consultations, but not more than once in a 12 month period.
 - Root canal treatment, including bone grafts and tissue regeneration procedures in conjunction with periradicular surgery, but not more than once for the same tooth.
 - Other endodontic procedures, such as apicoectomy, retrograde fillings, root amputation, and hemisection.
 - Periodontal scaling and root planing, but no more than once per quadrant in any 24 month period.
 - Full mouth debridements, but not more than once in any 36 month period.

- Periodontal surgery, including gingivectomy, gingivoplasty and osseous surgery, but no more than one surgical procedure per quadrant in any 60 month period.
- Periodontal maintenance, where periodontal treatment (including scaling, root planing, and periodontal surgery, such as gingivectomy, gingivoplasty and osseous surgery) has been performed. Periodontal maintenance is limited to two times in any Year less the number of teeth cleanings received during such 1 Year period.

Exclusions

This plan does not cover the following services, treatments and supplies:

- services which are not Dentally Necessary, or those which do not meet generally accepted standards of care for treating the particular dental condition;
- 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 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 which are primarily cosmetic unless such service is:
 - required for reconstructive surgery which is incidental to or follows surgery which results from trauma, an infection or other disease of the involved part; or
 - required for reconstructive surgery because of a congenital disease or anomaly of a Child which has resulted in a functional defect;
- For residents of Texas see notice page section.
- 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;
 - covered under any employer liability law;
 - for which the Policyholder of the person receiving such services is required to pay; or
 - 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;
- biopsies of hard or soft oral tissue;
- 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;
- protective (sedative) fillings;
- labial veneers;
- modification of removable prosthodontic and other removable prosthetic services;
- injections of therapeutic drugs;
- application of desensitizing agents;
- fixed and removable appliances for correction of harmful habits;
- appliances or treatment for bruxism (grinding teeth);
- initial installation of a Denture or implant or implant supported prosthetic to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing teeth;
- precision attachments associated with fixed and removable prostheses, 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;
- duplicate prosthetic devices or appliances;
- replacement of a lost or stolen appliance, Cast Restoration or Denture;
- orthodontic services or appliances;
- repair or replacement of an orthodontic device;
- diagnosis and treatment of temporomandibular joint disorders and cone beam imaging associated with the treatment of temporomandibular joint disorders;
- intra and extraoral photographic images.

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. 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. Procedure charge schedules are subject to change each plan year. You can obtain an updated procedure charge schedule for your area via fax by dialing 1-800-942-0854 and using the MetLife Dental Automated Information Service. 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 / G.2130-S) issued by MetLife. Coverage terminates when your membership ceases, the participating association ceases to participate in the trust, insurance ceases for your class, 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.

1. You must be a member of the Maryland Retired School Personnel Association to qualify for this insurance plan.
2. Refers to your unmarried dependent children through age 26.

Coverage may not be available in all states. Please contact Academy Financial Benefit Services your plan administrator at 1-866-571-5962 for more information.

Rates may be changed on the entire group plan or on a class basis and on any premium due date on which benefits are changed. A class is a group of people defined in the group policy. Benefits are subject to change upon agreement between Metropolitan Life Insurance Company and the participating organization.

The association and/or the plan administrator incurs costs in connection with providing oversight and administrative support for this sponsored plan. To provide and maintain this valuable membership benefit, MetLife may compensate the association and/or the plan administrator for these and/or other costs.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact Academy Financial Benefit Services your plan administrator at 1-866-571-5962 for costs and complete details.

Policy form GPNP99

Policy number 165216-1-G

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