

The North Carolina Medical Society Employee Benefit Plan and MetLife are Pleased to Offer Dental Benefits to Participating Employers.



MetLife



North Carolina



Medical Society

Leadership in Medicine

METLIFE GROUP DENTAL BENEFITS

With more than 40 years of experience in providing dental benefits, MetLife is a driving force in the dental benefits industry. MetLife concentrates on dental benefits as a primary product with dedicated resources to maximize the value of our dental benefits program. Through this approach, MetLife delivers value to employers, participants and dentists. MetLife is the largest U.S. commercial dental benefits administrator,¹ serving over 19 million people.²

FREEDOM OF CHOICE

All MetLife plans give your employees the freedom to choose any dentist – even if that dentist does not participate in MetLife’s Preferred Dental Program (PDP) network. They don’t have to select a primary dentist and they are never locked into any specific dentist. Best of all, MetLife’s leading network of dental providers includes more than 3,020² participating dentist locations in North Carolina.

To find out if a dentist participates in MetLife’s PDP, go to www.metlife.com/dental or call **1-800-ASK 4 MET (1-800-275-4638)**.

METLIFE DENTAL PLAN OPTIONS

For employers participating in the NCMS, the plan options available offer choices in the type of Benefit Reimbursement. The benefits are limited to either the PDP (Preferred Dental Program) fee schedule or the R&C (Reasonable and Customary charge).

PDP Fee Schedule: When benefits are limited to the PDP fee schedule, it means that benefits are paid based on the negotiated PDP (Preferred Dentist Program) fee. A negotiated fee refers to the PDP fee schedule which participating dentists agree to accept as payment in full. The plan may reimburse you for all or part of the PDP fee. Reimbursement depends on the plan chosen and the service rendered.

R&C: When benefits are limited to the R&C (Reasonable and Customary charge), it means that benefits are paid based on the R&C charge determined for your area. The R&C charge 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 usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife. The plan may reimburse you for all or part of the R&C fee. Reimbursement depends on the plan chosen and the service rendered.

TAKEOVER BENEFITS

Takeover means that you are given credit for waiting periods for like coverages accumulated under your existing plan.

1. Takeover Benefits must be requested and are subject to the approval of MetLife. Details about your existing plan must be submitted at enrollment.
2. For an employer group to be eligible for Takeover Benefits, at least 75% of eligible employees must be enrolled and your current Dental plan must have been in effect continuously for at least 12 months prior to the effective date of this plan.
3. All Employees insured on the effective date of coverage with MetLife, with continuous coverage from a prior group Dental contract, are eligible for Takeover Benefits if their group has been approved by MetLife. Any waiting periods will be reduced by the amount of time insured under the prior plan.

PREDETERMINATION OF BENEFITS

MetLife recommends a predetermination of benefits for treatment plans that exceed \$300. This service helps employees better understand their coverage. A predetermination of benefits explains which recommended procedures are covered and at what amount. Employees should submit the treatment plan to MetLife for review and predetermination of benefits **before** receiving the services. Of course, actual payments may vary depending upon plan maximums, frequency limits and other factors at time of payment.

UNDERWRITING REQUIREMENTS

Employer may select to have only one plan option (A through D) or a dual plan option of Plan A plus any other Plan (B, C or D). A minimum of 75% of eligible employees must enroll in the chosen plan. An employer contribution of 25% is required.

¹ 2010 MetLife Market Research, based on enrolled lives as of 12/31/09.

² MetLife data as of April 2011.

EMPLOYERS PARTICIPATING IN THE NCMS PLAN CAN CHOOSE FROM THE FOLLOWING PLANS:

SERVICES	DENTAL PLAN A	DENTAL PLAN B	DENTAL PLAN C	DENTAL PLAN D
Contract Year Deductible	N/A	N/A	N/A	\$50
Per Individual Family Limit				\$150
Waived for Type I				Yes
Reimbursement Type:				
In-Network	Negotiated PDP fee	Negotiated PDP fee	Negotiated PDP fee	Negotiated PDP fee
Out-of-Network	90th percentile of (R&C)	90th percentile of (R&C)	90th percentile of (R&C)	90th percentile of (R&C)
Type I Preventative Services	100% oral exams (1 per 6 months), cleanings (1 per 6 months), bitewing x-rays (1 per 6 months for children; 1 per 12 months for all others), fluoride treatment (children under age 14)	100% oral exams (1 per 6 months), cleanings (1 per 6 months), bitewing x-rays (2 per 12 months), fluoride treatment (children under age 14), space maintainers (children under age 14), sealants (children under age 14)	100% oral exams (1 per 6 months), cleanings (1 per 6 months), bitewing x-rays (2 per 12 months), fluoride treatment (children under age 14), space maintainers (children under age 14), sealants (children under age 14), full mouth x-rays	100% oral exams (1 per 6 months), cleanings (1 per 6 months), bitewing x-rays (2 per 12 months), fluoride treatment (children under age 19), space maintainers (children under age 14), sealants (children under age 14), full mouth x-rays, periapical x-rays
Type II Basic Services	80% space maintainers (children under age 14), fillings, sealants (children under age 14), full mouth x-rays, periodontal maintenance, periapical x-rays, injection of antibiotic drugs	80% fillings, full mouth x-rays, periodontal maintenance, periapical x-rays, injection of antibiotic drugs, endodontics	80% fillings, periodontal maintenance, periapical x-rays, injection of antibiotic drugs, endodontics, anesthesia, simple & surgical extractions, oral surgery, periodontics, periodontal surgery	80% fillings, periodontal maintenance, injection of antibiotic drugs, endodontics, anesthesia, simple & surgical extractions, oral surgery, consultations
Type III Major Services	50% endodontics, anesthesia, simple & surgical extractions, oral surgery, periodontics, periodontal surgery, crowns, inlays, onlays, dentures, bridges, consultations	50% anesthesia, simple & surgical extractions, oral surgery, periodontics, periodontal surgery, crowns, inlays, onlays, dentures, bridges, consultations	50% crowns, inlays, onlays, dentures, bridges, consultations	50% periodontics, periodontal surgery, crowns, inlays, onlays, dentures, bridges
Waiting Period	12 months	12 months	12 months	12 months
Contract Year Maximum	\$1,000	\$1,250	\$1,500	\$1,500
Type IV Child Orthodontia (Optional)	N/A	50%	50%	50%
Lifetime Maximum		\$1,000	\$1,000	\$1,500
Deductible		None	None	None
Waiting Period		12 months	12 months	12 months



North Carolina Medical Society Dental Rates Effective August 1, 2011

	Plan A	Plan B	Plan C	Plan D
<i>Without Ortho</i>				
EE	\$26.29	\$36.03	\$38.80	\$40.90
EE + One	\$50.27	\$68.88	\$74.16	\$78.18
EE + Two	\$63.04	\$86.36	\$93.03	\$98.02
EE + Family	\$85.50	\$117.12	\$126.18	\$132.96
<i>With Ortho</i>				
EE	n/a	\$36.03	\$38.80	\$40.90
EE + One	n/a	\$68.88	\$74.16	\$78.18
EE + Two	n/a	\$92.51	\$99.66	\$108.02
EE + Family	n/a	\$126.10	\$135.94	\$147.66

INTERMEDIARY AND PRODUCER COMPENSATION NOTICE

MetLife enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related products ("Products") with brokers, agents, consultants, third-party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such Products (each an "Intermediary"). MetLife may pay your Intermediary compensation, which may include base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of Products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your Products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your Products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife's current supplemental compensation plan, the amount payable as supplemental compensation may range from 0% to 2.25% of premium. The supplemental compensation percentage may be based on: (1) the number of Products sold or inforce through your Intermediary during a prior one-year period; (2) the amount of premium or fees with respect to Products sold or inforce through your Intermediary during a prior one-year period; and/or (3) a fixed percentage of the premium for Products as set by MetLife. The supplemental compensation percentage will be set by MetLife prior to the beginning of each calendar year and it may not be changed until the following calendar year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 2.25% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our Products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium from you in relation to your Products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (e.g., consulting or reinsurance arrangements).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife's base compensation and supplemental compensation plans can be found on MetLife's Web site at www.whymetlife.com/brokercompensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifefirst.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your MetLife sales representative. Compensation paid to your MetLife sales representative is for participating in the sale, servicing, and/or renewal of Products, and the compensation paid may vary based on a number of factors including the type of Product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your MetLife sales representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your MetLife sales representative or calling 1-866 796-1800.

Exclusions

The following expenses are not Covered Dental Expenses for any of the plans:

Services and Supplies:

- Services or supplies received by a Covered Person before the Dental Expense Benefits start for that person.
- Services not performed 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.
- Cosmetic surgery or supplies. However, any such surgery or supply will be covered if:
 - otherwise is a Covered Dental Expense; and
 - is required for reconstructive surgery which is incidental to or follows surgery which results from a trauma, an infection or other disease of the involved part; or
 - is required for reconstructive surgery because of a congenital disease or anomaly of a dependent child which has resulted in a functional defect.
- Replacement of a lost, missing or stolen crown, bridge or denture.
- Services or supplies which are covered by any workers' compensation laws or occupational disease laws.
- Services or supplies which are covered by any employers' liability laws.
- Services or supplies which any employer is required by law to furnish in whole or in part.
- Services or supplies received through a medical department or similar facility which is maintained by the Covered Person's Employer.
- Services or supplies received by a Covered Person for which no charge would have been made in the absence of Dental Expense Benefits for that Covered Person.
- Services or supplies for which a Covered Person is not required to pay.
- Services or supplies which are deemed experimental in terms of generally accepted dental standards.
- Services or supplies received as a result of dental disease, defect or injury due to an act of war, or a warlike act in time of peace, which occurs while the Dental Expense Benefits for the Covered Person are in effect.

Like most group insurance policies, MetLife group policies contain certain exclusions, limitations, reductions of benefits and terms for keeping them in force. Full description of the benefits will be provided in the certificate. Please contact MetLife for more information.

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- Adjustment of a denture or a bridgework which is made within 6 months after installation by the same Dentist who installed it.
- Any duplicate appliance or prosthetic device.
- Use of material or home health aids to prevent decay, such as toothpaste or fluoride gels, other than the topical application of fluoride.
- Instruction for oral care such as hygiene or diet.
- Periodontal splinting.
- Temporary or provisional restorations.
- Temporary or provisional appliances.
- Services or supplies to the extent that benefits are otherwise provided under This Plan or under any other plan which the Employer (or an affiliate) contributes to or sponsors.
- Fixed and removable appliances for correction of harmful habits.
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
- Implantology.
- Initial installation of a denture or bridgework to replace one or more natural teeth lost before the Dental Expense Benefits started for the Covered Person or as a replacement for congenitally missing natural teeth.
- Charges for broken appointments.
- Charges by the Dentist for completing dental forms.
- Sterilization supplies.
- Services or supplies furnished by a family member.
- Treatment of temporomandibular joint disorders. This exclusion does not apply to residents of Minnesota.

The following expenses are not Covered Dental Expenses for any of the plans with Ortho:

- Repair or replacement of an orthodontic appliance.

The following expenses are not Covered Dental Expenses for any of the plans without Ortho:

- Orthodontia.

MetLife

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