



## Dental - High Plan Summary\*

Metropolitan Life Insurance Company

### Plan Design for: Egyptian Area Schools Employee Benefit Trust Coverage Effective: September 1, 2023

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver affordable protection for a healthier smile and a healthier you.

Coverage Type:	In-Network <sup>1</sup> % of PDP Fee <sup>2</sup>	Out-of-Network <sup>1</sup> % of R&C Fee <sup>4</sup>
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	80%
Type C - Major Restorative	50%	50%
Type D - Orthodontia	50%	50%
<b>Deductible<sup>3</sup></b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Annual Maximum Benefit:</b>		
Per Individual	\$1500	\$1500
<b>Orthodontia Lifetime Maximum - Ortho applies to Child Only</b>	Up to dependent age limit	
	\$1000 per Person	\$1000 per Person
<p>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.</p> <p>2. Negotiated fees refer 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.</p> <p>3. Applies to Type B and C services only.</p> <p>4. Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:</p> <ul style="list-style-type: none"> <li>the dentist's actual charge (the 'Actual Charge'),</li> <li>the dentist's usual charge for the same or similar services (the 'Usual Charge') or</li> <li>the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). For your plan, the Customary Charge is based on the 90th percentile. Services must be necessary in terms of generally accepted dental standards.</li> </ul>		

### We're here to help

Find a Dental provider at  
[www.metlife.com/dental](http://www.metlife.com/dental)

For general questions go to  
[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or  
call 1-800-275-4638

Monthly Premium Payment	
Employee	\$38.96
Employee + 1 Dependent	\$73.58
Employee + 2 or more Dependents	\$107.90

*Note: The monthly rates above have been adjusted by the Egyptian Trust as approved by the Board of Managers. These rates will remain in effect for dental participants through August 31, 2024.*

\*This information provides highlights of this dental program only. Full benefit details are available at:  
<http://www.egtrust.org/voluntary-benefits/dental/>



## Dental - Low Plan Summary\*

Metropolitan Life Insurance Company

### Plan Design for: Egyptian Area Schools Employee Benefit Trust Coverage Effective: September 1, 2023

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver affordable protection for a healthier smile and a healthier you.

Coverage Type:	In-Network <sup>1</sup> % of PDP Fee <sup>2</sup>	Out-of-Network <sup>1</sup> % of R&C Fee <sup>4</sup>
Type A - Preventive	80%	80%
Type B - Basic Restorative	70%	70%
Type C - Major Restorative	Not Covered	Not Covered
<b>Deductible<sup>3</sup></b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Annual Maximum Benefit:</b>		
Per Individual	\$750	\$750

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 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.
3. Applies to Type B and C services only.
4. Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:
  - the dentist's actual charge (the 'Actual Charge'),
  - the dentist's usual charge for the same or similar services (the 'Usual Charge') or
  - the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). For your plan, the Customary Charge is based on the 90th percentile. Services must be necessary in terms of generally accepted dental standards.

### We're here to help

Find a Dental provider at  
[www.metlife.com/dental](http://www.metlife.com/dental)

For general questions go to  
[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or  
call 1-800-275-4638

Monthly Premium Payment	
Employee	\$16.00
Employee + 1 Dependent	\$31.24
Employee + 2 or more Dependents	\$60.14

*Note: The monthly rates above have been adjusted by the Egyptian Trust as approved by the Board of Managers. These rates will remain in effect for dental participants through August 31, 2024.*

\*This information provides highlights of this dental program only. Full benefit details are available at:  
<http://www.egtrust.org/voluntary-benefits/dental/>

## Vision Plan Summary\*

Metropolitan Life Insurance Company

### With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical, Walmart, Sam's Club and Visionworks.

### In-network value added features:

Additional lens enhancements: In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements.<sup>1</sup>

Savings on glasses and sunglasses: Get 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.<sup>1</sup>

Laser vision correction:<sup>2</sup> Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.

### We're here to help

Find a Vision provider at [www.metlife.com/vision](http://www.metlife.com/vision)

Download a claim form at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)

For general questions go to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call 1-855-MET-EYE1 (1-855-638-3931)

### In-network benefits

There are no claims for you to file when you go to a participating vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

#### Eye exam

Frequency

Once every 12 months

- Eye health exam, dilation, prescription and refraction for glasses: Covered in full after a \$15 copay.
- Retinal imaging: Up to a \$39 copay on routine retinal screening when performed by a private practice provider.

#### Frame

Once every 24 months

- Allowance: \$130 after \$15 eyewear copay.
- Costco, Walmart and Sam's Club: \$70 allowance after \$15 eyewear copay. You will receive an additional 20% savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.

#### Standard corrective lenses

Once every 12 months

- Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after \$15 eyewear copay.

#### Standard lens enhancements\*

Once every 12 months

- Polycarbonate (child up to age 18), Ultraviolet (UV) coating, Progressive Standard and Scratch-resistant coatings: Covered in full after \$15 eyewear copay.
- Progressive Premium/Custom, Polycarbonate (adult), Photochromic, Anti-reflective and Tints: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).

#### Contact lenses instead of eye glasses

Once every 12 months

- Contact fitting and evaluation: Covered in full with a maximum copay of \$40.
- Elective lenses: \$130 allowance.
- Necessary lenses: Covered in full after eyewear copay.

### Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **In-network benefits** apply. Once you enroll, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) for detailed out-of-network benefits information.

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|-------------------------|-------------------------------------|
| • Eye exam: up to \$45  | • Single vision lenses: up to \$30  |
| • Frames: up to \$70    | • Lined bifocal lenses: up to \$50  |
| • Contact lenses:       | • Lined trifocal lenses: up to \$65 |
| • Elective up to \$105  | • Lenticular lenses: up to \$100    |
| • Necessary up to \$210 | • Progressive lenses: up to \$50    |

Monthly Premium Payment	
Employee	\$ 8.02
Employee + 1 Dependent	\$11.54
Employee + 2 or more Dependents	\$20.84

\*The above rates will remain in effect through August 31, 2024. This information provides highlights of this vision program only. Full benefit details are available at <http://www.egtrust.org/voluntary-benefits/vision/>