

DENTAL PLAN

Once you enroll in one of the Getty's medical plans, you and your covered dependents are automatically enrolled in the Dental Plan. The Dental Plan, which is offered through MetLife, allows you to receive services from any licensed dentist. The amount of benefits you receive depends on the type of dental service. If you use a dentist in MetLife's Preferred Dentist Program, you can reduce your out-of-pocket expenses.

How the Plan Works

You may receive dental services from any dentist practicing within the scope of his or her license.

After you meet the annual deductible (if applicable), the plan begins paying a percentage of reasonable and customary costs. Each covered person may receive a specified maximum amount of dental benefits each calendar year. See Maximum Benefits on page 14 for more information.

Deductible

The dental deductible is separate from the medical deductible. The annual dental deductible is \$50 per person or \$150 per family and applies to all services except Diagnostic & Preventative Benefits. See "Summary of Dental Benefits" on page 15 for more information.

Preferred Dentist Program

You have the option of using a provider in the MetLife Preferred Dentist Program (PDP). By using a provider in the PDP network, you lower your out-of-pocket expenses because in-network providers are contracted with MetLife to use negotiated fees based on reasonable and customary charges.

Visit www.metlife.com/mybenefits or call MetLife at 800.942.0854 for a list of participating dentists.

Reasonable and Customary Charges

How much the plan pays and how much you pay are determined by reasonable and customary charges. The reasonable and customary charge is determined by MetLife and is the lowest of:

- The usual charge by the dentist for the same or similar services or supplies
- The usual charge of most other dentists or other providers in the same or similar geographic area for the same or similar services or supplies, or
- The actual charge for the services or supplies.

Maximum Benefits

During a calendar year, a covered individual may receive a maximum of \$1,250 in preventative, routine and major services. An individual may receive a lifetime maximum of \$1,500 for orthodontic treatment. There is also a lifetime maximum of \$1,000 for temporomandibular joint (TMJ) disorders.

Alternate Treatments

There may be more than one way to treat a dental problem. If, in MetLife's view, an adequate method or material that costs less could have been used, benefits will be based on that method or material. This means that the rest of the cost will not be a covered dental expense. For example, removable dentures may serve as well as fixed bridgework, but fixed bridgework is installed. Benefits will be based on the cost of a removable denture unless adequate results can be achieved only with fixed bridgework.

Pre-Determination of Benefits

Before you have dental work performed, it is important to know what is covered under the plan and how much the plan will pay. If you're having any service done that will cost more than \$300, you should give a claim form to your dentist. Have your dentist indicate the type of dental work to be done and the estimated cost. Ask your dentist to then send the form to MetLife. In turn, MetLife will notify you as to how much the plan will pay and how much you must pay. If you do not use this method, MetLife's decision on what the plan will pay is final.

This method should not be used for:

- Routine oral exams
- Emergency dental care
- X-rays, cleanings and sealings, and fluoride treatments, or
- Services that will cost less than \$300.

Summary of Dental Benefits

After you meet the annual deductible of \$50 per person or \$150 per family, the plan pays the percentages shown below.

You may receive dental services from any dentist practicing within the scope of his or her license. After you meet the annual deductible (if applicable), the plan begins paying a percentage of reasonable and customary costs. Each covered person may receive a specified maximum amount of dental benefits each calendar year.

You have the option of using a provider in the MetLife Preferred Dentist Program (PDP). By using a provider in the PDP network, you lower your out-of-pocket expenses because the in-network providers are contracted with MetLife to use negotiated fees based on reasonable and customary charges. Call MetLife at 800.942.0854 or visit MetLife.com for a list of participating dentists.

	In-Network	Out-of-Network
Individual Deductible	\$50	\$50
Family Deductible	\$150	\$150
Plan Year Maximum	\$1,250 per individual	\$1,250 per individual
Diagnostic and Preventative Benefits – Type A	In-Network	Out-of-Network
You pay no deductible for preventative services, which are covered at 100%. Preventative services include: <ul style="list-style-type: none"> ◆ X-rays ◆ Oral exams ◆ Bitewing x-rays twice a year ◆ Cleaning/scaling twice a year ◆ Emergency treatment for pain ◆ Biopsy/tissue exam ◆ Prophylaxis (cleaning) ◆ Fluoride treatment ◆ Specialist consultation 	100% Deductible Waived	100% Of Reasonable & Customary Fees

Basic Benefits – Type B	In-Network	Out-of-Network
<ul style="list-style-type: none"> • Oral Surgery – extractions including surgical removal of teeth • Restoratives (fillings) for treatment of carious lesions (visible destruction of hard tooth structure resulting from dental decay) • Endodontics (root canal therapy) • Periodontics (treatment of gums and bones supporting teeth) • Prosthodontic repairs and adjustment 	80%	80% Of Reasonable & Customary Fees
Major Services – Type C	In-Network	Out-of-Network
<ul style="list-style-type: none"> • Crowns, jackets and restorations • For treatment of carious lesions (visible destruction of hard tooth structure resulting from dental decay) which cannot be restored with amalgam, synthetic porcelain or plastic restorations • Bridges (fixed & removable) • Partial Dentures • Full Dentures • Orthodontic Benefits (eligible dependent children to age 19) 	50% \$1,500 lifetime max.	50% Of Reasonable & Customary Fees \$1,500 lifetime max.
Type of Expense	Subject to Deductible	% of Reasonable & Customary Charges
Preventative Services: <ul style="list-style-type: none"> • Two exams & cleanings per calendar year • X-rays (twice each calendar year for bitewing and once every 24 months for full mouth) 	No	100%
Routine Services: <ul style="list-style-type: none"> • Fillings, extractions, oral surgery • Repairs of crowns and inlays • Emergency treatment 	Yes	80%

Type of Expense	Subject to Deductible	% of Reasonable & Customary Charges
Major Services: • Crowns, inlays, bridgework, dentures	Yes	50%
Other Services: • Orthodontia	No	50% \$1,500 lifetime maximum benefit

To be covered under the plan, dental services must be performed or prescribed by a licensed dentist in accordance with established standards of dentistry. Dental services performed or prescribed by a doctor will be treated in the same way as if performed or prescribed by a dentist.

Diagnostic & Preventative Services – Type A

You pay no deductible for preventative services, which are covered at 100%.

Preventative services include:

- Oral exams twice each calendar year
- Bitewing x-rays twice each calendar year and full mouth x-rays once every 24 months
- Cleaning and scaling of teeth (oral prophylaxis) twice each calendar year
- Topical fluoride treatment for eligible dependent children up to age 19.

Routine Services – Type B

After you meet your annual dental deductible, routine services are covered at 80% of reasonable and customary charges. Routine services include:

- Fillings (amalgam, silicate, acrylic, synthetic porcelain or composite)
- Extractions
- Endodontic treatment (root canal)
- Periodontal prophylaxis following active periodontal treatment
- Emergency treatment for pain relief
- Periodontal treatment and cleaning following the treatment
- Oral surgery (except procedures covered under any health plan)
- Anesthetics in connection with oral surgery, extractions, or other covered dental services
- Injections of antibiotic drugs
- Repair or re-cementing of crowns, inlays, onlays, dentures or bridgework
- Re-lining and re-basing, and
- Implants.

Major Services – Type C

After you have met your annual dental deductible, major services are covered at 50% of reasonable and customary charges and include:

- Inlays, onlays and crown restorations, but not more than one such restoration to the same tooth surface within 5 years of the prior restoration.
- Services needed to replace one or more natural teeth, including:
 - installation of fixed bridgework for the first time
 - installation of a partial or full removable denture for the first time.
- Replacement of 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, or
 - it is needed because the existing denture or bridgework can no longer be used and was installed at least five years prior to its replacement.
- Replacement of 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, and
- Non-surgical treatment of temporomandibular joint disorders (TMJ), subject to a \$1,000 lifetime maximum benefit.

Other Services

You pay no deductible for other services, which are covered at 50% of reasonable and customary charges. Other services include:

- Orthodontia, including appliance therapy

These services are subject to a maximum lifetime benefit of \$1,500.

Exclusions

Not all dental services and supplies are covered by the Plan. Exclusions include:

- Services or supplies received before a person is covered by the Plan
- Services not performed by a dentist, except for those services of a licensed dental hygienist supervised and billed by a dentist for cleaning and scaling of teeth or fluoride treatments
- Cosmetic surgery or supplies, unless required for the treatment or correction of a congenital defect of a newborn dependent child
- Services or supplies covered by any employer's liability laws

- Services or supplies any employer is required by law to furnish in whole or in part
- Services or supplies received through a medical department or similar facility maintained by the employer
- Services or supplies for which no charge would have been made in the absence of dental benefits
- Services or supplies for which no payment is required
- Services or supplies 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
- Any duplicate appliance or prosthetic device
- Materials other than fluorides to prevent decay
- Instruction for oral care, such as for hygiene or diet
- Services or supplies paid by any other plan the employer contributes to or sponsors
- Myofunctional therapy for correction of harmful habits
- Services or supplies not listed as covered dental expenses
- Services or supplies received from a member of your immediate family or a person who lives in your home
- 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
- Repair or replacement of an orthodontic appliance
- Adjustment of a denture or a bridgework which is made within 6 months after installation by the same dentist who installed it
- Application of sealant material
- Initial installation of a denture or bridgework to replace one or more natural teeth lost before the calendar year in which 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, and
- Sterilization supplies.

Extension of Benefits

Normally, no dental benefits are paid after your dental coverage ends. However, the plan will pay for the following services after your coverage ends.

- Prosthetic device, provided the dentist prepared the abutment teeth and made impressions while you still had dental coverage and the device is installed within 31 days after your coverage ends,

- Crown, provided the dentist prepared the tooth for the crown while you still had dental coverage and the crown is installed within 31 days from when your coverage ends, and
- Root canal therapy, provided the dentist opened the tooth while you still had dental coverage and the treatment is finished within 31 days of when your coverage ends.

If You Have Other Dental Coverage

The Dental Plan has a provision designed to make sure that if you are covered by another dental plan, you are not reimbursed for more than 100% of your out-of-pocket expenses. This provision is called Coordination of Benefits.

Under this approach, the plan that pays first is called "primary." The plan that pays second is called "secondary." If you are covered under the Dental Plan as an employee, the Getty's dental plan is primary. If you also have coverage through another plan, that plan is secondary.

Let's suppose that your spouse is covered as a dependent under the Dental Plan and as an active employee under his or her employer's own dental plan. In this case, the Getty's dental plan is secondary. So, if your spouse files a claim under the other plan, which pays 90%, your spouse can file a claim for the remaining 10% from the Getty's dental plan as a dependent. In no case will the reimbursed amount exceed 100% of the original expense.

When you file a dental claim, you must state whether you have any other coverage so that the plans can coordinate their benefits. You should always send your claim to the primary plan first. On the claim form, indicate the other plan you are covered under and the name of the employer providing that plan. After you receive an Explanation of Benefits (EOB) from the primary plan, you should send a copy of it with a claim form and itemized bill to the secondary plan for consideration.

Here's how it is determined which plan is primary:

- Any plan without a Coordination of Benefits Provision is primary.
- If the Getty employee is the patient, the Getty's dental plan is primary.
- If your spouse has a claim and is covered by both the Getty's dental plan and his or her employer's plan, your spouse's employer's plan is primary.
- If the claim is for a dependent child and the child is covered under both parents' plans, the payment sequence is determined by the parents' birthdays. The plan of the parent whose month of birth comes first in the year is primary. The other parent's plan is secondary.
- If the parents are separated or divorced but not remarried, the plan of the parent with custody of the child is primary, unless the court has decreed

that financial responsibility for medical and dental care expenses belongs with the other parent. If so, that parent's plan is primary. If the court has granted joint custody to the parents, the plan of the parent whose month of birth falls earlier in the year is primary.

- If the parent with custody has remarried and a stepparent's plan also covers the child, the plan of the parent with custody will pay first. The plan of the stepparent will pay next. The plan of the parent without custody will pay last.
- If you or your eligible dependents are covered by the Getty's dental plan and by another group health plan under its COBRA continuation of benefits provisions, the Getty's dental plan is primary.
- Dental expenses are paid first under the Getty's dental plan before any payment by the Getty medical plans (such as for injury of the teeth in an accident), if appropriate.
- A plan covering a person as an active employee, or as a dependent, pays benefits before a plan covering the person as a laid-off or retired employee or dependent.
- If none of the rules above will determine the order of payment, the Plan that has covered the person the longest will be considered primary.