



**Missouri Affiliated School Consortium (MASC)
Option 1**

Voluntary Dental

Proposal produced on March 12, 2021
Quote valid through the effective date of the coverage quoted

Missouri Affiliated School Consortium (MASC) Rate Summary

Proposal Assumptions				
This proposal is contingent upon MetLife completing all required regulatory filings and obtaining all necessary regulatory approvals.		The rates, plan design, terms and conditions and other benefits presented in this proposal assume that the case will be administered by MetLife's Affinity & Specialty Benefits Administration Team.		
Only W-2 employees are eligible for coverage under this plan.				
Coverage is not available for residents of New Hampshire.				
Coverage			Rates 7/1/21 – 6/30/22	Rates 7/1/22 – 6/30/23
New Dental Option 6075994				
Voluntary Dental (per Employee Per Month)				
High Plan with Dual Option				
▪ Employee Only			\$ 34.92	\$ 36.66
▪ Employee + Spouse			\$ 71.44	\$ 75.01
▪ Employee + Child(ren)			\$ 87.99	\$ 92.39
▪ Employee + Family			\$128.59	\$135.02
Low Plan with Dual Option				
▪ Employee Only			\$ 22.18	\$ 23.29
▪ Employee + Spouse			\$ 43.66	\$ 45.84
▪ Employee + Child(ren)			\$ 56.79	\$ 59.63
▪ Employee + Family			\$ 85.66	\$ 89.94
▪				
▪				
▪				
▪				
Rates are guaranteed as shown above. A 5% cap will be in place for the second renewal on 7/1/23				

Summary of Benefits Dental Insurance - New Dental Option

Voluntary Dental				
Class Description	Dual Option High Plan (30 Hours)		Dual Option Low Plan (30 Hours)	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Reimbursement	Negotiated Fee Schedule	R&C 90th Percentile	Negotiated Fee Schedule	R&C 90th Percentile
Type A – Preventive	100%	100%	100%	80%
Type B – Basic	90%	80%	80%	60%
Type C – Major	60%	50%	0%	0%
Calendar Year Deductible applies to:	B & C	B & C	B & C	B & C
▪ Individual	\$25	\$50	\$50	\$50
▪ Family	\$75	\$150	\$150	\$150
	Aggregate	Aggregate	Aggregate	Aggregate
Calendar Year Maximum (applies to A,B,C services)	\$1,500	\$1,000	\$1,000	\$1,000
Orthodontia	50%	50%	Not Covered	Not Covered
Orthodontia Lifetime Maximum	\$1,500	\$1,500	Not Covered	Not Covered
* 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 (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.				

Frequency & Allocations / Exclusions

(Custom Comprehensive (Flex) - Custom Standard (Flex))

Class Description: Dual Option High Plan	
TYPE A	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Examinations	▪ 1 time in 6 months
▪ Examinations – Problem Focused	▪ Combined with Examinations Limit
▪ Prophylaxis: Cleanings	▪ 1 time in 6 months
▪ Sealants	▪ 1 per molar in 36 months for a child under age 14
▪ Fluoride	▪ 1 time in 12 months for a dependent child under age 19
▪ Full Mouth X-Rays	▪ Once in 60 months
▪ Bitewing X-Rays	▪ For a child under 19: 1 time in 12 months ▪ Adult: 1 time in 12 months
▪ Labs & Other Tests	
▪ Periapical X-Rays	
TYPE B	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Space Maintainers	▪ 1 per lifetime for a child under age 19
▪ Amalgam Fillings	▪ 1 replacement per surface in 24 Months
▪ Periodontal Maintenance	▪ 2 perio. Treatments in 1 calendar yr, includes 2 cleanings (total comb: 2)
▪ Scaling & Root Planing	▪ 1 per quadrant in any 24 month period
▪ Emergency Palliative Treatment	
▪ Other X-Rays	
▪ Resin Composite Fillings(excludes coverage for composite fillings on molars)	
▪ Pulpotomy	
▪ Pulp Capping	
▪ Pulp Therapy	
▪ Periodontics – Non-Surgical	
▪ Oral Surgery: Simple Extractions	
▪ General Services	
TYPE C	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Consultations	▪ 2 in 12 months
▪ Root Canal	▪ 1 per tooth per lifetime
▪ Periodontal Surgery	▪ 1 per quadrant in any 60 month period
▪ Prefabricated Crowns	▪ 1 per tooth in 10 calendar years
▪ Crown Buildups / Post Core	▪ 1 per tooth in 10 calendar years
▪ Repairs	▪ 1 in 12 months
▪ Recementations	▪ 1 in 12 months
▪ Dentures	▪ 1 per tooth in 10 calendar years
▪ Dentures – Rebases / Relines	▪ 1 in 36 months
▪ Denture Adjustments	▪ 1 in 12 months
▪ Fixed Bridges	▪ 1 per tooth in 10 calendar years
▪ Inlays / Onlays /Crowns	▪ 1 per tooth in 10 calendar years
▪ Implant Services	▪ 1 per tooth in 10 calendar years
▪ Implant Repairs	▪ 1 per tooth in 12 months

▪ Implant Supported Prosthetic	▪ 1 per tooth in 10 calendar years
▪ Tissue Conditioning	▪ 1 in 36 months
▪ Occlusal Adjustments	▪ 1 in 12 months
▪ General Anesthesia	
▪ Apexification & Recalcification	
▪ Periodontal Surgery – Soft & Connective Tissue Grafts	
▪ Oral Surgery: Surgical Extractions	
▪ Other Oral Surgery	
Orthodontics	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Orthodontic Diagnostics	
▪ Orthodontic Treatment	

Other services may be added or deleted upon review of your current plan design. It is our intent to match your current plan design to the extent our systems and contracts allow.

Exclusions
Dual Option High Plan
<ul style="list-style-type: none"> ▪ Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature. ▪ Services for which a covered person would not be required to pay in the absence of dental insurance. ▪ Services or supplies received by a covered person before the 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 or polishing of teeth or fluoride treatment. ▪ Services which are primarily cosmetic. (For residents of Texas: Services which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a newborn child). ▪ 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. ▪ Services covered under any employer liability law. ▪ Services for which the employer of the person receiving such services is not required to pay. ▪ Services 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. ▪ Temporary or provisional restorations. ▪ Temporary or provisional appliances. ▪ Prescription drugs. ▪ Services for which the submitted documentation indicates a poor prognosis. ▪ Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first.

- 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 and biting of food.
- Caries susceptibility tests.
- Precision attachments associated with fixed and removable prostheses.
- 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.
- Intra and extraoral photographic images.
- 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.
- Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.

Frequency & Allocations / Exclusions

(Custom Comprehensive (Flex) - Custom Standard (Flex))

Class Description: Dual Option Low Plan	
TYPE A	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Examinations	▪ 1 time in 6 months
▪ Examinations – Problem Focused	▪ Combined with Examinations Limit
▪ Prophylaxis: Cleanings	▪ 1 time in 6 months
▪ Sealants	▪ 1 per molar in 36 months for a child under age 14
▪ Fluoride	▪ 1 time in 12 months for a dependent child under age 19
▪ Full Mouth X-Rays	▪ Once in 60 months
▪ Bitewing X-Rays	▪ For a child under 19: 1 time in 12 months ▪ Adult: 1 time in 12 months
▪ Labs & Other Tests	
▪ Periapical X-Rays	
TYPE B	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Space Maintainers	▪ 1 per lifetime for a child under age 19
▪ Amalgam Fillings	▪ 1 replacement per surface in 24 Months
▪ Periodontal Maintenance	▪ 2 perio. Treatments in 1 calendar yr, includes 2 cleanings (total comb: 2)
▪ Scaling & Root Planing	▪ 1 per quadrant in any 24 month period
▪ Emergency Palliative Treatment	
▪ Other X-Rays	
▪ Resin Composite Fillings(excludes coverage for composite fillings on molars)	
▪ Pulpotomy	
▪ Pulp Capping	
▪ Pulp Therapy	
▪ Periodontics – Non-Surgical	
▪ Oral Surgery: Simple Extractions	
▪ General Services	
TYPE C	
<i>Services are not provided with this plan</i>	

Other services may be added or deleted upon review of your current plan design. It is our intent to match your current plan design to the extent our systems and contracts allow.

Exclusions
<p>Dual Option Low Plan</p> <ul style="list-style-type: none"> ▪ Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature. ▪ Services for which a covered person would not be required to pay in the absence of dental insurance. ▪ Services or supplies received by a covered person before the 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 or polishing of teeth or fluoride treatment. ▪ Services which are primarily cosmetic. (For residents of Texas: Services which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a newborn child). ▪ 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. ▪ Services covered under any employer liability law. ▪ Services for which the employer of the person receiving such services is not required to pay. ▪ Services 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. ▪ Temporary or provisional restorations. ▪ Temporary or provisional appliances. ▪ Prescription drugs. ▪ Services for which the submitted documentation indicates a poor prognosis. ▪ Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first. ▪ 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 and biting of food. ▪ Caries susceptibility tests. ▪ Precision attachments associated with fixed and removable prostheses. ▪ 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. ▪ Intra and extraoral photographic images. ▪ 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, including repairs. ▪ Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota. ▪ Orthodontia services or appliances. ▪ Repair or a replacement of an orthodontic appliance. ▪ Cast restorations – including inlays, onlays crowns. ▪ Prefabricated Crowns.

- Implant Supported Prosthetics.
- Repairs.
- Recementations.
- Crown Build-Ups – Post and Cores.
- Root Canal.
- Apexification and Recalcification.
- Periodontal Surgery.
- Dentures, including complete, partial and Overdentures.
- Denture Adjustments.
- Relining and Rebasing.
- Fixed Bridges.
- Surgical extractions.
- All other oral surgery not described elsewhere.
- General Anesthesia / IV Sedation.
- Consultations.
- Occlusal Adjustments.

Underwriting Assumptions

PlanSmart* - PlanSmart is a multifaceted program, offered at no additional cost, which enables you to provide your employees with access to a range of financial and retirement education resources through on-site workshops, with optional personal consultations and decision-support assistance.

Retirewise - Retirewise is an in-depth program consisting of a four-part series of workshops that deliver objective information covering a broad spectrum of retirement issues from Estate Planning to Tax Planning. Each workshop is delivered by a locally based financial professional.

*Certain conditions apply. Please discuss with your MetLife representative to determine if this program is right for your company.

WillsCenter.com: Online will prep service offered through SmartLegalForms, Inc., available to all customers at no charge.

If insurance coverage is provided, it will be governed by the terms and conditions of the insurance policy and applicable law. If administrative services are provided, they are governed by the terms and condition of the administrative services agreement and by applicable law.

If MetLife is requested to duplicate contractual provisions from the prior carrier, such provisions must be compatible with all MetLife's standards.

The quoted rates and or fees are based upon the request received. If new or additional information in connection with this request is provided, MetLife reserves the right to change its quote at any time before the effective date. After the effective date, rate and or fees are subject to the terms and conditions of the policy and or administrative services agreement.

Only those eligible persons residing in the United States may be covered. Any others must be approved by MetLife.

NOTICE REGARDING NON-US COVERAGE

When providing you with information concerning a group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a Metropolitan Life Insurance Company (MLIC) affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MLIC or any other insurer that is not a member of MAXIS GBN. Please note that while MLIC is a member of MAXIS GBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

Some services in connection with the coverage may be performed by our affiliate, MetLife Services and Solutions, LLC. These service arrangements in no way alter Metropolitan Life Insurance Company's obligations. Coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and procedures.

SIC Code: 8200

U.S. Business Intermediary and Producer Compensation Notice

Metropolitan Life Insurance Company, herein called 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, among other things, 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. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (*number of products sold or dollar value of premium*) with MetLife. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife's current supplemental compensation plan (SCP), the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period, or other defined period; (2) the amount of premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) premium growth during a one-year period; or (6) a flat amount, fixed percentage or sliding scale of the premium for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% 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, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (*e.g., insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, participation in an insurer panel, 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 Website at www.metlife.com/business-and-brokers/broker-resources/broker-compensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.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 representative. Compensation paid to your 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 representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

Non-U.S. Coverage

When providing you with information concerning a group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a MetLife affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MetLife or any other insurer that is not a member of MAXIS GBN. Please note that while MetLife is a member of MAXIS GBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

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