



Request for Proposals (RFP)
21-R14
Dental Insurance Services
DATE: FEBRUARY 17TH, 2021

**Central Florida Regional Transportation Authority
d.b.a.**



**455 North Garland Avenue
Orlando, FL 32801**

REQUEST FOR PROPOSAL (RFP) COVER PAGE

1. SOLICITATION NAME: DENTAL INSURANCE SERVICES

2. SOLICITATION NO: 21-R14

3. ISSUE DATE: FEBRUARY 17TH 2021

4. FOR INFORMATION CONTACT: DANIEL SANTANA

PHONE: 407-254-6082

E-MAIL: DSANTANA@GOLYNX.COM

5. BRIEF DESCRIPTION: LYNX IS SEEKING DENTAL INSURANCE SERVICES FOR FULLY INSURED GROUP DENTAL PLANS FOR ACTIVE EMPLOYEES, RETIREES, AND ELIGIBLE DEPENDENTS.

6. PRE-PROPOSAL CONFERENCE DATE AND TIME:

WEDNESDAY FEBRUARY 24, 2021 AT 10:00 AM EDT

7. LOCATION: ZOOM - <https://zoom.us/j/95163298276>

LYNX CENTRAL STATION (LCS), 455 NORTH GARLAND AVENUE, 2ND FLOOR, ORLANDO, FL 32801

Parking is available at the Orange County Courthouse Garage at 425 North Orange Avenue. Bring your parking ticket to the lobby of LYNX LCS for validation.

8. DEADLINE FOR SUBMISSION OF QUESTIONS/CLARIFICATIONS: MARCH 1ST, 2021 AT

12:00 PM EDT

9. SUBMIT PROPOSAL TO THE FOLLOWING EMAIL ADDRESS:

DANIEL SANTANA

DSANTANA@GOLYNX.COM

10. PROPOSAL SUBMISSION DUE DATE AND TIME:

WEDNESDAY, MARCH 17TH 2021 AT 4:00 P.M. EDT

11. SUBMIT: Email Proposal to contact email provided in Block 9 as a consolidated Portable Document Format (PDF) document. The file size limitation per email is twenty-five (25) megabytes. If it is necessary to exceed this limit, the proposal can be divided into smaller sections with "Email 1 of 2", "Email 2 of 2", etc. included in the subject of each email. LYNX will confirm receipt of proposals via email.

12. PROPOSAL RESPONSES WILL NOT BE OPENED PUBLICLY.

13. PROPOSAL OFFER PERIOD: Offers shall remain firm for a period of one hundred twenty (120) calendar days from the date specified in Block 10 above or as amended.

14. If this Proposal is accepted within the period specified in Block 10, above, the Offeror agrees to fully provide the goods and/or services covered by this solicitation at the prices and timelines specified in the solicitation.

15. The following below Exhibits, when indicated with an R, are included in this solicitation and must be completed and returned with your Proposal. Exhibits, when indicated with an X, are included in this solicitation and do not have to be returned.

X	EXHIBIT A – Solicitation Instructions and Conditions	X	EXHIBIT B – Scope of Work	X	EXHIBIT C – Evaluation
X	EXHIBIT D – Terms and Conditions	X	EXHIBIT E – Proposal Checklist	R	EXHIBIT F – Offer and Guarantees
R	EXHIBIT G – Debarment	R	EXHIBIT H – Lobbying Certification	X	EXHIBIT I – Disadvantaged Business Enterprise – NOT APPLICABLE
R	EXHIBIT J – Dental Insurance Plan Proposal Worksheet	X	EXHIBIT K – Census	X	EXHIBIT L – Plan Documents
X	EXHIBIT M – LYNX Sample Contract	R	EXHIBIT N – Non-Collusion	X	EXHIBIT O – No Bid
R	EXHIBIT P – E-Verify	R	EXHIBIT Q – LYNX Dental Plan Network Comparison	X	EXHIBIT R- Experience Report

16. DBE: There is **0%** DBE (Disadvantaged Business Enterprise) goal established for this procurement.

EXHIBIT A

SOLICITATION INSTRUCTIONS and CONDITIONS

1. Background

The Central Florida Regional Transportation Authority (“LYNX” or the “Authority”) is an agency of the State of Florida, created by the Florida Legislature to own, operate, maintain, and manage a public transportation system in the areas of Orange, Osceola, and Seminole Counties. The Authority’s enabling legislation (Florida Statutes Section 343.64) has the express intention “that the Authority be authorized to plan, develop, own, purchase, lease, or otherwise acquire, demolish, relocate, equip, repair, maintain, operate, and manage a regional public transportation system and public transportation facilities; to establish and determine such policies as may be necessary for the best interest of the operation and promotion of a public transportation system; and to adopt such rules as may be necessary to govern the operation of a public transportation system and public transportation facilities.” In 1993, the Authority began doing business as “LYNX”.

LYNX serves approximately 2,500 square miles with a resident population of 2.1 million people. Fixed route bus service operates from 4:00 AM to 3:00 AM each weekday and provides more than 25 million unlinked passenger trips each year.

A five member board of directors governs LYNX, which board consists of representatives from Orange, Osceola, and Seminole Counties, the City of Orlando, and the Florida Department of Transportation.

LYNX provides an array of transportation services in the form of fixed route bus services, door-to-door Paratransit services, carpool/vanpool services, flex-route services, limited-stop bus route services, rapid bus circulators, and community shuttle service to special events.

2. Knowledge of Conditions

Any person (“Proposer”) submitting a Proposal (“Proposal”) in response to this Request For Proposal (“RFP”) shall examine the Scope of Work carefully and be informed thoroughly regarding any and all conditions and requirements that may in any manner affect the work to be performed under the contract to be awarded under this RFP (the “Contract”). No allowances shall be made because of lack of knowledge of any specifications, conditions, or requirements of this RFP.

3. Omission

Notwithstanding the provision of drawings, technical specifications, or other data by LYNX, Proposers shall have the responsibility of supplying all details required to make an accurate offer of services even though such details may not be specifically mentioned in the scope of work or elsewhere in this RFP.

4. Legal Representation

Akerman Senterfitt (“Akerman”) is outside General Legal Counsel to LYNX. In the event that Akerman has provided legal services to a Proposer submitting a Proposal, a conflict of interest may be created. By submitting a Proposal, each Proposer agrees to waive all conflicts created by the prior representation and consents to Akerman’s continued representation of LYNX in connection with this solicitation and the Contract to be entered into hereunder in consultation with LYNX’s in-house Senior Staff Attorney.

5. Communications to LYNX – Cone of Silence

All questions pertaining to this RFP, or any matters relating thereto the Scope of Work, or any questions pertaining to the RFP or Proposal documents, shall be in writing and shall be sent only to the Procurement Representative identified in **Block 4** of the RFP Cover Page. Communications sent to any other person at LYNX or at any other address may, in LYNX's sole discretion, be deemed to be "non-responsive" and LYNX in its discretion may elect to disregard any such questions. LYNX shall not respond to oral inquiries, and oral statements of any nature by LYNX or any of its representatives may not be relied upon for any purpose whatsoever.

6. Pre-Proposal Meeting

Please see **Block 6** of the RFP Cover Page for whether a Pre-Proposal Meeting (at which questions may be directed to and answered by LYNX personnel) shall be held in connection with this RFP and, if so, the date and time of such meeting.

A Pre-Proposal Meeting, if held pursuant to this RFP, will be conducted via Zoom Video Communications, Inc. virtual meeting and on the second floor of the LYNX Central Station, located at 455 North Garland Avenue, Orlando, Florida 32801 (intersection of Amelia Street and N. Garland). Parking is available at the Orange County Courthouse Garage at 425 North Orange Avenue. Bring your Parking Ticket to the Lobby of the LYNX Central Station (455 North Garland Avenue) to have it validated. If a Pre-Proposal Meeting is held, attendance is not mandatory in order to submit a Proposal; however, it is recommended. Only written responses by LYNX in writing may be relied upon; oral responses will not be considered a part of the RFP or binding on LYNX. Thus, statements made by LYNX at the Pre-Proposal Meeting may not be relied upon in any way by any person and may not be the basis of any protest. Proposers are cautioned to independently verify any matters stated at the Pre-Proposal Meeting. Again, only statements which are made by LYNX in writing may be relied upon.

7. Requests for Clarification/Questions

All questions from any Proposer regarding the RFP or matters relating thereto shall be submitted to LYNX in writing no later than date specified in **Block 8** of the RFP Cover Page. Each question shall identify the section number in this RFP for which clarification is being requested. LYNX shall respond via an Addendum to all properly submitted questions at least five (5) business days prior to the date that Proposals are due. The Addendum will be posted on LYNX Procurement Website. All such questions shall be sent to the contact designated listed in **Block 4** of the Proposal Cover Page.

8. Non-Solicitation of LYNX During Blackout Period – Cone of Silence

During the period from the date of this RFP, through the period that the LYNX Board of Directors or Chief Executive Officer approves the award of a Contract (including any period during which a procurement protest (“Protest”) has been filed and is pending), Proposers may not directly or indirectly contact any LYNX Board Member, any LYNX employee, or LYNX’s legal counsel regarding this RFP except for questions directed to LYNX as expressly provided in **Section 5** above or except as expressly authorized under the Protest procedure set forth in **Section 15**. Any prohibited contact may result in the immediate disqualification of the Proposer from consideration for the award of the Contract and the rejection of any Protest.

9. Proposal Preparation

Proposer shall prepare their Proposal response, and return as stated below:

A. Cover Page

1. A cover page transmitting the Proposal must be submitted and dated. The page must indicate that the Proposer agrees to be bound by the Proposal without modifications, unless mutually agreed to upon further negotiations between LYNX and the Proposer. The letter must contain a statement that the Proposal is valid for one hundred twenty (120) days.
2. The cover page shall contain the name, title, address, email address, and telephone number(s) of an individual(s) with authority to bind the Proposer during the period in which LYNX is evaluating Proposals. The cover page shall also identify the legal form of the Proposer.
3. The cover page shall identify in which state the company is incorporated. If a consortium, joint venture or team approach is being proposed, provide the above information for all participating firms. The Proposer should specifically describe the Proposer’s role in relationship to its subcontractors and shall describe the interfaces with said subcontractors.
4. The cover page shall be signed by a principal of the Proposer or other person fully authorized to act on behalf of the Proposer.

B. References

Proposers must provide a minimum of three (3) references. The reference will contain the company’s name, address, phone number, point of contact and email address. Proposer must indicate if the reference is from the private and/or public sector. (**Please see Exhibit M**)

C. Account Executive

Proposers must provide the name and contact information of the person who will be assigned as LYNX's account representative. This information shall also include additional name(s) and contact information for escalating any issues above the Account Executive.

D. Ordering Process

Proposers must describe the ordering process for the equipment/supplies. Discussion on options such as website/electronic ordering shall be included in the discussion.

E. Proposal Schedule (Exhibit L)

Proposals must be received by LYNX before the specified time and date and shall be prepared in accordance with the following:

1. The enclosed Proposal Form (Exhibit L) shall be used in submitting the Proposal.
2. All information required by the Proposal Form (Exhibit L) shall be furnished. The Proposer shall print or type his/her name and manually sign the schedule and each continuation sheet on which an entry is made.
3. Unit prices shall be shown and where there is an error in extension of price, the unit price shall govern.
4. Alternate Proposals will not be considered unless authorized by the Request for Proposal.
5. Proposed delivery time must be shown and shall exclude Saturdays, Sundays, and holidays.
6. LYNX does not pay Federal, State, or Sales Tax. A Tax Exempt Certificate is available upon request.
7. Proposers shall thoroughly examine the specifications, instructions, and all other documents prior to submitting a Proposal.
8. Proposers shall make all investigations necessary to thoroughly inform themselves regarding the Proposal conditions. No plea of ignorance by the Proposer of conditions that exist or that may hereafter exist as a result of failure or omission on the part of the Proposer to make the necessary examinations and investigations, or failure to fulfill in every detail the requirements of the contract documents, will be accepted as a basis for varying the requirements of LYNX or the compensation to the Proposer.
9. If no request for clarification is submitted by Proposer, all conditions and requirements contained within are accepted and understood by Proposer.

F. Description of Supplies/Equipment

1. Any manufacturer's names, trade names, brand name, or catalog numbers used in specifications are for the purpose of describing and establishing general quality levels. SUCH REFERENCES ARE NOT INTENDED TO BE RESTRICTIVE. Proposals will be considered for any brand which meets the quality of the specifications listed for any items. Proposers should submit any request for "approved equals" by the deadline for Questions, as shown on the cover page (**Block 8**).
2. Proposers are required to state exactly what they intend to furnish; otherwise, they shall be required to furnish the items as specified.
3. Proposers will submit, by the deadline for Questions, as shown on the cover page (**Block 8**) and with their Proposal Form, data necessary to evaluate and determine the quality of the Item(s) they are bidding.
4. Quantities are only estimates. LYNX has the right to change or modify the number required. LYNX has the right to award any quantities.

G. Table of Content/Proposal Format

1. Section One (1)

Please include the below in Page One (1) of your proposals

- Cover Letter
 - Proposal Validity of 120 Days
 - Account Executive Information
 - Company Business License: Must be authorized to do business in the State of Florida
 - Insurance Certification
 - All Executed Forms for this Solicitation
 - References
- ##### 2. Section Two (2)
- Equipment/Supplies literature, description, manufacturer information, warranty, etc.
 - Description of Ordering Process
- ##### 3. Section Three (3)
- Proposal Schedule (Exhibit L) and supporting documents

4. Section Four (4)

- Any additional Proposer's requirements of LYNX, additional information to be considered, or any information that LYNX may have omitted and that is required to properly provide the requested services.

10. Submission of Proposals

Email Proposals to the designated contact in Block 9 of the Cover Page as a consolidated Portable Document Format (PDF) document. Each Proposal shall include the RFP number, title, and due date on the email subject line. The file size limitation per email is twenty-five (25) megabytes. If it is necessary to exceed this limit, the Proposal can be divided into smaller sections with "Email 1 of 2", "Email 2 of 2", etc. included in the subject of each email. LYNX will confirm receipt of Proposals via email. Your Proposal must be received by LYNX no later than the specific date and time set forth in Block 10 of the Proposal Cover Page.

11. Proposal Modification or Withdrawal

Prior to the date and time set for the receipt of Proposals, a Proposal may be modified or withdrawn by the Proposer. All such modifications shall be made in writing, any request to withdraw a Proposal shall be in writing and received by LYNX (in the same manner as the Proposal was submitted) by no later than the deadline date and time set forth for the receipt of Proposal. If timely received, LYNX shall discard of email and any attachment if requested, to the Proposer, with the Proposer's consent. If a modification is timely received by LYNX prior to the date and time set for the receipt of Proposals, then that modification shall be considered by LYNX as a part of the original Proposal.

12. Validity/Term of Proposals

Proposals shall be valid for not less than one hundred and twenty (120) days after the due date and time for the receipt of Proposals. In the event of a Protest, the one hundred and twenty (120) day period shall be extended and the Proposals shall remain valid for a period of ninety (90) days after the earlier of (i) the resolution of the Protest, and the posting of said award (see below), and no further Protest. Please see Exhibit Q for submission of this requirement.

13. Revisions and Amendments to the Proposal

LYNX reserves the right, in its absolute discretion to revise or amend this RFP, including the Scope of Work, up to the time set for receipt of the Proposals. Any such revision or amendment, if any, shall be sent via email to all Proposers who have requested a copy of this RFP and furnished LYNX with their correct email address. In the event that this RFP is revised or amended within five (5) business days of the date set for opening Proposals, LYNX may extend the RFP opening date. The form transmitting the revision or amendment shall be signed by the Proposer, acknowledging its receipt, and copy of the signed document shall be included in the Proposal documents. **Failure to (i) sign the form transmitting the revision or amendment, and (ii) include the signed form in the Proposal may, in LYNX's sole and absolute discretion, result in the rejection of the Proposal.**

14. Proposal Rejection

LYNX may at any time reject any (i) Proposal which LYNX deems, in its sole and absolute discretion, to be incomplete, (ii) Proposal which LYNX deems, in its sole and absolute discretion, fails to conform to the requirements of this RFP, or (iii) Proposal which LYNX deems, in its sole and absolute discretion, takes exception to the Scope of Work. LYNX reserves the right in any event to (a) waive any informalities or irregularities in any Proposal which LYNX determines, in its sole and absolute discretion, to be minor, or (b) reject all Proposals and resolicit the procurement.

15. Protest Procedures

In the event any person wishes to file a Protest regarding this RFP, such Protest shall be made in accordance with LYNX **Administrative Rule 6** (which is available at www.golynx.com), the terms of which are hereby included herein by this reference. LYNX reserves the right to modify the terms of the Protest procedure if it determines that such modification is in its best interest. Should there be any dispute between LYNX **Administrative Rule 6** and the provisions of this **Section 15**, LYNX in its discretion shall determine which provision governs.

By way of background, all Proposers understand and agree that the procurement process undertaken by virtue of this RFP is solely for the benefit of LYNX, and it is for LYNX to determine in its discretion which Proposal LYNX desires to accept. LYNX has provided for a Protest procedure not to grant any rights to any particular

Proposer but, rather, to provide LYNX the opportunity to review and examine any information regarding any Proposal which it may not have fully evaluated. Thus, no Proposer has any legal right in connection with any Protest Proceeding and LYNX may, in its discretion, determine whether or not to reject any Protest.

In the event a Protest is rejected, the Proposer may appeal the rejection as set forth in LYNX **Administrative Rule 6** or herein but, again, said appeal shall be decided by LYNX based upon what it determines to be in its best interest. As such, legal concepts (such as the Florida or Federal Rules of Civil Procedure and the Judicial Rules of Evidence) and other matters which may be applicable to judicial or other proceedings are not applicable to a Protest in accordance with LYNX Administrative Rules. In addition, the appeal process set forth in the LYNX Administrative Rule is exclusive and upon the exhaustion of the appeal, no further appeal may be taken or separate suit filed against LYNX.

By virtue of submitting its Proposal, any Protesting Party expressly agrees that its remedies are exclusively limited to the LYNX Protest procedure set forth in LYNX **Administrative Rule 6** (as the same may be modified hereby) and that there shall be no appeal or litigation resulting from the final award of any Contract by LYNX. The foregoing is a material consideration in the consideration by LYNX of any Proposal.

In the event a Protest is filed, LYNX **Administrative Rule 6** requires that a cash bond be posted with LYNX at the time the Protest is filed. In addition, a Protest shall meet strict time limitations for filing. Reference is made to LYNX **Administrative Rule 6** for these and other matters relating to any Protest.

16. Award

LYNX will award the Contract to the Proposer who submits a Proposal that LYNX determines, in its sole and absolute discretion, is most advantageous to LYNX (the “Selected Proposer”).

After the Source Evaluation Committee (SEC) ranks the Proposers, a notice of the ranking will be given to all parties submitting Proposals and posted on LYNX Procurement Website. After the SEC recommendation is final (with no further Protest or after the Protest procedure is earlier terminated by the LYNX CEO in accordance with Rule 6), the recommendation of the SEC will then be submitted to LYNX Board of Directors for its consideration. The determination of whether to award the Contract and to whom the Contract will be awarded shall be made in the sole and absolute discretion of the LYNX Board of Directors.

The selected Proposer is required to enter into a Contract with LYNX in accordance with the terms of its Proposal. LYNX reserves the right to delete, add to, or alter provisions of the Contract (including any conflicting provisions of this RFP). LYNX also reserves the right at any time, in its absolute discretion, to cancel the RFP and “Rebid”.

The procurement process relating to this RFP is solely to benefit LYNX and for LYNX to determine in its discretion which Proposer is entitled to enter into a Contract with LYNX. Although LYNX provides for a Protest procedure, once LYNX selects a Proposer to contract with, that will terminate any further right of Protest by any Proposer. In addition, no Proposer is granted any right to file any lawsuit against LYNX. Proposer, by virtue of submitting a Proposal, expressly agrees to waive any right to bring any judicial or other action against LYNX, and that the Protest procedure set forth in LYNX **Administrative Rule 6** is the exclusive procedure to protest the award of any Contract. Each Proposer by submitting its Proposal expressly agrees to these limitations.

17. Next Most Advantageous Proposal

In the event that the selected Proposer fails or refuses to enter into a Contract with LYNX, then LYNX may award the Contract to the Proposer who submits a Proposal that LYNX determines, in its sole and absolute discretion, is the next most advantageous to LYNX. LYNX also reserves the right at any time, in its absolute discretion, to cancel the RFP and “Rebid”.

18. The Public Records Act and Trade Secret Information

The Proposer is aware and understands that LYNX is a public entity and, as such, it is subject to the Florida Public Records Act. Subject to certain exemptions, Proposals received by LYNX are public records and may be subject to disclosure upon the earlier of such time as LYNX provides notice of its decision or intended decision to award a Contract or ten (10) days after the date that Proposals are opened. The Proposer is aware of this fact and that it is possible that its Proposal may be disclosed by LYNX pursuant to a public records request, particularly if another Proposer files a Protest to the procurement.

A Proposer's Proposal may include certain information which the Proposer believes to be a "trade secret." If a Proposer would like for LYNX to treat such information as confidential, particularly in the event LYNX receives a public records request, then the Proposer shall clearly, in bold and large type, identify the specific information which it deems to constitute a trade secret and be confidential. It is unacceptable to LYNX for the Proposer to classify, for example, its entire Proposal as trade secret and thus confidential.

In the event LYNX receives a request for a copy of a Proposer's Proposal, LYNX shall endeavor to notify the Proposer and shall endeavor to comply with the Public Records Law as to what is required to be produced. Absent any clear identification by the Proposer that a portion of its Proposal is a trade secret and is confidential, LYNX shall furnish a copy of the Proposal in response to any valid public records request and LYNX shall have no liability whatsoever for such disclosure. If the Proposer so identifies a portion of its Proposal as being a trade secret and confidential, or if LYNX, in its discretion, determines that a portion of the Proposal is not subject to disclosure and should not be disclosed (such as if the disclosure would compromise LYNX security systems), LYNX shall endeavor to assert said exemption.

In the case of any exemption being asserted by LYNX based upon action by the Proposer (e.g., the Proposer asserts that information in its Proposal is a trade secret and, as a result, LYNX declines to satisfy a public records request for the portion of the Proposal which has been identified as a trade secret), the Proposer shall indemnify and hold LYNX harmless from any claims, expenses, including attorneys' fees, that LYNX may incur if the person requesting said information pursues its demand that the public record be furnished.

19. Proposer Affirmation

By submitting its Proposal, the Proposer affirms and declares:

1. That the Proposer or its subcontractors have the capability to assure performance of work within the time specified under the Contract.
2. That the Proposer has the capability of providing personnel to satisfy any technical or service problems that may arise during the term of the Contract.
3. That the Proposer has the necessary facilities and financial resources to complete the Contract in a satisfactory manner and within the required time.
4. That the Proposer, if an individual, is of lawful age.
5. That no other person, firm or corporation has any interest in its Proposal or the Contract proposed.
6. That the Proposer has not divulged to, discussed, or compared its Proposal with other Proposers and has not colluded with any other Proposer or parties to a Proposal whatsoever. (NOTE: No premiums, rebates, or gratuities are permitted either with, prior to, or after any delivery of materials.) Any such violation shall result in the cancellation and/or return of materials (as applicable) and the removal of the offending vendor from Proposer List(s).
7. That the Proposer and its subcontractors are not currently in arrears to LYNX and have not defaulted, as a surety or otherwise, under any obligation to LYNX.
8. That the Proposer is not on the Comptroller General's list of ineligible contractors.
9. That, if awarded the Contract, the Proposer shall post a notice in a conspicuous place within the plant or work site stating the Contractor shall not discriminate against any employee or applicant for employment because of race, religion, color, sex, creed, age, disability, or national origin.

20. Proposer Registration Pursuant to Florida Statutes

In accordance with Florida Statute 605.0902 a foreign limited liability company may not transact business in this state until it obtains a certificate of authority from the department.

(<http://m.flsenate.gov/Statutes/605.0902>).

Per Florida Statute 607.501 a foreign corporation may not transact business in this state until it obtains a certificate of authority from the department. (<http://www.flsenate.gov/Laws/Statutes/2019/607.1501>).

Therefore, an award may not be issued without proof that your firm is registered with the Florida Department of State, Division of Corporations. Please visit (<https://dos.myflorida.com/sunbiz/>) for information on how to become registered.

EXHIBIT B SCOPE OF WORK

Overview

The Central Florida Regional Transportation Authority (LYNX) offers group dental insurance on a voluntary, employee paid basis to all eligible employees, retirees and their dependents (upon completion of the Eligibility Waiting Period), and COBRA participants. Group dental insurance is offered through the Section 125 Cafeteria Plan, and eligible employees/retirees are allowed to enroll/terminate group dental insurance during the annual enrollment period. The Plan Year is January 1 through December 31.

Overview of Current Plan Design

- A. **Current Plans.** LYNX currently offers a choice of (1) one DHMO and (2) two PPO plan designs.

Benefits	DHMO	Low PPO	High PPO
Annual Maximum	NA	\$1,000 per person per calendar year	\$1,500 per person per calendar year
Annual Deductible	NA	\$50 per person / \$150 family max for Basic or Major Services only	\$50 per person / \$150 family max for Basic or Major Services only

Preventive Services	100% in network	100% in network	100% in network
Basic Services	Schedule of Benefits	70% in network	80% in network
Major Services	Schedule of Benefits	40% in network	50% in network
Orthodontia Child / Adult	Schedule of Benefits	Paid at 40% in network up to lifetime limit of	Paid at 50% in network up to lifetime limit of
Out of Network Allowance	Schedule of Benefits	Maximum Allowable Cost	90 th percentile of Usual & Customary Rate

B. Current Plan Limitations:

1. Preventive Services

Service Type	All Plans
Periodic Oral Exam	Twice per calendar year
Prophylaxis (cleaning)	Twice per calendar year
Bitewing x-rays	Low PPO Two sets per calendar year – Children under 19 One set per calendar for adults
	High PPO
Fluoride Treatment	Limited to children under age 14 twice per calendar year

2. Basic Services

Service Type	All Plans
Full Mouth x-rays	Once every 60 months
Space Maintainer	Limited to children under age 14 once per lifetime per tooth area
Sealants	Limited to children under age 16, for non-restored, non-decayed first and second permanent molars, once per tooth every 60 months
Restorative Amalgams & Composites	Initial placement and replacement of existing filling but only if at least 24 months have passed since the filling was placed or a new surface of decay is identified on the tooth. Plan pays for amalgam filings only on permanent molar teeth
Periodontal Maintenance (available <i>in place of</i> eligible routine cleaning)	Twice per calendar year following active therapy
Periodontal non-surgical treatment	Once per quadrant in any 24 month period
Simple Extractions	As necessary

3. Major Services

Service Type	All Plans
Anesthesia	In connection with oral surgical procedures
Inlay, Onlay, Crown	One replacement for the same tooth surface within 84 months
Removable Dentures and Partial	Replacement of a non-serviceable denture if installed more than 84 months
Implants and bridges	Once per tooth in a 60 month period

C. Current Premiums for 2019 - 2020

- Eligibility for Group Dental Insurance is calculated on a monthly basis, premiums are set on a monthly basis and employee deductions are taken on a bi-weekly basis.
- Dental plans are contributory with the employee paying the entire premium
- Monthly Premium

Tier	DHMO Plan	Low PPO Plan	High PPO Plan
Employee Only	10.59	16.43	26.87
Employee + 1	18.53	33.93	54.73
Employee + Family	29.11	63.96	99.46

D. Historical Premiums for 2017- 2018

Tier	DHMO Plan	Low PPO Plan	High PPO Plan
Employee Only	11.15	17.29	28.28
Employee + 1	19.50	35.72	57.61
Employee + Family	30.64	67.33	104.69

E. Required Plan Design Guidelines

a) Required Plans. The following 3 plan designs shall be used as a minimum basis for the Provider’s plan design. Any deviations from the following plan design shall be indicated in **Exhibit J, Dental Insurance Plan Proposal Worksheet**.

b)

Benefits	DHMO	Low PPO	High PPO
Annual Maximum	NA	\$1,000 per person per calendar year	\$1,500 per person per calendar year
Annual Deductible	NA	\$50 per person / \$150 family max for Basic or Major Services only	\$50 per person / \$150 family max for Basic or Major Services only
Preventive	100% in network	100% in network	100% in network
Basic Services	Schedule of Benefits	70% in network	80% in network
Major Services	Schedule of Benefits	40% in network	50% in network
Orthodontia Child / Adult	Schedule of Benefits	Paid at 40% in network up to lifetime limit of \$1,000	Paid at 50% in network up to lifetime limit of \$1,000
Out of Network Allowance	Schedule of Benefits	Maximum Allowable Cost	90 th percentile of Usual & Customary Rate

c) Requested Plan Limitations:

The following plan frequency limitations are to be used and are to be the same for the High PPO plan and the Low PPO Plan.

1. Preventive Services

Service Type	High PPO & Low PPO
Periodic Oral Exam	Twice per calendar year
Prophylaxis (cleaning)	Twice per calendar year
Bitewing x-rays	Two sets per calendar year
Fluoride Treatment	Limited to children under age 14 twice per calendar year

2. Basic Services

Service Type	High PPO & Low PPO
Full Mouth x-rays	Once every 60 months
Space Maintainer	Limited to children under age 14 once per lifetime per tooth area
Sealants	Limited to children under age 16, for non-restored, non-decayed first and second permanent molars, once per tooth every 60 months
Restorative Amalgams & Composites	Initial placement and replacement of existing filling but only if at least 24 months have passed since the filling was placed or a new surface of decay is identified on the tooth. Resin composite fillings are not to be limited based on tooth placement.
Periodontal Maintenance (available <i>in place of</i> eligible routine cleaning)	Twice per calendar year following active therapy
Periodontal non-surgical treatment	Once per quadrant in any 24 month period

Simple Extractions	As necessary
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3. **Major Services**

Service Type	High PPO & Low PPO
Anesthesia	In connection with oral surgical procedures
Inlay, Onlay, Crown	One replacement for the same tooth surface within 84 months
Removable Dentures and Partial	Replacement of a non-serviceable denture if installed more than 84 months
Implants and bridges	Once per tooth in a 60 month period

Lynx is interested in considering the option of an annual maximum incentive benefit following the completion of the annual preventive services.

PROPOSAL REQUIREMENTS

The following requirements outline specific conditions that are being requested. Proposals will be evaluated on **how best they comply with these requirements.**

GENERAL INFORMATION

1. Proposals are being sought by LYNX for fully insured group dental plans for active employees, retirees, and eligible dependents effective date of January 1, 2021. LYNX intends to enter into a contract with the successful Proposer for a three (3) year initial term and two (2) additional one year terms for a total of five (5) years.
2. LYNX will evaluate proposals from dental plan companies and select the one Company that best meets the needs of LYNX.
3. Companies are to propose a total of three plan options that match the plans as outlined in section 4, Scope of services.
4. Proposals are to be submitted net of commissions.
5. COBRA and retiree administrative services are being provided by Chard Snyder, including eligibility and premium submission.
6. Proposals shall include eligibility, claim and utilization data on a quarterly basis, eligibility discrepancy reporting on a weekly basis, annual attendance at meetings to review plan performance, and the availability of a Dental Director for ongoing involvement in clinical, provider, and plan performance issues.

MANDATORY QUALIFICATIONS

1. The Proposer must have been licensed in the state of Florida to provide group dental insurance plans for at least the past five (5) years.
2. The Proposer must have at least five (5) years of experience insuring and servicing groups with 1,000 or more employees.
3. The Proposer is to have no minimum participation requirements and must permit retired employees and their eligible dependents to continue coverage under LYNX plans.
4. The Proposer agrees to match LYNX's definition of a Dependent and Dependent Child (up to age 26).
5. The Proposer has provided evidence of a minimum A or above financial strength rating by A.M. Best agency, and is in a financial size category of Class VII or higher. Ratings of A- are not sufficient.
6. The Proposal is net of commissions.

ADMINISTRATIVE SERVICES

1. The Proposer shall provide an experienced local client service representative, a client manager, and a strategic account manager, with expert support.
2. The Proposer shall provide a comprehensive customer service component that is accessible, effective and efficient.
3. The Proposer shall provide LYNX employees toll-free access to trained customer service representatives at a minimum from 8:00 a.m. to 5:00 p.m. Eastern Time, Monday through Friday
4. Claims administration, payment, and eligibility information must be timely and accurate.
5. The Proposer shall provide Internet based administrative services for eligibility.
6. The Proposer shall provide a mobile friendly website Internet based dental consumer tools to plan members to help: understand dental procedures and their cost; locate network general dentists and specialists; review claims history and current status of claims processing; and determine annual deductibles and annual maximums.
7. The Proposer shall provide a responsive mobile application (App) across all major operating systems (iOS and Android) to plan members to help: understand dental procedures and their cost; locate network general dentists and specialists; review claims history and current status of claims processing; and determine annual deductibles and annual maximums
8. The Proposer is to provide member electronic administrative services to include: requests for ID cards, member claim forms, network provider directory, dental plan coverage and limitations and exclusions, and information on claims processing status.
9. Claim forms must be easily accessible to members and Providers. Electronic claims submission would be preferable.
10. The Proposer shall assist LYNX with annual enrollment by: training the benefits staff on plans; attending at least 5 on-site enrollment meetings; providing web portal interface for annual enrollment; and agreeing to accept LYNX's integrated benefits enrollment form and enrollment file.
11. The Proposer is responsible for all costs of producing, printing, and mailing/distributing adequate quantities of marketing and administrative supplies (e.g., claim forms, summary plan booklets, and informational brochures) as designated by LYNX. The format and content of all materials used must be satisfactory to LYNX.
12. The Proposer shall issue ID cards to enrolled employees upon initial enrollment, or when an eligibility transaction changes information on the previously issued card. Permanent ID cards should be mailed to the employees' home addresses within fourteen (14) days after the Proposer receives an eligibility update transaction.
13. The Proposer shall develop, design, print and distribute Certificates of Coverage in a design and format acceptable to LYNX while meeting all filing requirements. The

Proposer must provide LYNX with the Certificate in PDF for placement on the Intranet web site. Company must mail Certificates of Coverage to each participant's home.

14. The Proposer is expected to meet as needed with LYNX on administrative issues related to the dental plans, meet quarterly to review plan performance, and make available a Dental Director for ongoing involvement in clinical, provider, and plan performance issues.

DENTAL PLAN DESIGN and PROVIDER NETWORK

1. The Proposer is to propose one DHMO dental plan and two PPO dental plans as outlined in section 4 Scope of Services.
2. The proposed dental plans shall match or closely resemble the classification of Service Types and the Dental Plan Limitations as outlined in the RFP's Proposed Plans.
3. Plans being proposed shall not to include any additional waiting periods, reduction in services for initial plan entrants; late entrants selecting coverage during annual enrollment and/or mid-year election Section 125 changes in status.
4. The Proposer is to include a comprehensive network of DHMO and PPO dentists and specialists in the Orange County Area. The Orange County Area includes Orange, Seminole, Osceola, and Lake Counties. The network is also to include statewide and national coverage.
5. If network gaps exist, The Proposer is to have a plan of action to eliminate any inconvenience that a member may experience for lack of network coverage in the Orange County Area.
6. The Proposer's network is to have a stable list of providers with less than 3% turnover in any year.
7. The Proposer may offer an annual maximum incentive benefit, as an option for consideration after the successful Company has been selected.

FINANCIAL, REPORTING, and DATA INTERFACE

1. Eligibility for LYNX's Group Dental Insurance is to be calculated on a monthly basis and premiums are to be due and payable on a monthly basis.
2. The Proposer must agree to allow LYNX self-administer the premium bill.
3. The Proposer agrees to receive eligibility electronically.
4. The Proposer is expected to complete eligibility discrepancy reporting on a weekly basis.

5. The Proposer is expected to report eligibility, claims and utilization data on a quarterly basis. The utilization report is to provide, at a minimum: Monthly plan membership, Paid premiums, Amount of paid claims broken down by service type, and Network vs. non- network utilization.
6. The Proposer must be capable of recording and maintaining information regarding Lynx specific service-related calls and complaints reported by members and Lynx representatives. Reports on the information are to be given to LYNX quarterly.
7. Annual member satisfaction surveys, specific to LYNX, are to be conducted and the results are to be shared with LYNX.
8. The Proposer is to provide LYNX with electronic access to review standard dental reports.
9. The Proposer's experience relative to the performance guarantees are to be reviewed with LYNX on a quarterly basis.

COST and GUARANTEES

- A. Premiums for the dental plans are to be proposed on the three (3) tier model and guaranteed for a minimum of at least three (3) years of the maximum five (5) year contract. With a not to exceed for years four (4) and five (5).
- B. Proposals are to be submitted net of commissions.
- C. Performance standards and guarantees are to be included, along with financial penalties for non-compliance, using the following guidelines as a minimum:
 - Plan Implementation to include: Plans loaded and tested by November 1; staff trained by November 20; and ID cards issued by December 20.
 - Network Stability with a 3% or less annual turnover.
 - Claims Processing Accuracy of at least 99% of the total number of correct claims divided by the total claims processed.
 - Claims Turnaround Time of at least 90% of clean claims processed in 14 calendars days and 100% all claims in 30 days.
 - Accurate and Timely Reporting with Quarterly and Annual reporting due by the 15th of the month and reports to be error free.
 - Telephone Answering Time minimum of 90% calls answered in less than 20 seconds.
 - Telephone Abandonment Rate of 2% or less.
 - Return Call Response Rate minimum of 95% in 24 hours.
 - Web Inquiry Response Time minimum of 95% in 24 hours.

EXHIBIT C PROPOSAL EVALUATION

A. Proposal Evaluation Criteria

The following is the criteria by which Proposals from responsible Proposers will be evaluated and ranked for the purposes of selecting a Proposer for an award.

Administrative Services (10)

Dental Plan and Provider Network (35)

Financial Reporting and Data Interface – (15)

Price and Guarantees – (40)

B. Evaluation Process

Procurement Representative

All Proposals shall initially be reviewed by the LYNX Procurement Representative as assigned in Block 4 of cover page. The Procurement Representative's review shall be limited to determining whether the Proposals comply with the requirements of the RFP. The Procurement Representative may, in his or her sole discretion, (i) reject any Proposals that are incomplete, (ii) reject any Proposals that fail to conform to the requirements of the RFP, and/or (iii) reject any Proposals that take exception to the Scope of Services. The Procurement Representative may waive any informalities or irregularities in any Proposal if he or she determines that such irregularities or informalities are not material. All Proposals that are not rejected by the Procurement Representative shall be evaluated by the SEC.

Evaluation of Proposals by SEC

The Proposals will be evaluated by the Source Evaluation Committee ("SEC") established by LYNX. The SEC may be comprised of persons from within and outside of LYNX. The composition of the SEC shall be determined exclusively by LYNX.

The SEC shall individually rank the Proposals based upon the "Proposal Evaluation Criteria". Said ranking shall be posted on LYNX Website and Proposers shall be notified by email. The SEC shall recommend to LYNX Board of Directors that a Contract be awarded to the Proposer(s) having the **lowest "Ordinal Ranking"**.

The SEC reserves the right in its discretion to schedule an interview with and/or presentation from one or more of the Proposers at any stage of the Proposal evaluation process.

Ordinal Ranking

The selection of Proposers "short listed" or to be awarded a Contract shall be based upon Ordinal Ranking of Proposers and not on the highest score based upon the "Proposal Evaluation Criteria". Each Proposer who submits a Proposal shall be given an Ordinal Ranking by each member of the SEC. The best Proposal as determined by each member of the SEC would receive an Ordinal Ranking of 1. The second best Proposal a 2, and so on. The Ordinal Ranking for each Proposal by the members of the SEC shall be added together to determine the overall Ordinal Ranking of each Proposal.

Best and Final Offer

The SEC may make an award recommendation based upon the initial proposals received, request a revised proposal based upon further clarifications and/or questions or request the Procurement Department to enter into negotiations with select Proposers or to obtain a best and final offer.



SEC Evaluation Process

The Procurement Department shall facilitate and oversee the SEC Meeting. The individual SEC member scores for each of the evaluation criteria shall be added together for each Proposal. Procurement shall record the scores.

The Proposer with the highest total score shall be given an Ordinal Ranking of 1, the second highest firm an Ordinal Ranking of 2, and so on.

Once the Ordinal Ranking of the Proposer's is complete, the members of the SEC may make the following recommendations:

- A. Recommend to the LYNX Governing Board award to the Proposer with the lowest Ordinal Ranking.
- B. Recommend to reject all Proposals received.

EXHIBIT D

CONTRACT TERMS and CONDITIONS

The successful Proposer shall comply with the following required contract provisions and shall insert the substance of these provisions in all subcontracts issued pursuant to this contract.

1. Contract Type

The award of this solicitation will result in a firm fixed price contract.

2. Minimum and Maximum Quantities

N/A

3. Contract Documents

Any Contract(s) resulting from this Solicitation shall include the following documents, which are incorporated herein (collectively referred to as the "Contract Documents"):

1. Exhibit B Scope of Services
2. Exhibit C Evaluation
3. Exhibit D Terms and Conditions
4. Exhibit E Proposal Checklist
5. Exhibit F Offer & Guarantees
6. Exhibit G Debarment
7. Exhibit H Lobbying
8. Exhibit I Disadvantage Business Enterprise
9. Exhibit J Dental Insurance Plan Worksheet
10. Exhibit K Census
11. Exhibit L Plan Documents
12. Exhibit M Sample Contract
13. Exhibit N Non-Collusion
14. Exhibit O No Bid
15. Exhibit P E-Verify
16. Exhibit Q Dental Plan Network Comparison
17. Proposer's Proposal and the modifications mutually agreed upon by LYNX and the Proposer between the Contract award and execution of the Contract.

4. Period of Performance/Contract Term

This RFP will have a three (3) year initial term and two (2) one (1) year terms for a total of five (5) years.

5. Invoice and Payment Terms

Invoicing shall be a self-bill and report members and coverage levels to the Contractor. The Contractor will provide LYNX with a format/fields needed to apply payment.

Invoices will be paid within 30 days from receipt of a proper invoice.

6. Contract Modifications

No change in this contract shall be made unless LYNX gives its prior written approval. Therefore, the Proposer shall be liable for all costs resulting from, and/or for satisfactorily correcting, any specification change not properly ordered by written modification to the contract and signed by the Contracting Officer. Any changes requested by the Proposer must be submitted to the Contract Administrator assigned under this contract.

7. Project Manager

The Project Manager (PM) assigned to this contact is responsible to ensure the goods provided under this contract are in compliance and handling warranty issues. The Project Manager has no authority to make any changes to the contract.

on how to become registered.

EXHIBIT E
Proposal Checklist

Below is a checklist to ensure that the Proposer understands and confirms that all features are included in the RFP response. If the stated feature is included in your proposal as requested, check “Yes”. If the stated feature is not included in your proposal, check “No”.

IMPORTANT NOTE: YOUR PROPOSAL WILL BE REMOVED FROM CONSIDERATION IF ANY FEATURE INDICATES A “NO” CHECK OR IF ANY ‘YES’ ANSWER INCLUDES EXCLUSIONS.

Mandatory Features Checklist		
Proposer Name:		
Feature	Yes	No
1. The Proposer shall complete and submit Exhibit J, Dental Insurance Proposal Worksheet, and Exhibit Q, Dental Network Comparison.		
2. The Proposer shall have been licensed in the state of Florida to provide group dental insurance plans for at least the past five (5) years.		
3. The Proposer shall have at least five (5) years of experience insuring and servicing groups with 1,000 or more employees.		
4. The Proposer shall have no minimum participation requirements and shall permit retired employees and their eligible dependents to continue coverage under the LYNX plans.		
5. The Proposer shall match the LYNX’s definition of a Dependent and Dependent Child (up to age 26).		
6. The Proposer shall provide evidence of a minimum A or above financial strength rating by A.M. Best agency and a financial size category of Class VII or higher. Ratings of A- are not sufficient.		
7. Proposal is net of commissions.		

I authorize that the responses herein are accurate.

Name of Firm (Proposer)

Signature

Printed Name/Title

Date



**EXHIBIT F
PROPOSER'S OFFER and GUARANTEES**

By execution below, the PROPOSER hereby offers to furnish the items as described herein. The PROPOSER also certifies that it can and will provide and make available, at a minimum, the items set forth in this solicitation.

PROPOSER'S NAME AND ADDRESS		PAYMENT REMITTANCE ADDRESS	
Name:		Name:	
Address:		Address:	
P.O. Box or Suite No.		P.O. Box or Suite No.	
City		City	
State	Zip	State	Zip
Contact Person:			
Telephone No.	Fax No.	E-Mail Address:	
FEDERAL EMPLOYER I.D. NUMBER:		SOCIAL SECURITY NUMBER: (If Federal I.D. is not applicable)	
SYSTEM FOR AWARD MANAGEMENT DUNS and CAGE Codes		FL DIVISION OF CORPORATIONS (SUNBIZ.ORG) Document Number	
Payment Terms:		Age of Firm:	
Disadvantaged Business Enterprise: () Yes () No If yes, certified by which agency?			
Minority Business Category: () Female () Black () Hispanic () Asian American () Indian/Alaskan Native () Other () Not Applicable			
Annual Gross Receipts: () less than \$500,000 () \$500,000 to \$1 million () \$1 million to \$5 million () greater than \$5 million			
PROPOSER's License Type:			
PROPOSER's License Number:			
License Expiration Date:			
NAME OF PROPOSER (Type or Print)		TITLE OF PROPOSER	
Signature of PROPOSER's Authorized Official		(Date Signed)	

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL

EXHIBIT G

CERTIFICATION REGARDING DEBARMENT

The prospective Proposer certifies, by submission of this Proposal, that neither it nor its "principals" as defined at 49 CFR 29.995, or affiliates, as defined at 49 CFR 29.905, are excluded or disqualified as defined at 49 CFR 29.940 and 29.945.

The Proposer is required to comply with 49 CFR 29, Subpart C and shall include the requirement to comply with 49 CFR 29, Subpart C in any lower tier covered transaction it enters into.

By signing and submitting its Proposal, the Proposer certifies as follows:

The certification in this clause is a material representation of fact relied upon by the Central Florida Regional Transportation Authority. If it is later determined that the Proposer knowingly rendered an erroneous certification, in addition to remedies available to the Central Florida Regional Transportation Authority, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment. The Proposer agrees to comply with the requirements of 49 CFR 29, Subpart C while this offer is valid and throughout the period of any contract that may arise from this offer. The Proposer further agrees to include a provision requiring such compliance in its lower tier covered transactions.

Signature of Proposer's Authorized Official

Name of Proposer's Authorized Official

Title of Proposer's Authorized Official

Date

**** NOTE: THIS EXHIBIT MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL**
PROVIDE ALL REQUESTED INFORMATION - DO NOT MODIFY FORM**



EXHIBIT H
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

(To be submitted with each proposal or offer exceeding \$100,000)

The undersigned Proposer certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or shall be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or shall be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. § 1352(c)(1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure.]

The Proposer, _____ certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Proposer understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

Signature of Proposer's Authorized Official: _____

Name and Title of Proposer's Authorized Official: _____

Date: _____

**** NOTE: THIS EXHIBIT MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL ****
PROVIDE ALL REQUESTED INFORMATION - DO NOT MODIFY FORM



EXHIBIT J
Dental Insurance Proposal Worksheet

WORKSHEET INSTRUCTIONS: Answer the questions as completely as possible.
Do not refer the reader to another section of your response.

Company Contact Information:

Company Name:	
Corporate Headquarters Address:	
Local Office Address:	
RFP Contact Name:	
RFP Contact Phone:	
Contact Fax:	
Contact E-mail:	

1. Administrative Services

a. References

List below five (5) references of your Company where similar services are provided. References shall be for clients managed for a minimum of three (3) years with at least one (1) Florida public sector client.

Client	Contact Name	Phone #/ Email Address	# Years of Contractual Relationship

b. List the number of covered lives your Company insures for dental insurance:

Category	Orange County Area (Orange, Seminole, Lake, and Osceola Counties)	State of Florida
HMO Covered Lives		
PPO Covered Lives		

c. Indicate your Company's retention of dental insurance clients for the past 3 years:

Plan type	Retention for the past 3 years	
	Orange County Area (Orange, Seminole, Lake, and Osceola Counties)	State of Florida
HMO		
PPO		

d. Provide the following information regarding the personnel your Company will assign to LYNX:

Function	Name	Location	Years of Experience	Years with Company
Dental Director				
Account Manager				
Dedicated Account Service Representative				

e. Provide the following information regarding administrative services:

Administrative Services	Response
1. Confirm that your company will provide an experienced local client service representative, a client manager, and a strategic account manager, with expert support.	
2. Confirm that your proposal includes a comprehensive customer service component that is accessible, effective and efficient.	
3. Confirm that your Company will provide LYNX employees toll-free access to trained customer service representatives at a minimum from 8:00 a.m. to 5:00 p.m. Eastern Time, Monday through Friday.	



Administrative Services	Response
4. Confirm that your Company will provide claims administration, payment, and eligibility information timely and accurate.	
5. Has your Company experienced any HIPAA privacy breaches in the last 2 years that were required to be disclosed to HHS? If yes, please explain.	
6. Confirm that your proposal includes internet based administrative services for eligibility.	
7. Confirm that your company will provide a mobile friendly website or mobile application and internet based dental consumer tools for plan members to help: understand dental procedures and their cost; locate network general dentists and specialists; review claims history and current status of claims processing; and determine annual deductibles and annual maximums.	
8. Confirm that your Company will provide member electronic administrative services to include: requests for ID cards, member claim forms, network provider directory, dental plan coverage and limitations and exclusions, and information on claims processing status.	
9. Confirm that your Company will provide claim forms that will be easily accessible to members and Providers. Electronic claims submission would be preferable.	
10. Confirm that your Company will assist LYNX with annual enrollment by: training the benefits staff on plans; attending at least 5 on-site enrollment meetings in Orange County, Florida; providing web portal interface for annual enrollment; and agreeing to accept the LYNX's enrollment file.	

Administrative Services	Response
<p>11. Confirm that your Company will be responsible for coordinating delivery of all required enrollment and policy materials to the various agencies listed under this RFP, as well as being responsible for all costs of producing, printing, and mailing/distributing adequate quantities of marketing and administrative supplies (e.g., claim forms, summary plan booklets, and informational brochures) as designated by the LYNX. Please include a sample in the proposal behind Exhibit J.</p>	
<p>12. Confirm that your Company will issue ID cards to enrolled employees upon initial enrollment, or when an eligibility transaction changes information on the previously issued card. Permanent ID cards shall be mailed to the employees' home addresses within fourteen (14) days after the Proposer receives an eligibility update transaction.</p>	
<p>13. Confirm that your Company will develop, design, print and distribute Certificates of Coverage in a design and format acceptable to LYNX while meeting all filing requirements, provide the Certificate in PDF for placement on the LYNX Intranet web site and mail Certificates of Coverage to each participant's home.</p>	
<p>14. Confirm that your Company will meet as needed with LYNX on administrative issues related to the dental plans, meet quarterly to review plan performance, and make available a Dental Director for ongoing involvement in clinical, provider, and plan performance issues.</p>	

2. Plan Design and Provider Network

- a. Indicate whether your Company's proposed plans resemble the benefits and service types as outlined in the RFP.

1. Low Plan

Benefits	Low Plan	Response
Annual Maximum	NA	
Annual Deductible	NA	
Preventive Services	100% in network	
Basic Services	Schedule of Benefits	
Major Services	Schedule of Benefits	
Orthodontia	Schedule of Benefits	
Out of Network Allowance	Schedule of Benefits	

2. LOW PPO Plan

Benefits	LOW Plan	Response
Annual Maximum	\$1,000 per person per calendar year	
Annual Deductible	\$50 per person to family max \$150 for Basic or Major Services only	
Preventive Services	100% in network	
Basic Services	70% in network	
Major Services including Implants	40% in network	
Orthodontia	Child Under 18: Paid at 40% in network up to lifetime limit of \$1,000 Adult: None	
Out of Network Allowance	Maximum Allowable Cost	

3. High PPO Plan

Benefits	High Plan	Response
Annual Maximum	\$1,500 per person per calendar year	
Annual Deductible	\$50 per person / \$150 family max for Basic or Major Services only	



Benefits	High Plan	Response
Preventive Services	100% in network	
Basic Services	80% in network	
Major Services including Implants	50% in network	
Orthodontia	Paid at 50% in network up to lifetime limit of \$1,000 15% discount for adults	
Out of Network Allowance	90 th percentile of Usual & Customary Rate	

b. Indicate whether your Company's proposed plans resemble the service type coverage as outlined in the RFP.

1. Preventive Services

<i>Service Type</i>	<i>Low PPO & High PPO</i>	<i>Response</i>
Periodic Oral Exam	Twice per calendar year	
Prophylaxis (cleaning)	Twice per calendar year	
Bitewing x-rays	Two sets per calendar year	
Fluoride Treatment	Limited to children under age 14 twice per calendar year	

2. Basic Services

<i>Service Type</i>	<i>Low PPO & High PPO</i>	<i>Response</i>
Full Mouth x-rays	Once every 60 months	
Space Maintainer	Limited to children under age 14 once per lifetime per tooth area	
Sealants	Limited to children under age 16, for non-restored, non-decayed first and second permanent molars, once per tooth every 60 months	
Restorative Amalgams & Composites	Initial placement and replacement of existing filling but only if at least 24 months have passed	



	<p>since the filling was placed or a new surface of decay is identified on the tooth.</p> <p>Resin composite fillings are not to be limited based on tooth placement.</p>	
Periodontal Maintenance (available <i>in place of</i> eligible routine cleaning)	Twice per calendar year following active therapy	
Periodontal non-surgical treatment	Once per quadrant in any 24 month period	
Simple Extractions	As necessary	

3. Major Services

Service Type	Low PPO & High PPO	Response
Anesthesia	In connection with oral surgical procedures	
Inlay, Onlay, Crown	One replacement for the same tooth surface within 84 months	
Removable Dentures and Partials	Replacement of a non-serviceable denture if installed more than 84 months	
Implants and bridges	Once per tooth in a 60 month period	

c. Provide the following information regarding your proposed Plan Design and Network Services.

Plan Design and Network Services	Response
1. Confirm that your Company has proposed one DHMO and two PPO dental plans as outlined section 4 of the Scope of Services in the RFP.	
2. Confirm that the proposed dental plans match or closely resemble the classification of Service Types and the Dental Plan Limitations as outlined in the RFP's Proposed Plans. Any deviations must be listed.	
3. Confirm that the plans being proposed do not to include any additional waiting periods or reduction in services for initial plan entrants and	

Plan Design and Network Services	Response
<p>also for late entrants selecting coverage during annual enrollment and/or mid-year election Section 125 changes in status.</p>	
<p>4. Confirm that your proposal includes a comprehensive network of DHMO or PPO dentists and specialists in the Orange County Area and the network includes statewide and national coverage. The Orange County Area includes Orange, Seminole, Lake, and Osceola Counties</p>	
<p>5. Provide an HMO and PPO network directory behind Exhibit J</p>	
<p>6. Confirm that your Company's network has a stable list of providers with less than 3% turnover in any year.</p>	

d. Indicate your Company's number of HMO dentists in your network by County. Count a dentist with multiple offices in a single County only once.

County	General	Pedodontist	Periodontics	Endodontist	Oral Surgeon	Orthodontist
Orange						
Seminole						
Osceola						
Lake						
Total						

e. Indicate your Company's number of PPO dentists in your network by County. Count a dentist with multiple offices in a single County only once.

County	General	Pedodontist	Periodontics	Endodontist	Oral Surgeon	Orthodontist
Orange						
Seminole						
Osceola						
Lake						
Total						

f. Indicate the following coverage limitations and/or exclusions for your Proposal.

Procedure	Limitations or Exclusions
Pre-Existing Conditions	
Out-of-area emergency treatment	
Prosthetics for previously missing teeth	
Access to a pediatric dentist	
Continuation of Orthodontic coverage for treatment in progress	
Referrals to Specialists	
List any other limitations or exclusions	

3. Financial, Reporting and Data Interface

a. Please indicate the proposed services your Company will provide.

Financial, Reporting and Data Interface	Response
1. Confirm that eligibility for the Group Dental Insurance will be calculated on a Monthly basis and premiums will be due and payable on a monthly basis.	
2. Confirm that your Company will agree to allow LYNX to self-administer the premium bill.	
3. Confirm that your Company agrees to receive eligibility electronically.	
4. Confirm that your Company will complete eligibility discrepancy reporting on a weekly basis.	
5. Confirm that your Company will report eligibility, claims and utilization data on a quarterly basis and provide the utilization report, at a minimum: Monthly plan membership, Paid premiums, Amount of paid claims broken down by service type, and Network vs. non- network utilization. Please include a sample in the proposal behind Exhibit J	
6. Confirm your Company's capability of recording and maintaining information regarding LYNX specific service-related calls and complaints reported by members and LYNX representatives as well as provide reports on the information to the LYNX quarterly.	
7. Confirm that your Company will conduct annual member satisfaction surveys, specific to LYNX, and share the results with the LYNX.	
8. Confirm that your Company will provide the LYNX with electronic access to review standard dental reports.	
9. Confirm that your Company's experience relative to	



Financial, Reporting and Data Interface	Response
the performance guarantees will be reviewed with LYNX on a quarterly basis.	

4. Cost and Guarantees

a. Complete the information for each Plan regarding the Scheduled and Allowed In-Network amounts and Service Tiers Listed below.

1. HMO Plan: Complete the chart below indicating the scheduled amounts for the services listed:

ADA Code	Services	DHMO Plan	
		Patient Cost Proposed	Limits / Deviations
D0120	PERIODIC EXAM		
D0140	LIMITED ORAL EXAM		
D0150	COMPREHENSIVE EXAM		
D0220	FIRST PERIAPICAL X-RAY		
D0272	2 BITEWING X-RAYS		
D0274	4 BITEWING X-RAYS		
D0330	PANORAMIC X-RAY		
D1110	ADULT CLEANING		
D1206	FLUORIDE VARNISH		
D1208	TOPICAL FLUORIDE EXCL VARNISH		
D1351	SEALANT-PER TOOTH		
D2391	COMPOSITE FILLING		
D2392	COMPOSITE FILLING		
D2393	COMPOSITE FILLING		
D2710	CROWN - RESIN BASED COMPOSITE (INDIRECT)		
D2740	PORCELAIN CROWN		
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL		
D2950	CORE BUILD-UP		
D3220	PULPOTOMY - REMOVAL OF PULP, NOT PART OF A ROOT CANAL		
D3310	ANTERIOR ROOT CANAL (PERMANENT TOOTH) (EXCLUDING FINAL RESTORATION)		
D3320	BICUSPID ROOT CANAL (PERMANENT TOOTH) (EXCLUDING FINAL RESTORATION)		
D3330	MOLAR ROOT CANAL (PERMANENT TOOTH) (EXCLUDING FINAL RESTORATION)		
D4341	PERIO SCALING		
D4910	PERIO CLEANING		



D6970	CAST POST AND CORE, IN ADDITION TO FIXED PARTIAL DENTURE RETAINER		
D6972	PREFABRICATED POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER-BASE METAL POST		
D7140	TOOTH EXTRACTION		
D7210	SURG EXTRACTION		
D8080	ORTHO		

2. Low PPO Plan: Indicate the Service Tier as follows: 1 for Preventive; 2 for Basic; and 3 for Major Services. For the Adjusted Maximum Allowed amount for In Network, list the amount that would be adjusted to reflect the per cent of the Network allowable amount as it would be adjusted for the Service Tier. For example, if the total allowed for a procedure is \$100 and the Service Tier is 60% In Network, the Adjusted Maximum Allowable would be \$60.

ADA Code	Services	LOW PPO Plan	
		Service Tier	Adjusted Maximum Allowed (In Network)
D0120	PERIODIC EXAM		
D0140	LIMITED ORAL EXAM		
D0150	COMPREHENSIVE EXAM		
D0220	FIRST PERIAPICAL X-RAY		
D0272	2 BITEWING X-RAYS		
D0274	4 BITEWING X-RAYS		
D0330	PANORAMIC X-RAY		
D1110	ADULT CLEANING		
D1206	FLUORIDE VARNISH		
D1208	TOPICAL FLUORIDE EXCL VARNISH		
D1351	SEALANT-PER TOOTH		
D2391	COMPOSITE FILLING		
D2392	COMPOSITE FILLING		
D2393	COMPOSITE FILLING		
D2710	CROWN - RESIN BASED COMPOSITE (INDIRECT)		
D2740	PORCELAIN CROWN		
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL		
D2950	CORE BUILD-UP		
D3220	PULPOTOMY - REMOVAL OF PULP, NOT PART OF A ROOT CANAL		
D3310	ANTERIOR ROOT CANAL (PERMANENT TOOTH) (EXCLUDING FINAL RESTORATION)		

D3320	BICUSPID ROOT CANAL (PERMANENT TOOTH) (EXCLUDING FINAL RESTORATION)		
D3330	MOLAR ROOT CANAL (PERMANENT TOOTH) (EXCLUDING FINAL RESTORATION)		
D4341	PERIO SCALING		
D4910	PERIO CLEANING		
D6970	CAST POST AND CORE, IN ADDITION TO FIXED PARTIAL DENTURE RETAINER		
D6972	PREFABRICATED POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER-BASE METAL POST		
D7140	TOOTH EXTRACTION		
D7210	SURG EXTRACTION		
D8080	ORTHO		

3. HIGH PPO Plan: Indicate the Service Tier as follows: 1 for Preventive; 2 for Basic; and 3 for Major Services. For the Adjusted Maximum Allowed amount for In Network, list the amount that would be adjusted to reflect the per cent of the Network allowable amount as it would be adjusted for the Service Tier. For example, if the total allowed for a procedure is \$100 and the Service Tier is 60% In Network, the Adjusted Maximum Allowable would be \$60.

ADA Code	Services	HIGH PPO Plan	
		Service Tier	Adjusted Maximum Allowed (In Network)
D0120	PERIODIC EXAM		
D0140	LIMITED ORAL EXAM		
D0150	COMPREHENSIVE EXAM		
D0220	FIRST PERIAPICAL X-RAY		
D0272	2 BITEWING X-RAYS		
D0274	4 BITEWING X-RAYS		
D0330	PANORAMIC X-RAY		
D1110	ADULT CLEANING		
D1206	FLUORIDE VARNISH		
D1208	TOPICAL FLUORIDE EXCL VARNISH		
D1351	SEALANT-PER TOOTH		
D2391	COMPOSITE FILLING		
D2392	COMPOSITE FILLING		
D2393	COMPOSITE FILLING		
D2710	CROWN - RESIN BASED COMPOSITE (INDIRECT)		
D2740	PORCELAIN CROWN		
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL		
D2950	CORE BUILD-UP		



D3220	PULPOTOMY - REMOVAL OF PULP, NOT PART OF A ROOT CANAL		
D3310	ANTERIOR ROOT CANAL (PERMANENT TOOTH) (EXCLUDING FINAL RESTORATION)		
D3320	BICUSPID ROOT CANAL (PERMANENT TOOTH) (EXCLUDING FINAL RESTORATION)		
D3330	MOLAR ROOT CANAL (PERMANENT TOOTH) (EXCLUDING FINAL RESTORATION)		
D4341	PERIO SCALING		
D4910	PERIO CLEANING		
D6970	CAST POST AND CORE, IN ADDITION TO FIXED PARTIAL DENTURE RETAINER		
D6972	PREFABRICATED POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER-BASE METAL POST		
D7140	TOOTH EXTRACTION		
D7210	SURG EXTRACTION		
D8080	ORTHO		

b. Monthly fully-insured premiums should be presented using the Employee Counts (includes Employees, COBRA and Retirees) in each tier as provided below.

Tiers	HMO Plan	Low PPO Plan	High PPO Plan
Employee Only	115	221	266
Employee + 1	36	56	89
Employee + 2 or more	42	47	55

c. Pricing should be guaranteed year 1 through year 3 (January 1, 2022 – December 31, 2024).

HMO Plan	Monthly Premium per Contract Tier		
	2022	2023	2024
Employee Only	\$	\$	\$
Employee + 1	\$	\$	\$
Employee + 2 or more	\$	\$	\$
Low PPO Plan			
Employee Only	\$	\$	\$
Employee + 1	\$	\$	\$
Employee + 2 or more	\$	\$	\$
HIGH PPO Plan			
Employee Only	\$	\$	\$
Employee + 1	\$	\$	\$
Employee + 2 or more	\$	\$	\$



<p>1. Premiums for the dental plans are to be proposed on the three (3) tier model and guaranteed for a minimum of at least three (3) years of the maximum five (5) year contract.</p>	
<p>2. Outline an annual maximum incentive benefit, as an option for consideration after a Company has been selected. List cost impact should LYNX implement this benefit.</p>	

h. Indicate the Performance Standards and Financial Penalties your Company will include in your contract with LYNX.

Performance Standard	Response	Financial Penalty
<p>1. Plan Implementation to include: Plans loaded and tested by November 1; staff trained by November 20; and ID cards issued by December 20</p>		
<p>2. Network Stability with a 3% or less annual turnover</p>		
<p>3. Claims Processing Accuracy of at least 99% of the total number of correct claims divided by the total claims processed</p>		
<p>4. Claims Turnaround Time of at least 90% of clean claims processed in 14 calendars days and 100% all claims in 30 days</p>		
<p>5. Accurate and Timely Reporting with Quarterly and Annual reporting due by the 15th of the month and reports to be error free</p>		
<p>6. Telephone Answering Time minimum of 90% calls answered in less than 20 seconds</p>		
<p>7. Telephone Abandonment Rate of 2% or less</p>		



8. Return Call Response Rate minimum of 95% in 24 hours		
9. Web Inquiry Response Time minimum of 95% in 24 hours		
10. Other		
11. Other		

As an officer of the company, I certify that the information contained in our proposal is accurate, and our company will be bound by the contents of our proposal.

Signature

Date

Printed Name/Title

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL

EE number	Employee Birth Date	Ben Plan Option Description
1780	10/4/1955	Employee & 2+ Dependents-Dental High PPO
1780	10/4/1955	Employee & 2+ Dependents-Dental High PPO
1869	4/12/1965	Employee Only-Dental High PPO
5486	11/19/1973	Employee Only-Dental DHMO
1474	8/31/1967	Employee & 2+ Dependents-Dental DHMO
1474	8/31/1967	Employee & 2+ Dependents-Dental DHMO
1474	8/31/1967	Employee & 2+ Dependents-Dental DHMO
1474	8/31/1967	Employee & 2+ Dependents-Dental DHMO
6137	11/20/1966	Employee Only-Dental DHMO
2207	11/14/1963	Employee & 2+ Dependents-Dental High PPO
2207	11/14/1963	Employee & 2+ Dependents-Dental High PPO
2207	11/14/1963	Employee & 2+ Dependents-Dental High PPO
2207	11/14/1963	Employee & 2+ Dependents-Dental High PPO
3418	1/21/1960	Employee & 1 Dependent-Dental High PPO
3398	5/31/1963	Employee & 2+ Dependents-Dental DHMO
3398	5/31/1963	Employee & 2+ Dependents-Dental DHMO
3398	5/31/1963	Employee & 2+ Dependents-Dental DHMO
4098	6/16/1973	Employee Only-Dental Low PPO
5795	5/25/1977	Employee Only-Dental Low PPO
2714	11/3/1983	Employee Only-Dental High PPO
3614	5/14/1954	Employee & 1 Dependent-Dental DHMO
2663	5/12/1964	Employee Only-Dental High PPO
5386	6/22/1972	Employee Only-Dental Low PPO
3859	7/29/1955	Employee Only-Dental Low PPO
1858	9/26/1965	Employee & 1 Dependent-Dental High PPO
2355	12/27/1965	Employee & 2+ Dependents-Dental DHMO
2355	12/27/1965	Employee & 2+ Dependents-Dental DHMO
2657	10/2/1993	Employee Only-Dental DHMO
5904	9/26/1981	Employee Only-Dental High PPO
1097	12/18/1969	Employee & 1 Dependent-Dental Low PPO
1947	11/17/1951	Employee & 1 Dependent-Dental High PPO
5989	5/2/1971	Employee Only-Dental High PPO
2297	11/29/1962	Employee & 1 Dependent-Dental Low PPO
3525	9/22/1965	Employee & 2+ Dependents-Dental Low PPO
3525	9/22/1965	Employee & 2+ Dependents-Dental Low PPO
3525	9/22/1965	Employee & 2+ Dependents-Dental Low PPO
4220	12/29/1964	Employee Only-Dental DHMO
6017	8/24/1977	Employee Only-Dental High PPO

5923	7/31/1968	Employee Only-Dental Low PPO
2647	1/19/1971	Employee & 2+ Dependents-Dental High PPO
2647	1/19/1971	Employee & 2+ Dependents-Dental High PPO
2647	1/19/1971	Employee & 2+ Dependents-Dental High PPO
2647	1/19/1971	Employee & 2+ Dependents-Dental High PPO
1022	10/22/1965	Employee & 1 Dependent-Dental Low PPO
3812	7/10/1963	Employee Only-Dental Low PPO
5406	7/19/1970	Employee Only-Dental High PPO
6138	6/2/1983	Employee Only-Dental DHMO
2101	6/2/1973	Employee Only-Dental Low PPO
3979	7/7/1963	Employee & 1 Dependent-Dental High PPO
5499	3/4/1968	Employee & 2+ Dependents-Dental Low PPO
5499	3/4/1968	Employee & 2+ Dependents-Dental Low PPO
5499	3/4/1968	Employee & 2+ Dependents-Dental Low PPO
2381	2/11/1983	Employee & 1 Dependent-Dental High PPO
5312	12/16/1957	Employee Only-Dental DHMO
3310	4/16/1973	Employee & 2+ Dependents-Dental Low PPO
3310	4/16/1973	Employee & 2+ Dependents-Dental Low PPO
3310	4/16/1973	Employee & 2+ Dependents-Dental Low PPO
5951	7/19/1954	Employee Only-Dental Low PPO
5443	7/6/1986	Employee Only-Dental High PPO
4237	6/10/1985	Employee Only-Dental High PPO
3871	5/13/1955	Employee & 1 Dependent-Dental Low PPO
1781	12/22/1960	Employee Only-Dental High PPO
2616	9/26/1969	Employee Only-Dental DHMO
5744	2/8/1967	Employee & 2+ Dependents-Dental Low PPO
5744	2/8/1967	Employee & 2+ Dependents-Dental Low PPO
5744	2/8/1967	Employee & 2+ Dependents-Dental Low PPO
1298	3/7/1966	Employee & 1 Dependent-Dental High PPO
6094	11/28/1982	Employee Only-Dental DHMO
5821	4/15/1981	Employee & 1 Dependent-Dental High PPO
6067	9/23/1966	Employee Only-Dental Low PPO
1195	7/14/1960	Employee & 1 Dependent-Dental High PPO
1886	12/10/1965	Employee Only-Dental Low PPO
1684	11/4/1964	Employee Only-Dental High PPO
3825	11/8/1981	Employee & 2+ Dependents-Dental High PPO
3825	11/8/1981	Employee & 2+ Dependents-Dental High PPO
3825	11/8/1981	Employee & 2+ Dependents-Dental High PPO
6252	4/7/1972	Employee & 1 Dependent-Dental DHMO

2511	2/10/1964	Employee Only-Dental High PPO
1612	11/5/1967	Employee Only-Dental High PPO
5925	7/28/1964	Employee Only-Dental High PPO
4225	6/29/1976	Employee Only-Dental Low PPO
6232	3/18/1990	Employee Only-Dental High PPO
6232	3/18/1990	Employee Only-Dental High PPO
2696	11/21/1986	Employee Only-Dental High PPO
1961	3/21/1968	Employee & 2+ Dependents-Dental Low PPO
1961	3/21/1968	Employee & 2+ Dependents-Dental Low PPO
1961	3/21/1968	Employee & 2+ Dependents-Dental Low PPO
3994	1/5/1992	Employee Only-Dental DHMO
3000	1/31/1961	Employee Only-Dental Low PPO
2604	11/18/1991	Employee Only-Dental Low PPO
5446	9/30/1955	Employee & 2+ Dependents-Dental Low PPO
5446	9/30/1955	Employee & 2+ Dependents-Dental Low PPO
5699	7/30/1971	Employee & 1 Dependent-Dental Low PPO
3849	5/12/1965	Employee & 1 Dependent-Dental Low PPO
2675	7/9/1996	Employee Only-Dental DHMO
4090	7/2/1964	Employee Only-Dental Low PPO
2552	11/3/1951	Employee Only-Dental Low PPO
2195	8/5/1963	Employee & 2+ Dependents-Dental Low PPO
2195	8/5/1963	Employee & 2+ Dependents-Dental Low PPO
2680	3/1/1980	Employee & 1 Dependent-Dental High PPO
6296	8/20/1957	Employee Only-Dental High PPO
5504	7/11/1975	Employee & 2+ Dependents-Dental High PPO
5504	7/11/1975	Employee & 2+ Dependents-Dental High PPO
5504	7/11/1975	Employee & 2+ Dependents-Dental High PPO
5504	7/11/1975	Employee & 2+ Dependents-Dental High PPO
6233	12/12/1965	Employee Only-Dental Low PPO
6234	1/21/1951	Employee Only-Dental High PPO
3860	10/16/1963	Employee & 1 Dependent-Dental Low PPO
0938	8/2/1963	Employee & 2+ Dependents-Dental DHMO
0938	8/2/1963	Employee & 2+ Dependents-Dental DHMO
2580	3/31/1966	Employee Only-Dental High PPO
2596	6/14/1973	Employee Only-Dental High PPO
5713	9/26/1974	Employee & 1 Dependent-Dental High PPO
1734	5/24/1970	Employee & 1 Dependent-Dental High PPO
1436	10/22/1969	Employee Only-Dental High PPO
5099	8/19/1963	Employee Only-Dental High PPO

5685	11/17/1964	Employee & 2+ Dependents-Dental High PPO
5685	11/17/1964	Employee & 2+ Dependents-Dental High PPO
5257	1/18/1975	Employee & 2+ Dependents-Dental Low PPO
5257	1/18/1975	Employee & 2+ Dependents-Dental Low PPO
5257	1/18/1975	Employee & 2+ Dependents-Dental Low PPO
1071	7/11/1961	Employee & 2+ Dependents-Dental High PPO
1071	7/11/1961	Employee & 2+ Dependents-Dental High PPO
1071	7/11/1961	Employee & 2+ Dependents-Dental High PPO
1071	7/11/1961	Employee & 2+ Dependents-Dental High PPO
5060	8/24/1959	Employee Only-Dental Low PPO
4060	2/21/1994	Employee Only-Dental DHMO
2703	11/14/1963	Employee Only-Dental Low PPO
0861	10/21/1966	Employee & 2+ Dependents-Dental High PPO
0861	10/21/1966	Employee & 2+ Dependents-Dental High PPO
1593	1/16/1955	Employee & 1 Dependent-Dental Low PPO
2548	9/25/1972	Employee Only-Dental DHMO
4129	9/25/1990	Employee Only-Dental Low PPO
4125	9/16/1956	Employee & 1 Dependent-Dental DHMO
2536	9/19/1964	Employee Only-Dental Low PPO
5991	6/12/1976	Employee Only-Dental High PPO
5236	12/20/1952	Employee & 1 Dependent-Dental High PPO
5716	1/10/1983	Employee & 1 Dependent-Dental Low PPO
3965	8/1/1982	Employee Only-Dental Low PPO
6333	5/7/1964	Employee Only-Dental Low PPO
4012	12/20/1968	Employee & 2+ Dependents-Dental High PPO
4012	12/20/1968	Employee & 2+ Dependents-Dental High PPO
6311	9/4/1968	Employee Only-Dental High PPO
6175	1/6/1986	Employee Only-Dental High PPO
5463	10/25/1979	Employee Only-Dental Low PPO
1514	9/24/1966	Employee Only-Dental High PPO
3367	6/18/1961	Employee & 2+ Dependents-Dental Low PPO
3367	6/18/1961	Employee & 2+ Dependents-Dental Low PPO
4157	1/5/1970	Employee & 1 Dependent-Dental High PPO
4045	8/1/1975	Employee & 2+ Dependents-Dental High PPO
4045	8/1/1975	Employee & 2+ Dependents-Dental High PPO
4045	8/1/1975	Employee & 2+ Dependents-Dental High PPO
4172	1/10/1963	Employee Only-Dental DHMO
3988	7/20/1970	Employee Only-Dental High PPO
2546	1/16/1985	Employee & 1 Dependent-Dental High PPO

6113	12/24/1992	Employee Only-Dental High PPO
2732	7/19/1974	Employee & 1 Dependent-Dental High PPO
4206	3/26/1991	Employee Only-Dental Low PPO
2561	6/4/1950	Employee & 1 Dependent-Dental High PPO
1870	8/23/1965	Employee & 2+ Dependents-Dental Low PPO
1870	8/23/1965	Employee & 2+ Dependents-Dental Low PPO
1870	8/23/1965	Employee & 2+ Dependents-Dental Low PPO
5120	9/7/1973	Employee Only-Dental High PPO
6131	9/25/1977	Employee Only-Dental High PPO
5800	2/28/1974	Employee Only-Dental DHMO
1500	4/18/1962	Employee Only-Dental High PPO
5880	4/20/1970	Employee Only-Dental Low PPO
2665	2/15/1965	Employee Only-Dental High PPO
3763	9/12/1962	Employee & 1 Dependent-Dental High PPO
5016	12/15/1955	Employee Only-Dental High PPO
3862	11/18/1966	Employee & 2+ Dependents-Dental High PPO
3862	11/18/1966	Employee & 2+ Dependents-Dental High PPO
3862	11/18/1966	Employee & 2+ Dependents-Dental High PPO
3862	11/18/1966	Employee & 2+ Dependents-Dental High PPO
3862	11/18/1966	Employee & 2+ Dependents-Dental High PPO
3862	11/18/1966	Employee & 2+ Dependents-Dental High PPO
3862	11/18/1966	Employee & 2+ Dependents-Dental High PPO
1367	2/28/1964	Employee & 2+ Dependents-Dental High PPO
1367	2/28/1964	Employee & 2+ Dependents-Dental High PPO
1367	2/28/1964	Employee & 2+ Dependents-Dental High PPO
1367	2/28/1964	Employee & 2+ Dependents-Dental High PPO
0875	3/13/1961	Employee Only-Dental High PPO
5952	7/24/1973	Employee & 1 Dependent-Dental DHMO
5953	4/25/1980	Employee Only-Dental High PPO
5503	10/28/1964	Employee Only-Dental High PPO
3784	8/9/1961	Employee Only-Dental High PPO
1636	7/2/1968	Employee Only-Dental High PPO
5194	9/12/1963	Employee & 1 Dependent-Dental High PPO
1802	9/10/1954	Employee Only-Dental DHMO
2681	11/16/1969	Employee Only-Dental DHMO
1303	9/26/1954	Employee & 1 Dependent-Dental High PPO
5782	5/18/1980	Employee & 2+ Dependents-Dental DHMO
5782	5/18/1980	Employee & 2+ Dependents-Dental DHMO
5782	5/18/1980	Employee & 2+ Dependents-Dental DHMO

5782	5/18/1980	Employee & 2+ Dependents-Dental DHMO
5350	12/11/1986	Employee Only-Dental High PPO
1138	4/22/1960	Employee Only-Dental High PPO
6140	3/11/1973	Employee & 1 Dependent-Dental Low PPO
5554	12/30/1981	Employee Only-Dental Low PPO
5840	1/11/1970	Employee Only-Dental High PPO
1424	5/27/1968	Employee Only-Dental Low PPO
4086	8/18/1971	Employee & 2+ Dependents-Dental DHMO
4086	8/18/1971	Employee & 2+ Dependents-Dental DHMO
4086	8/18/1971	Employee & 2+ Dependents-Dental DHMO
4086	8/18/1971	Employee & 2+ Dependents-Dental DHMO
4086	8/18/1971	Employee & 2+ Dependents-Dental DHMO
5864	7/26/1976	Employee Only-Dental High PPO
1637	2/11/1961	Employee Only-Dental Low PPO
1604	11/17/1968	Employee Only-Dental DHMO
6237	12/12/1971	Employee Only-Dental High PPO
5994	11/13/1966	Employee Only-Dental Low PPO
1792	11/20/1969	Employee Only-Dental DHMO
6199	1/25/1987	Employee & 1 Dependent-Dental DHMO
6096	1/9/1965	Employee Only-Dental High PPO
3893	6/9/1972	Employee & 2+ Dependents-Dental Low PPO
3893	6/9/1972	Employee & 2+ Dependents-Dental Low PPO
6200	4/11/1996	Employee Only-Dental High PPO
5053	10/1/1959	Employee Only-Dental Low PPO
2257	2/23/1959	Employee Only-Dental Low PPO
2715	7/20/1980	Employee & 2+ Dependents-Dental High PPO
2715	7/20/1980	Employee & 2+ Dependents-Dental High PPO
2715	7/20/1980	Employee & 2+ Dependents-Dental High PPO
2715	7/20/1980	Employee & 2+ Dependents-Dental High PPO
2715	7/20/1980	Employee & 2+ Dependents-Dental High PPO
4177	8/21/1962	Employee & 2+ Dependents-Dental High PPO
4177	8/21/1962	Employee & 2+ Dependents-Dental High PPO
1180	12/18/1964	Employee Only-Dental Low PPO
6141	8/23/1977	Employee Only-Dental High PPO
1949	7/16/1953	Employee Only-Dental High PPO
1145	11/17/1970	Employee & 2+ Dependents-Dental DHMO
1145	11/17/1970	Employee & 2+ Dependents-Dental DHMO
6350	5/14/1964	Employee Only-Dental Low PPO
6142	10/4/1977	Employee Only-Dental DHMO

5405	9/5/1964	Employee & 2+ Dependents-Dental High PPO
5405	9/5/1964	Employee & 2+ Dependents-Dental High PPO
4011	9/1/1975	Employee Only-Dental Low PPO
6238	10/11/1975	Employee Only-Dental Low PPO
5954	2/5/1976	Employee Only-Dental Low PPO
3962	10/20/1972	Employee Only-Dental DHMO
3342	5/10/1955	Employee & 2+ Dependents-Dental DHMO
3342	5/10/1955	Employee & 2+ Dependents-Dental DHMO
3342	5/10/1955	Employee & 2+ Dependents-Dental DHMO
5555	10/14/1977	Employee Only-Dental Low PPO
6239	6/11/1973	Employee & 1 Dependent-Dental Low PPO
6335	11/27/1965	Employee Only-Dental Low PPO
6327	1/13/1971	Employee & 2+ Dependents-Dental High PPO
6327	1/13/1971	Employee & 2+ Dependents-Dental High PPO
6327	1/13/1971	Employee & 2+ Dependents-Dental High PPO
2590	3/12/1977	Employee & 2+ Dependents-Dental Low PPO
2590	3/12/1977	Employee & 2+ Dependents-Dental Low PPO
2590	3/12/1977	Employee & 2+ Dependents-Dental Low PPO
6297	8/10/1972	Employee & 2+ Dependents-Dental High PPO
6297	8/10/1972	Employee & 2+ Dependents-Dental High PPO
6297	8/10/1972	Employee & 2+ Dependents-Dental High PPO
6312	5/25/1987	Employee Only-Dental High PPO
0776	6/18/1963	Employee Only-Dental Low PPO
1928	5/15/1969	Employee Only-Dental Low PPO
1555	6/24/1959	Employee Only-Dental DHMO
1060	5/16/1962	Employee & 1 Dependent-Dental High PPO
5172	11/20/1983	Employee Only-Dental Low PPO
2707	9/30/1987	Employee & 2+ Dependents-Dental DHMO
2707	9/30/1987	Employee & 2+ Dependents-Dental DHMO
5586	8/9/1982	Employee Only-Dental High PPO
1749	11/17/1957	Employee & 1 Dependent-Dental Low PPO
5841	9/20/1985	Employee Only-Dental Low PPO
6035	6/6/1994	Employee Only-Dental Low PPO
1626	6/30/1966	Employee Only-Dental Low PPO
1388	5/16/1956	Employee Only-Dental Low PPO
2625	12/9/1987	Employee & 1 Dependent-Dental DHMO
4251	11/23/1957	Employee Only-Dental Low PPO
3688	12/1/1969	Employee Only-Dental High PPO
2587	12/10/1968	Employee & 1 Dependent-Dental Low PPO

1658	2/23/1960	Employee & 1 Dependent-Dental High PPO
1586	3/5/1946	Employee & 1 Dependent-Dental High PPO
4158	11/25/1984	Employee Only-Dental DHMO
5722	1/12/1974	Employee & 2+ Dependents-Dental Low PPO
5722	1/12/1974	Employee & 2+ Dependents-Dental Low PPO
5722	1/12/1974	Employee & 2+ Dependents-Dental Low PPO
5393	3/13/1975	Employee & 1 Dependent-Dental DHMO
0997	10/28/1961	Employee & 1 Dependent-Dental DHMO
2637	1/11/1985	Employee Only-Dental High PPO
5642	2/10/1951	Employee & 1 Dependent-Dental High PPO
4043	10/5/1957	Employee & 2+ Dependents-Dental DHMO
4043	10/5/1957	Employee & 2+ Dependents-Dental DHMO
2527	5/27/1966	Employee & 2+ Dependents-Dental DHMO
2527	5/27/1966	Employee & 2+ Dependents-Dental DHMO
1974	4/26/1968	Employee & 1 Dependent-Dental Low PPO
5745	11/6/1974	Employee Only-Dental High PPO
5506	8/19/1964	Employee Only-Dental DHMO
5009	1/27/1973	Employee Only-Dental Low PPO
5137	7/26/1972	Employee Only-Dental High PPO
2569	5/24/1980	Employee Only-Dental High PPO
5237	6/5/1969	Employee Only-Dental DHMO
5368	6/14/1960	Employee Only-Dental DHMO
3599	12/21/1961	Employee Only-Dental DHMO
5905	12/10/1979	Employee Only-Dental High PPO
4021	12/24/1978	Employee Only-Dental Low PPO
3989	8/5/1964	Employee Only-Dental High PPO
2629	12/17/1967	Employee & 1 Dependent-Dental High PPO
5139	10/26/1962	Employee & 2+ Dependents-Dental High PPO
5139	10/26/1962	Employee & 2+ Dependents-Dental High PPO
5140	1/18/1968	Employee Only-Dental High PPO
0769	1/30/1963	Employee & 2+ Dependents-Dental Low PPO
0769	1/30/1963	Employee & 2+ Dependents-Dental Low PPO
0769	1/30/1963	Employee & 2+ Dependents-Dental Low PPO
5725	7/7/1986	Employee Only-Dental High PPO
4147	5/3/1995	Employee Only-Dental DHMO
4147	5/3/1995	Employee Only-Dental DHMO
5658	8/15/1959	Employee Only-Dental Low PPO
4127	3/21/1980	Employee Only-Dental DHMO
6214	10/4/1965	Employee Only-Dental High PPO

5689	12/1/1975	Employee & 1 Dependent-Dental Low PPO
6145	1/23/1971	Employee & 1 Dependent-Dental DHMO
1349	10/20/1969	Employee Only-Dental Low PPO
4243	7/16/1993	Employee Only-Dental Low PPO
6092	8/5/1977	Employee Only-Dental DHMO
1631	1/25/1972	Employee Only-Dental High PPO
0376	6/2/1962	Employee Only-Dental DHMO
3888	12/20/1965	Employee & 1 Dependent-Dental DHMO
1350	1/11/1964	Employee & 2+ Dependents-Dental DHMO
1350	1/11/1964	Employee & 2+ Dependents-Dental DHMO
1350	1/11/1964	Employee & 2+ Dependents-Dental DHMO
5507	5/26/1978	Employee Only-Dental Low PPO
3946	3/12/1972	Employee Only-Dental Low PPO
3926	12/8/1961	Employee Only-Dental Low PPO
1502	8/29/1965	Employee & 2+ Dependents-Dental DHMO
1502	8/29/1965	Employee & 2+ Dependents-Dental DHMO
5123	4/2/1975	Employee Only-Dental High PPO
5062	1/13/1977	Employee Only-Dental High PPO
5261	5/12/1964	Employee & 2+ Dependents-Dental High PPO
5261	5/12/1964	Employee & 2+ Dependents-Dental High PPO
5261	5/12/1964	Employee & 2+ Dependents-Dental High PPO
5261	5/12/1964	Employee & 2+ Dependents-Dental High PPO
0924	2/7/1961	Employee Only-Dental High PPO
4200	12/23/1980	Employee Only-Dental DHMO
3878	11/7/1964	Employee Only-Dental Low PPO
2722	3/13/1967	Employee & 1 Dependent-Dental DHMO
1165	8/26/1969	Employee & 2+ Dependents-Dental High PPO
1165	8/26/1969	Employee & 2+ Dependents-Dental High PPO
1165	8/26/1969	Employee & 2+ Dependents-Dental High PPO
6215	7/1/1973	Employee Only-Dental Low PPO
5573	5/15/1958	Employee Only-Dental Low PPO
3726	9/3/1962	Employee & 1 Dependent-Dental Low PPO
5157	6/19/1968	Employee & 1 Dependent-Dental Low PPO
2184	5/13/1963	Employee Only-Dental DHMO
5351	1/5/1968	Employee Only-Dental DHMO
5103	5/19/1969	Employee Only-Dental High PPO
2726	12/5/1981	Employee Only-Dental High PPO
4124	7/27/1983	Employee & 2+ Dependents-Dental Low PPO
4124	7/27/1983	Employee & 2+ Dependents-Dental Low PPO

4124	7/27/1983	Employee & 2+ Dependents-Dental Low PPO
4124	7/27/1983	Employee & 2+ Dependents-Dental Low PPO
4124	7/27/1983	Employee & 2+ Dependents-Dental Low PPO
4124	7/27/1983	Employee & 2+ Dependents-Dental Low PPO
6313	3/21/1966	Employee & 1 Dependent-Dental High PPO
6038	8/22/1986	Employee Only-Dental High PPO
2359	10/5/1980	Employee & 2+ Dependents-Dental DHMO
2359	10/5/1980	Employee & 2+ Dependents-Dental DHMO
1136	3/15/1964	Employee & 2+ Dependents-Dental Low PPO
1136	3/15/1964	Employee & 2+ Dependents-Dental Low PPO
5465	3/28/1973	Employee Only-Dental High PPO
5610	12/25/1968	Employee Only-Dental High PPO
1360	10/18/1957	Employee & 1 Dependent-Dental High PPO
1450	6/5/1963	Employee Only-Dental Low PPO
1282	10/19/1973	Employee Only-Dental High PPO
6006	7/20/1972	Employee & 2+ Dependents-Dental High PPO
6006	7/20/1972	Employee & 2+ Dependents-Dental High PPO
6006	7/20/1972	Employee & 2+ Dependents-Dental High PPO
6006	7/20/1972	Employee & 2+ Dependents-Dental High PPO
6006	7/20/1972	Employee & 2+ Dependents-Dental High PPO
3759	7/30/1975	Employee & 1 Dependent-Dental High PPO
2628	4/29/1967	Employee Only-Dental High PPO
5335	10/17/1989	Employee Only-Dental High PPO
1804	1/1/1976	Employee & 1 Dependent-Dental DHMO
5690	8/18/1959	Employee & 2+ Dependents-Dental High PPO
5690	8/18/1959	Employee & 2+ Dependents-Dental High PPO
4072	8/13/1974	Employee Only-Dental Low PPO
6337	11/28/1989	Employee & 1 Dependent-Dental DHMO
3851	9/5/1969	Employee & 1 Dependent-Dental Low PPO
5962	6/1/1980	Employee & 1 Dependent-Dental Low PPO
3665	12/25/1959	Employee & 1 Dependent-Dental High PPO
5931	12/13/1989	Employee Only-Dental DHMO
5560	5/23/1963	Employee Only-Dental DHMO
3986	11/22/1973	Employee Only-Dental High PPO
1986	9/27/1986	Employee Only-Dental High PPO
5751	1/25/1969	Employee & 2+ Dependents-Dental Low PPO
5751	1/25/1969	Employee & 2+ Dependents-Dental Low PPO
5751	1/25/1969	Employee & 2+ Dependents-Dental Low PPO
4170	8/13/1976	Employee Only-Dental High PPO

1681	9/8/1958	Employee Only-Dental DHMO
1890	3/20/1958	Employee Only-Dental High PPO
5054	1/22/1962	Employee Only-Dental Low PPO
0737	8/30/1966	Employee & 2+ Dependents-Dental Low PPO
0737	8/30/1966	Employee & 2+ Dependents-Dental Low PPO
0737	8/30/1966	Employee & 2+ Dependents-Dental Low PPO
0737	8/30/1966	Employee & 2+ Dependents-Dental Low PPO
2538	8/6/1979	Employee Only-Dental Low PPO
5158	6/12/1956	Employee Only-Dental Low PPO
0762	12/14/1961	Employee & 1 Dependent-Dental High PPO
5932	3/16/1986	Employee Only-Dental DHMO
6298	6/19/1961	Employee Only-Dental High PPO
4211	8/4/1962	Employee Only-Dental DHMO
5055	11/21/1965	Employee Only-Dental Low PPO
4105	6/19/1991	Employee Only-Dental DHMO
4025	8/1/1964	Employee Only-Dental DHMO
5353	6/29/1963	Employee Only-Dental High PPO
5500	2/22/1963	Employee & 2+ Dependents-Dental Low PPO
5500	2/22/1963	Employee & 2+ Dependents-Dental Low PPO
4116	12/12/1974	Employee & 2+ Dependents-Dental Low PPO
4116	12/12/1974	Employee & 2+ Dependents-Dental Low PPO
4116	12/12/1974	Employee & 2+ Dependents-Dental Low PPO
4116	12/12/1974	Employee & 2+ Dependents-Dental Low PPO
6007	9/8/1978	Employee Only-Dental DHMO
5892	10/28/1961	Employee Only-Dental DHMO
3910	11/2/1987	Employee Only-Dental High PPO
2518	7/31/1979	Employee Only-Dental Low PPO
2526	9/10/1972	Employee & 1 Dependent-Dental High PPO
3693	1/24/1976	Employee & 2+ Dependents-Dental Low PPO
3693	1/24/1976	Employee & 2+ Dependents-Dental Low PPO
3693	1/24/1976	Employee & 2+ Dependents-Dental Low PPO
5265	9/26/1978	Employee Only-Dental High PPO
5752	3/3/1966	Employee & 1 Dependent-Dental Low PPO
5396	6/10/1983	Employee Only-Dental DHMO
5396	6/10/1983	Employee Only-Dental DHMO
5702	12/29/1962	Employee Only-Dental Low PPO
1594	8/11/1961	Employee & 2+ Dependents-Dental Low PPO
1594	8/11/1961	Employee & 2+ Dependents-Dental Low PPO
1594	8/11/1961	Employee & 2+ Dependents-Dental Low PPO

2688	5/31/1967	Employee & 2+ Dependents-Dental DHMO
2688	5/31/1967	Employee & 2+ Dependents-Dental DHMO
3904	7/12/1979	Employee Only-Dental High PPO
5727	2/2/1964	Employee & 1 Dependent-Dental High PPO
1833	6/2/1969	Employee Only-Dental Low PPO
2713	9/7/1992	Employee & 1 Dependent-Dental Low PPO
1918	12/27/1964	Employee Only-Dental Low PPO
5337	8/4/1959	Employee Only-Dental Low PPO
5963	9/27/1969	Employee Only-Dental DHMO
5577	12/18/1971	Employee Only-Dental High PPO
5540	12/19/1966	Employee & 1 Dependent-Dental High PPO
5625	10/14/1985	Employee Only-Dental High PPO
6160	3/19/1974	Employee Only-Dental Low PPO
2455	12/16/1962	Employee & 2+ Dependents-Dental DHMO
2455	12/16/1962	Employee & 2+ Dependents-Dental DHMO
5933	9/21/1972	Employee Only-Dental DHMO
5907	5/11/1964	Employee Only-Dental Low PPO
5867	5/11/1978	Employee Only-Dental DHMO
5908	4/11/1962	Employee & 2+ Dependents-Dental High PPO
5908	4/11/1962	Employee & 2+ Dependents-Dental High PPO
5908	4/11/1962	Employee & 2+ Dependents-Dental High PPO
4221	1/29/1979	Employee Only-Dental High PPO
2382	8/11/1968	Employee Only-Dental Low PPO
1773	7/22/1977	Employee Only-Dental Low PPO
4037	1/24/1995	Employee Only-Dental DHMO
2698	6/19/1961	Employee Only-Dental High PPO
5175	2/9/1962	Employee Only-Dental High PPO
3824	11/14/1974	Employee & 2+ Dependents-Dental DHMO
3824	11/14/1974	Employee & 2+ Dependents-Dental DHMO
3824	11/14/1974	Employee & 2+ Dependents-Dental DHMO
5267	5/26/1966	Employee & 1 Dependent-Dental DHMO
6118	9/6/1966	Employee Only-Dental High PPO
5029	11/10/1964	Employee & 1 Dependent-Dental High PPO
3293	10/19/1963	Employee & 1 Dependent-Dental Low PPO
5493	8/18/1980	Employee Only-Dental High PPO
1183	4/12/1967	Employee Only-Dental DHMO
4244	1/11/1969	Employee & 1 Dependent-Dental High PPO
6320	2/17/1976	Employee Only-Dental DHMO
4246	7/13/1983	Employee & 2+ Dependents-Dental High PPO

4246	7/13/1983	Employee & 2+ Dependents-Dental High PPO
4246	7/13/1983	Employee & 2+ Dependents-Dental High PPO
4246	7/13/1983	Employee & 2+ Dependents-Dental High PPO
4246	7/13/1983	Employee & 2+ Dependents-Dental High PPO
5176	10/30/1967	Employee & 1 Dependent-Dental Low PPO
5318	10/31/1967	Employee Only-Dental Low PPO
3796	10/6/1961	Employee Only-Dental High PPO
6203	6/30/1974	Employee Only-Dental High PPO
5338	10/1/1965	Employee & 2+ Dependents-Dental DHMO
5338	10/1/1965	Employee & 2+ Dependents-Dental DHMO
5338	10/1/1965	Employee & 2+ Dependents-Dental DHMO
5338	10/1/1965	Employee & 2+ Dependents-Dental DHMO
5338	10/1/1965	Employee & 2+ Dependents-Dental DHMO
3872	10/5/1969	Employee & 1 Dependent-Dental High PPO
4229	1/23/1975	Employee Only-Dental DHMO
4169	4/4/1992	Employee Only-Dental Low PPO
2592	10/13/1972	Employee Only-Dental DHMO
5038	4/28/1976	Employee & 2+ Dependents-Dental High PPO
5038	4/28/1976	Employee & 2+ Dependents-Dental High PPO
5038	4/28/1976	Employee & 2+ Dependents-Dental High PPO
6182	2/7/1973	Employee & 2+ Dependents-Dental Low PPO
6182	2/7/1973	Employee & 2+ Dependents-Dental Low PPO
1557	8/2/1958	Employee & 1 Dependent-Dental Low PPO
5148	6/11/1954	Employee Only-Dental DHMO
3987	8/18/1966	Employee & 1 Dependent-Dental Low PPO
5754	9/22/1968	Employee Only-Dental High PPO
2642	11/1/1959	Employee Only-Dental High PPO
6321	9/17/1959	Employee Only-Dental Low PPO
1491	8/18/1969	Employee & 1 Dependent-Dental High PPO
3868	10/5/1989	Employee & 1 Dependent-Dental DHMO
5240	7/26/1979	Employee Only-Dental High PPO
1880	9/27/1963	Employee Only-Dental High PPO
0863	11/13/1958	Employee Only-Dental High PPO
2442	11/4/1969	Employee & 1 Dependent-Dental DHMO
5703	8/10/1962	Employee & 2+ Dependents-Dental Low PPO
5703	8/10/1962	Employee & 2+ Dependents-Dental Low PPO
5703	8/10/1962	Employee & 2+ Dependents-Dental Low PPO
4115	6/1/1983	Employee Only-Dental High PPO
3909	11/2/1977	Employee & 1 Dependent-Dental DHMO

5996	11/16/1962	Employee Only-Dental Low PPO
0845	8/24/1967	Employee & 2+ Dependents-Dental High PPO
0845	8/24/1967	Employee & 2+ Dependents-Dental High PPO
0845	8/24/1967	Employee & 2+ Dependents-Dental High PPO
3995	9/10/1973	Employee Only-Dental Low PPO
1588	7/29/1955	Employee Only-Dental Low PPO
6041	3/17/1962	Employee Only-Dental High PPO
3877	2/3/1982	Employee & 2+ Dependents-Dental Low PPO
3877	2/3/1982	Employee & 2+ Dependents-Dental Low PPO
2563	3/15/1974	Employee Only-Dental Low PPO
1989	12/19/1964	Employee Only-Dental DHMO
5412	9/21/1986	Employee Only-Dental High PPO
4075	1/2/1985	Employee Only-Dental High PPO
1952	3/22/1972	Employee Only-Dental High PPO
2600	12/12/1970	Employee Only-Dental High PPO
5449	10/1/1976	Employee Only-Dental Low PPO
6281	12/21/1970	Employee & 1 Dependent-Dental High PPO
5484	12/15/1988	Employee Only-Dental High PPO
5210	5/27/1956	Employee & 1 Dependent-Dental Low PPO
1278	11/29/1963	Employee Only-Dental High PPO
4092	3/7/1956	Employee & 1 Dependent-Dental High PPO
4130	1/8/1959	Employee & 1 Dependent-Dental High PPO
4239	5/11/1992	Employee Only-Dental High PPO
2549	9/18/1973	Employee & 2+ Dependents-Dental Low PPO
2549	9/18/1973	Employee & 2+ Dependents-Dental Low PPO
2549	9/18/1973	Employee & 2+ Dependents-Dental Low PPO
2621	5/25/1985	Employee Only-Dental High PPO
5088	7/2/1966	Employee Only-Dental High PPO
6260	1/8/1975	Employee Only-Dental DHMO
6282	8/22/1991	Employee Only-Dental High PPO
5575	12/12/1978	Employee Only-Dental High PPO
1975	11/14/1953	Employee Only-Dental High PPO
3375	11/30/1974	Employee & 2+ Dependents-Dental Low PPO
3375	11/30/1974	Employee & 2+ Dependents-Dental Low PPO
5078	3/20/1972	Employee Only-Dental Low PPO
0747	12/25/1964	Employee Only-Dental High PPO
6021	7/22/1961	Employee Only-Dental High PPO
6162	8/21/1965	Employee & 1 Dependent-Dental DHMO
2690	8/23/1968	Employee Only-Dental High PPO

4040	10/5/1985	Employee Only-Dental DHMO
6029	11/24/1967	Employee & 1 Dependent-Dental DHMO
3948	6/7/1971	Employee Only-Dental Low PPO
6329	7/3/1960	Employee & 1 Dependent-Dental Low PPO
3867	4/23/1976	Employee & 2+ Dependents-Dental DHMO
3867	4/23/1976	Employee & 2+ Dependents-Dental DHMO
3867	4/23/1976	Employee & 2+ Dependents-Dental DHMO
5374	3/30/1971	Employee Only-Dental High PPO
5576	12/4/1954	Employee & 1 Dependent-Dental High PPO
3790	4/29/1960	Employee Only-Dental High PPO
3722	2/11/1960	Employee Only-Dental High PPO
2465	5/17/1961	Employee Only-Dental High PPO
0759	1/14/1961	Employee Only-Dental Low PPO
3863	4/28/1964	Employee Only-Dental High PPO
5413	2/23/1991	Employee Only-Dental DHMO
4120	2/12/1982	Employee Only-Dental Low PPO
3161	9/19/1966	Employee Only-Dental Low PPO
5242	5/6/1958	Employee & 1 Dependent-Dental Low PPO
0678	11/9/1959	Employee Only-Dental Low PPO
2474	1/13/1966	Employee Only-Dental High PPO
2721	3/2/1966	Employee Only-Dental Low PPO
2721	3/2/1966	Employee Only-Dental Low PPO
4007	2/5/1973	Employee Only-Dental High PPO
6339	4/6/1994	Employee Only-Dental DHMO
1976	10/26/1970	Employee Only-Dental DHMO
2057	8/20/1964	Employee & 2+ Dependents-Dental Low PPO
2057	8/20/1964	Employee & 2+ Dependents-Dental Low PPO
2057	8/20/1964	Employee & 2+ Dependents-Dental Low PPO
2248	4/23/1959	Employee Only-Dental Low PPO
5894	6/24/1958	Employee & 1 Dependent-Dental High PPO
4069	2/23/1981	Employee Only-Dental Low PPO
2539	9/5/1966	Employee Only-Dental Low PPO
3906	10/20/1963	Employee Only-Dental Low PPO
5508	10/8/1976	Employee & 2+ Dependents-Dental DHMO
5508	10/8/1976	Employee & 2+ Dependents-Dental DHMO
5339	12/24/1987	Employee & 1 Dependent-Dental High PPO
5177	2/23/1981	Employee Only-Dental High PPO
5162	1/18/1979	Employee Only-Dental Low PPO
5454	12/10/1973	Employee Only-Dental High PPO

5934	12/6/1978	Employee Only-Dental High PPO
5847	12/16/1973	Employee & 1 Dependent-Dental Low PPO
1254	10/5/1961	Employee Only-Dental High PPO
6101	10/5/1973	Employee Only-Dental High PPO
5612	10/18/1980	Employee Only-Dental High PPO
4073	8/16/1987	Employee Only-Dental DHMO
3708	6/5/1983	Employee Only-Dental DHMO
3598	8/21/1967	Employee & 2+ Dependents-Dental High PPO
3598	8/21/1967	Employee & 2+ Dependents-Dental High PPO
1181	5/21/1957	Employee & 1 Dependent-Dental Low PPO
6314	9/14/1972	Employee Only-Dental Low PPO
3465	1/7/1960	Employee & 1 Dependent-Dental DHMO
1113	9/8/1966	Employee Only-Dental High PPO
6102	9/28/1968	Employee Only-Dental High PPO
4159	9/29/1985	Employee Only-Dental DHMO
3914	3/25/1988	Employee & 1 Dependent-Dental High PPO
6166	11/22/1981	Employee Only-Dental DHMO
5467	3/7/1979	Employee Only-Dental High PPO
3791	1/4/1958	Employee Only-Dental High PPO
5321	2/9/1979	Employee Only-Dental Low PPO
2540	12/15/1983	Employee Only-Dental High PPO
5969	11/26/1976	Employee & 2+ Dependents-Dental DHMO
5969	11/26/1976	Employee & 2+ Dependents-Dental DHMO
5969	11/26/1976	Employee & 2+ Dependents-Dental DHMO
5969	11/26/1976	Employee & 2+ Dependents-Dental DHMO
5969	11/26/1976	Employee & 2+ Dependents-Dental DHMO
2612	1/17/1974	Employee Only-Dental Low PPO
1464	9/11/1966	Employee Only-Dental High PPO
5495	11/4/1960	Employee Only-Dental High PPO
5163	8/21/1964	Employee & 1 Dependent-Dental High PPO
0571	1/9/1957	Employee & 1 Dependent-Dental High PPO
6134	4/2/1979	Employee & 1 Dependent-Dental DHMO
2119	7/10/1962	Employee Only-Dental DHMO
1929	7/27/1959	Employee Only-Dental High PPO
5811	9/8/1979	Employee Only-Dental High PPO
5811	9/8/1979	Employee Only-Dental High PPO
5269	7/30/1967	Employee Only-Dental High PPO
2027	7/27/1962	Employee & 1 Dependent-Dental DHMO
2149	12/3/1971	Employee & 2+ Dependents-Dental Low PPO

2149	12/3/1971	Employee & 2+ Dependents-Dental Low PPO
2149	12/3/1971	Employee & 2+ Dependents-Dental Low PPO
2149	12/3/1971	Employee & 2+ Dependents-Dental Low PPO
5164	7/13/1956	Employee Only-Dental Low PPO
2516	11/15/1972	Employee Only-Dental DHMO
4230	1/19/1989	Employee Only-Dental High PPO
1813	2/9/1972	Employee Only-Dental Low PPO
5283	6/1/1953	Employee Only-Dental Low PPO
2416	8/4/1957	Employee & 1 Dependent-Dental High PPO
4197	3/18/1960	Employee & 1 Dependent-Dental Low PPO
6185	8/14/1970	Employee Only-Dental High PPO
5179	8/12/1954	Employee & 1 Dependent-Dental High PPO
6261	3/17/1990	Employee Only-Dental DHMO
4006	8/4/1961	Employee Only-Dental Low PPO
4187	10/25/1962	Employee Only-Dental DHMO
3889	5/6/1963	Employee & 2+ Dependents-Dental High PPO
3889	5/6/1963	Employee & 2+ Dependents-Dental High PPO
3889	5/6/1963	Employee & 2+ Dependents-Dental High PPO
4202	6/24/1992	Employee & 2+ Dependents-Dental High PPO
4202	6/24/1992	Employee & 2+ Dependents-Dental High PPO
6243	10/31/1967	Employee & 1 Dependent-Dental High PPO
3449	2/6/1958	Employee & 1 Dependent-Dental Low PPO
3952	7/22/1982	Employee Only-Dental DHMO
6283	5/5/1983	Employee Only-Dental Low PPO
1784	7/16/1972	Employee Only-Dental Low PPO
1879	6/5/1975	Employee Only-Dental High PPO
4234	11/9/1962	Employee Only-Dental High PPO
5970	2/3/1988	Employee Only-Dental Low PPO
1065	10/23/1967	Employee & 2+ Dependents-Dental Low PPO
1065	10/23/1967	Employee & 2+ Dependents-Dental Low PPO
2729	2/15/1986	Employee Only-Dental High PPO
3180	12/30/1965	Employee & 1 Dependent-Dental Low PPO
2676	12/8/1964	Employee & 1 Dependent-Dental DHMO
6149	2/18/1980	Employee Only-Dental Low PPO
1822	11/8/1968	Employee & 1 Dependent-Dental Low PPO
1622	3/14/1967	Employee Only-Dental High PPO
3717	4/20/1977	Employee Only-Dental High PPO
6244	1/15/1960	Employee Only-Dental DHMO
1285	5/31/1959	Employee Only-Dental High PPO

5860	7/16/1973	Employee Only-Dental Low PPO
4198	6/3/1982	Employee Only-Dental Low PPO
2667	7/8/1981	Employee Only-Dental High PPO
3938	6/20/1982	Employee & 2+ Dependents-Dental Low PPO
3938	6/20/1982	Employee & 2+ Dependents-Dental Low PPO
2392	9/4/1981	Employee Only-Dental High PPO
5165	10/28/1963	Employee Only-Dental DHMO
6301	8/9/1980	Employee Only-Dental High PPO
4131	8/9/1951	Employee & 1 Dependent-Dental High PPO
1249	6/25/1963	Employee & 1 Dependent-Dental Low PPO
6354	12/8/1977	Employee Only-Dental Low PPO
6302	10/31/1985	Employee Only-Dental DHMO
5357	12/19/1962	Employee & 2+ Dependents-Dental Low PPO
5357	12/19/1962	Employee & 2+ Dependents-Dental Low PPO
5357	12/19/1962	Employee & 2+ Dependents-Dental Low PPO
5649	7/31/1971	Employee & 2+ Dependents-Dental Low PPO
5649	7/31/1971	Employee & 2+ Dependents-Dental Low PPO
5649	7/31/1971	Employee & 2+ Dependents-Dental Low PPO
5649	7/31/1971	Employee & 2+ Dependents-Dental Low PPO
2421	3/25/1962	Employee & 1 Dependent-Dental High PPO
5066	9/14/1966	Employee Only-Dental Low PPO
2674	8/6/1977	Employee Only-Dental Low PPO
6024	1/21/1966	Employee Only-Dental Low PPO
1844	12/22/1969	Employee Only-Dental Low PPO
2684	7/24/1996	Employee Only-Dental High PPO
5480	12/5/1982	Employee Only-Dental Low PPO
2502	7/2/1953	Employee Only-Dental High PPO
5871	12/29/1967	Employee Only-Dental High PPO
5574	12/26/1972	Employee Only-Dental Low PPO
4133	6/16/1968	Employee Only-Dental Low PPO
4194	9/6/1979	Employee & 1 Dependent-Dental DHMO
0982	12/19/1960	Employee Only-Dental High PPO
4201	7/1/1968	Employee Only-Dental Low PPO
5674	3/2/1966	Employee Only-Dental Low PPO
3397	8/7/1960	Employee Only-Dental High PPO
6219	12/7/1963	Employee Only-Dental Low PPO
2468	11/14/1964	Employee Only-Dental Low PPO
2396	2/23/1955	Employee Only-Dental High PPO
6342	2/6/1973	Employee Only-Dental DHMO

3939	1/22/1967	Employee Only-Dental High PPO
4064	5/10/1984	Employee Only-Dental Low PPO
5376	11/3/1980	Employee Only-Dental High PPO
4208	10/28/1969	Employee Only-Dental Low PPO
3656	8/7/1977	Employee Only-Dental High PPO
5524	2/5/1978	Employee Only-Dental DHMO
0797	5/17/1964	Employee Only-Dental Low PPO
3827	10/3/1976	Employee & 2+ Dependents-Dental High PPO
3827	10/3/1976	Employee & 2+ Dependents-Dental High PPO
1653	7/15/1962	Employee Only-Dental High PPO
2374	12/18/1963	Employee Only-Dental High PPO
4044	4/13/1975	Employee & 2+ Dependents-Dental High PPO
4044	4/13/1975	Employee & 2+ Dependents-Dental High PPO
4044	4/13/1975	Employee & 2+ Dependents-Dental High PPO
4044	4/13/1975	Employee & 2+ Dependents-Dental High PPO
4212	9/7/1983	Employee Only-Dental DHMO
5453	4/30/1983	Employee Only-Dental Low PPO
2524	1/16/1986	Employee Only-Dental High PPO
3461	6/2/1959	Employee & 2+ Dependents-Dental High PPO
3461	6/2/1959	Employee & 2+ Dependents-Dental High PPO
5578	2/21/1967	Employee & 2+ Dependents-Dental DHMO
5578	2/21/1967	Employee & 2+ Dependents-Dental DHMO
5578	2/21/1967	Employee & 2+ Dependents-Dental DHMO
1548	2/28/1968	Employee Only-Dental Low PPO
2186	4/26/1961	Employee Only-Dental High PPO
1884	6/2/1962	Employee Only-Dental Low PPO
2695	2/4/1982	Employee Only-Dental High PPO
5011	6/30/1957	Employee Only-Dental High PPO
4121	2/22/1977	Employee Only-Dental Low PPO
2560	10/8/1987	Employee Only-Dental Low PPO
2677	9/16/1972	Employee Only-Dental DHMO
2597	1/29/1965	Employee Only-Dental Low PPO
2099	9/16/1966	Employee Only-Dental High PPO
3387	7/24/1948	Employee Only-Dental High PPO
5566	11/9/1966	Employee & 2+ Dependents-Dental High PPO
5566	11/9/1966	Employee & 2+ Dependents-Dental High PPO
5546	8/26/1982	Employee Only-Dental High PPO
2602	11/17/1967	Employee Only-Dental Low PPO
6355	8/23/1972	Employee Only-Dental High PPO

2661	4/24/1989	Employee & 2+ Dependents-Dental High PPO
2661	4/24/1989	Employee & 2+ Dependents-Dental High PPO
2661	4/24/1989	Employee & 2+ Dependents-Dental High PPO
2457	6/29/1963	Employee & 1 Dependent-Dental High PPO
6150	5/11/1984	Employee Only-Dental DHMO
5760	7/12/1963	Employee Only-Dental High PPO
1300	9/1/1961	Employee & 1 Dependent-Dental High PPO
1942	5/27/1952	Employee Only-Dental DHMO
6222	9/18/1958	Employee & 1 Dependent-Dental High PPO
0993	3/3/1961	Employee Only-Dental High PPO
1980	12/1/1965	Employee Only-Dental High PPO
2731	1/23/1954	Employee Only-Dental Low PPO
4009	12/23/1971	Employee & 1 Dependent-Dental High PPO
4140	7/16/1981	Employee & 1 Dependent-Dental DHMO
4162	7/11/1978	Employee Only-Dental High PPO
6322	11/2/1990	Employee Only-Dental Low PPO
2388	12/12/1965	Employee & 2+ Dependents-Dental High PPO
2388	12/12/1965	Employee & 2+ Dependents-Dental High PPO
1406	11/21/1961	Employee Only-Dental High PPO
2617	9/21/1985	Employee Only-Dental Low PPO
6011	9/26/1965	Employee Only-Dental High PPO
1364	1/6/1957	Employee Only-Dental Low PPO
2404	7/11/1976	Employee & 2+ Dependents-Dental High PPO
2404	7/11/1976	Employee & 2+ Dependents-Dental High PPO
2404	7/11/1976	Employee & 2+ Dependents-Dental High PPO
1200	3/27/1962	Employee Only-Dental High PPO
3681	10/22/1955	Employee Only-Dental Low PPO
4203	9/21/1987	Employee Only-Dental Low PPO
1892	2/27/1975	Employee Only-Dental High PPO
5416	1/5/1966	Employee Only-Dental High PPO
6266	4/11/1964	Employee & 1 Dependent-Dental Low PPO
5438	6/22/1967	Employee Only-Dental DHMO
5828	2/4/1985	Employee & 1 Dependent-Dental High PPO
5145	4/1/1958	Employee & 2+ Dependents-Dental DHMO
5145	4/1/1958	Employee & 2+ Dependents-Dental DHMO
5145	4/1/1958	Employee & 2+ Dependents-Dental DHMO
1430	7/8/1960	Employee Only-Dental Low PPO
5068	7/6/1966	Employee Only-Dental Low PPO
5615	3/14/1965	Employee Only-Dental Low PPO

1703	11/17/1970	Employee & 2+ Dependents-Dental High PPO
1703	11/17/1970	Employee & 2+ Dependents-Dental High PPO
1703	11/17/1970	Employee & 2+ Dependents-Dental High PPO
1703	11/17/1970	Employee & 2+ Dependents-Dental High PPO
1372	3/10/1965	Employee Only-Dental Low PPO
3228	1/23/1958	Employee & 1 Dependent-Dental High PPO
3712	8/17/1969	Employee & 2+ Dependents-Dental Low PPO
3712	8/17/1969	Employee & 2+ Dependents-Dental Low PPO
3712	8/17/1969	Employee & 2+ Dependents-Dental Low PPO
1373	9/21/1957	Employee Only-Dental High PPO
6267	8/8/1976	Employee Only-Dental High PPO
3907	11/23/1976	Employee Only-Dental High PPO
5912	12/16/1988	Employee Only-Dental High PPO
6268	6/28/1959	Employee Only-Dental Low PPO
3915	1/23/1971	Employee Only-Dental High PPO
2618	2/8/1990	Employee Only-Dental Low PPO
5812	6/9/1971	Employee & 2+ Dependents-Dental High PPO
5812	6/9/1971	Employee & 2+ Dependents-Dental High PPO
5401	12/9/1981	Employee & 2+ Dependents-Dental High PPO
5401	12/9/1981	Employee & 2+ Dependents-Dental High PPO
5401	12/9/1981	Employee & 2+ Dependents-Dental High PPO
5401	12/9/1981	Employee & 2+ Dependents-Dental High PPO
3810	7/26/1965	Employee & 2+ Dependents-Dental High PPO
3810	7/26/1965	Employee & 2+ Dependents-Dental High PPO
6152	11/13/1977	Employee Only-Dental DHMO
6306	4/13/1979	Employee & 1 Dependent-Dental High PPO
3746	2/6/1972	Employee & 2+ Dependents-Dental DHMO
3746	2/6/1972	Employee & 2+ Dependents-Dental DHMO
3746	2/6/1972	Employee & 2+ Dependents-Dental DHMO
3746	2/6/1972	Employee & 2+ Dependents-Dental DHMO
4217	4/23/1984	Employee Only-Dental High PPO
6356	3/17/1971	Employee Only-Dental Low PPO
5915	10/7/1976	Employee Only-Dental High PPO
3882	12/27/1986	Employee & 2+ Dependents-Dental Low PPO
3882	12/27/1986	Employee & 2+ Dependents-Dental Low PPO
1816	2/18/1965	Employee Only-Dental Low PPO
1660	8/20/1976	Employee Only-Dental High PPO
3892	11/30/1958	Employee & 2+ Dependents-Dental DHMO
3892	11/30/1958	Employee & 2+ Dependents-Dental DHMO

5733	9/9/1970	Employee Only-Dental Low PPO
4219	10/29/1982	Employee & 1 Dependent-Dental High PPO
5667	7/6/1965	Employee Only-Dental Low PPO
3820	1/12/1960	Employee & 2+ Dependents-Dental DHMO
3820	1/12/1960	Employee & 2+ Dependents-Dental DHMO
3820	1/12/1960	Employee & 2+ Dependents-Dental DHMO
5511	10/7/1962	Employee Only-Dental High PPO
5734	1/29/1968	Employee Only-Dental Low PPO
1981	2/4/1964	Employee Only-Dental DHMO
1125	1/23/1956	Employee Only-Dental Low PPO
1654	5/31/1971	Employee & 1 Dependent-Dental High PPO
5200	12/24/1972	Employee & 2+ Dependents-Dental DHMO
5200	12/24/1972	Employee & 2+ Dependents-Dental DHMO
5200	12/24/1972	Employee & 2+ Dependents-Dental DHMO
5200	12/24/1972	Employee & 2+ Dependents-Dental DHMO
5166	3/2/1956	Employee & 1 Dependent-Dental High PPO
6026	9/19/1981	Employee Only-Dental High PPO
5916	6/12/1948	Employee Only-Dental High PPO
2724	3/15/1998	Employee Only-Dental DHMO
1643	12/27/1958	Employee Only-Dental DHMO
1608	12/22/1961	Employee & 1 Dependent-Dental Low PPO
6224	12/9/1972	Employee & 2+ Dependents-Dental High PPO
6224	12/9/1972	Employee & 2+ Dependents-Dental High PPO
6224	12/9/1972	Employee & 2+ Dependents-Dental High PPO
5762	3/28/1972	Employee Only-Dental High PPO
1132	4/1/1964	Employee & 2+ Dependents-Dental Low PPO
1132	4/1/1964	Employee & 2+ Dependents-Dental Low PPO
1132	4/1/1964	Employee & 2+ Dependents-Dental Low PPO
1132	4/1/1964	Employee & 2+ Dependents-Dental Low PPO
1132	4/1/1964	Employee & 2+ Dependents-Dental Low PPO
2466	10/19/1972	Employee Only-Dental Low PPO
2123	6/12/1971	Employee & 1 Dependent-Dental Low PPO
5089	1/4/1960	Employee Only-Dental DHMO
4017	7/4/1992	Employee Only-Dental High PPO
6307	3/14/1956	Employee & 1 Dependent-Dental High PPO
2534	10/14/1980	Employee Only-Dental Low PPO
5090	3/30/1989	Employee Only-Dental Low PPO
2041	10/1/1972	Employee Only-Dental Low PPO
5489	1/24/1974	Employee & 2+ Dependents-Dental High PPO

5489	1/24/1974	Employee & 2+ Dependents-Dental High PPO
5489	1/24/1974	Employee & 2+ Dependents-Dental High PPO
5489	1/24/1974	Employee & 2+ Dependents-Dental High PPO
5489	1/24/1974	Employee & 2+ Dependents-Dental High PPO
5489	1/24/1974	Employee & 2+ Dependents-Dental High PPO
6157	5/1/1980	Employee & 2+ Dependents-Dental Low PPO
6157	5/1/1980	Employee & 2+ Dependents-Dental Low PPO
6157	5/1/1980	Employee & 2+ Dependents-Dental Low PPO
6027	4/1/1990	Employee Only-Dental Low PPO
5402	9/23/1966	Employee Only-Dental DHMO
4015	12/19/1986	Employee Only-Dental Low PPO
1931	12/15/1966	Employee Only-Dental High PPO
5895	9/14/1987	Employee Only-Dental Low PPO
5973	2/28/1960	Employee Only-Dental High PPO
1668	11/12/1969	Employee Only-Dental DHMO
5527	9/22/1960	Employee Only-Dental Low PPO
2603	4/28/1982	Employee Only-Dental High PPO
2699	6/7/1963	Employee Only-Dental High PPO
5764	11/10/1965	Employee & 2+ Dependents-Dental High PPO
5764	11/10/1965	Employee & 2+ Dependents-Dental High PPO
5764	11/10/1965	Employee & 2+ Dependents-Dental High PPO
5764	11/10/1965	Employee & 2+ Dependents-Dental High PPO
2428	5/15/1964	Employee & 1 Dependent-Dental Low PPO
1765	12/21/1953	Employee Only-Dental High PPO
2417	9/13/1967	Employee & 2+ Dependents-Dental High PPO
2417	9/13/1967	Employee & 2+ Dependents-Dental High PPO
2417	9/13/1967	Employee & 2+ Dependents-Dental High PPO
1825	12/18/1974	Employee Only-Dental High PPO
1674	3/3/1968	Employee Only-Dental Low PPO
5530	9/16/1962	Employee & 2+ Dependents-Dental DHMO
5530	9/16/1962	Employee & 2+ Dependents-Dental DHMO
5530	9/16/1962	Employee & 2+ Dependents-Dental DHMO
5419	6/25/1967	Employee Only-Dental DHMO
1730	12/4/1975	Employee Only-Dental Low PPO
3392	12/27/1953	Employee Only-Dental High PPO
1273	7/13/1971	Employee & 1 Dependent-Dental Low PPO
3795	2/25/1977	Employee Only-Dental High PPO
4102	1/10/1985	Employee Only-Dental DHMO
2710	1/5/1989	Employee Only-Dental Low PPO

6316	1/10/1997	Employee Only-Dental Low PPO
6170	3/5/1973	Employee Only-Dental Low PPO
1469	4/3/1963	Employee Only-Dental High PPO
5765	12/10/1982	Employee Only-Dental High PPO
2611	12/16/1985	Employee Only-Dental DHMO
1444	8/4/1962	Employee & 1 Dependent-Dental High PPO
1731	9/20/1960	Employee & 1 Dependent-Dental High PPO
5790	1/29/1979	Employee Only-Dental DHMO
3127	7/12/1962	Employee & 2+ Dependents-Dental Low PPO
3127	7/12/1962	Employee & 2+ Dependents-Dental Low PPO
1744	4/28/1955	Employee & 1 Dependent-Dental High PPO
3179	1/14/1956	Employee & 1 Dependent-Dental DHMO
2254	8/2/1960	Employee & 2+ Dependents-Dental Low PPO
2254	8/2/1960	Employee & 2+ Dependents-Dental Low PPO
2254	8/2/1960	Employee & 2+ Dependents-Dental Low PPO
2254	8/2/1960	Employee & 2+ Dependents-Dental Low PPO
2627	8/5/1957	Employee Only-Dental DHMO
5021	7/11/1964	Employee Only-Dental Low PPO
2521	1/19/1974	Employee Only-Dental High PPO
2571	3/31/1986	Employee Only-Dental Low PPO
5813	3/28/1969	Employee & 2+ Dependents-Dental DHMO
5813	3/28/1969	Employee & 2+ Dependents-Dental DHMO
5813	3/28/1969	Employee & 2+ Dependents-Dental DHMO
3706	8/16/1968	Employee & 2+ Dependents-Dental DHMO
3706	8/16/1968	Employee & 2+ Dependents-Dental DHMO
4250	7/1/1981	Employee & 1 Dependent-Dental High PPO
5056	12/13/1969	Employee Only-Dental Low PPO
2403	8/18/1963	Employee & 2+ Dependents-Dental Low PPO
2403	8/18/1963	Employee & 2+ Dependents-Dental Low PPO
2403	8/18/1963	Employee & 2+ Dependents-Dental Low PPO
2403	8/18/1963	Employee & 2+ Dependents-Dental Low PPO
6323	9/29/1974	Employee Only-Dental High PPO
1754	12/29/1974	Employee Only-Dental DHMO
4180	9/1/1970	Employee Only-Dental DHMO
2317	5/20/1977	Employee Only-Dental DHMO
1583	4/11/1970	Employee & 1 Dependent-Dental High PPO
3935	6/12/1979	Employee Only-Dental DHMO
3732	10/26/1973	Employee & 2+ Dependents-Dental Low PPO
3732	10/26/1973	Employee & 2+ Dependents-Dental Low PPO

5829	8/9/1967	Employee Only-Dental Low PPO
3982	8/27/1956	Employee Only-Dental High PPO
5036	9/27/1971	Employee Only-Dental High PPO
5977	1/27/1979	Employee Only-Dental High PPO
6044	4/17/1967	Employee Only-Dental High PPO
6015	6/7/1971	Employee Only-Dental High PPO
6073	3/10/1972	Employee Only-Dental Low PPO
5736	1/3/1972	Employee Only-Dental Low PPO
1809	7/26/1958	Employee Only-Dental High PPO
5816	2/28/1973	Employee & 1 Dependent-Dental DHMO
5595	6/15/1982	Employee Only-Dental High PPO
2662	9/22/1963	Employee & 1 Dependent-Dental High PPO
1610	12/26/1967	Employee & 1 Dependent-Dental DHMO
6045	1/14/1972	Employee Only-Dental Low PPO
3858	1/6/1976	Employee Only-Dental Low PPO
5022	10/3/1960	Employee & 1 Dependent-Dental High PPO
5817	6/29/1978	Employee Only-Dental Low PPO
1732	7/6/1969	Employee & 1 Dependent-Dental Low PPO
4055	3/28/1972	Employee Only-Dental DHMO
1846	3/23/1970	Employee & 1 Dependent-Dental DHMO
2730	3/12/1980	Employee Only-Dental High PPO
5696	9/9/1970	Employee Only-Dental DHMO
3992	9/12/1977	Employee & 1 Dependent-Dental Low PPO
5830	8/13/1962	Employee Only-Dental High PPO
2672	7/13/1980	Employee Only-Dental DHMO
4245	2/20/1987	Employee Only-Dental Low PPO
5481	10/3/1960	Employee & 1 Dependent-Dental Low PPO
3940	4/14/1976	Employee & 2+ Dependents-Dental DHMO
3940	4/14/1976	Employee & 2+ Dependents-Dental DHMO
3940	4/14/1976	Employee & 2+ Dependents-Dental DHMO
1696	1/10/1966	Employee & 1 Dependent-Dental Low PPO
6273	1/18/1991	Employee Only-Dental High PPO
4052	12/21/1964	Employee & 1 Dependent-Dental Low PPO
6357	8/3/1980	Employee Only-Dental High PPO
4004	6/1/1989	Employee & 1 Dependent-Dental Low PPO
5832	7/22/1962	Employee & 1 Dependent-Dental High PPO
6359	8/28/1962	Employee & 1 Dependent-Dental Low PPO
2673	7/19/1977	Employee Only-Dental High PPO
4062	1/3/1977	Employee & 1 Dependent-Dental Low PPO

5203	2/7/1963	Employee & 2+ Dependents-Dental High PPO
5203	2/7/1963	Employee & 2+ Dependents-Dental High PPO
2691	6/30/1961	Employee Only-Dental Low PPO
6288	11/27/1960	Employee & 2+ Dependents-Dental Low PPO
6288	11/27/1960	Employee & 2+ Dependents-Dental Low PPO
5737	8/13/1974	Employee Only-Dental Low PPO
5791	9/3/1960	Employee Only-Dental DHMO
4031	11/7/1986	Employee Only-Dental DHMO
6074	9/12/1978	Employee & 1 Dependent-Dental Low PPO
1776	5/3/1961	Employee Only-Dental Low PPO
2427	4/5/1967	Employee & 1 Dependent-Dental High PPO
2409	2/23/1976	Employee & 2+ Dependents-Dental High PPO
2409	2/23/1976	Employee & 2+ Dependents-Dental High PPO
2409	2/23/1976	Employee & 2+ Dependents-Dental High PPO
5668	12/20/1968	Employee & 1 Dependent-Dental High PPO
5979	8/19/1977	Employee Only-Dental High PPO
2610	5/4/1980	Employee Only-Dental Low PPO
1075	5/2/1968	Employee & 2+ Dependents-Dental High PPO
1075	5/2/1968	Employee & 2+ Dependents-Dental High PPO
5440	1/22/1965	Employee Only-Dental DHMO
2585	5/6/1970	Employee & 2+ Dependents-Dental DHMO
2585	5/6/1970	Employee & 2+ Dependents-Dental DHMO
2585	5/6/1970	Employee & 2+ Dependents-Dental DHMO
5047	3/20/1974	Employee Only-Dental High PPO
2150	2/17/1968	Employee & 2+ Dependents-Dental DHMO
2150	2/17/1968	Employee & 2+ Dependents-Dental DHMO
2150	2/17/1968	Employee & 2+ Dependents-Dental DHMO
2624	12/26/1982	Employee Only-Dental High PPO
1494	4/12/1973	Employee Only-Dental Low PPO
6324	5/4/1978	Employee Only-Dental High PPO
1127	7/27/1966	Employee Only-Dental High PPO
6289	10/21/1963	Employee & 2+ Dependents-Dental High PPO
6289	10/21/1963	Employee & 2+ Dependents-Dental High PPO
6289	10/21/1963	Employee & 2+ Dependents-Dental High PPO
4065	1/21/1965	Employee Only-Dental High PPO
1778	5/4/1959	Employee Only-Dental Low PPO
3896	8/7/1959	Employee Only-Dental High PPO
1564	2/8/1963	Employee & 1 Dependent-Dental High PPO
1611	12/27/1967	Employee Only-Dental High PPO

1618	4/7/1964	Employee Only-Dental Low PPO
6325	1/4/1974	Employee Only-Dental DHMO
1131	5/25/1960	Employee Only-Dental High PPO
6274	3/2/1982	Employee Only-Dental High PPO
5738	11/11/1978	Employee Only-Dental High PPO
4227	2/15/1985	Employee Only-Dental Low PPO
5981	9/16/1969	Employee & 1 Dependent-Dental Low PPO
1994	9/25/1961	Employee Only-Dental High PPO
6108	11/30/1983	Employee Only-Dental Low PPO
1746	11/1/1961	Employee Only-Dental Low PPO
1345	11/12/1946	Employee Only-Dental Low PPO
4226	11/29/1966	Employee Only-Dental Low PPO
2344	7/14/1968	Employee & 2+ Dependents-Dental Low PPO
2344	7/14/1968	Employee & 2+ Dependents-Dental Low PPO
2344	7/14/1968	Employee & 2+ Dependents-Dental Low PPO
4179	11/29/1979	Employee Only-Dental Low PPO
4134	3/18/1983	Employee Only-Dental High PPO
6076	10/9/1987	Employee Only-Dental High PPO
5130	11/13/1967	Employee & 2+ Dependents-Dental DHMO
5130	11/13/1967	Employee & 2+ Dependents-Dental DHMO
5130	11/13/1967	Employee & 2+ Dependents-Dental DHMO
4032	8/5/1991	Employee Only-Dental High PPO
5345	9/26/1960	Employee Only-Dental DHMO
5383	3/21/1976	Employee & 2+ Dependents-Dental DHMO
5383	3/21/1976	Employee & 2+ Dependents-Dental DHMO
5383	3/21/1976	Employee & 2+ Dependents-Dental DHMO
5383	3/21/1976	Employee & 2+ Dependents-Dental DHMO
2664	11/2/1988	Employee Only-Dental High PPO
1669	5/29/1963	Employee Only-Dental Low PPO
2718	10/19/1991	Employee Only-Dental Low PPO
4066	4/30/1973	Employee & 2+ Dependents-Dental High PPO
4066	4/30/1973	Employee & 2+ Dependents-Dental High PPO
4066	4/30/1973	Employee & 2+ Dependents-Dental High PPO
2717	10/10/1963	Employee & 1 Dependent-Dental Low PPO
6093	9/22/1985	Employee Only-Dental Low PPO
6046	2/5/1962	Employee & 1 Dependent-Dental High PPO
2265	6/5/1966	Employee & 1 Dependent-Dental Low PPO
1061	8/15/1960	Employee Only-Dental DHMO
2583	7/20/1953	Employee Only-Dental DHMO

4150	3/15/1981	Employee Only-Dental Low PPO
5616	1/15/1991	Employee Only-Dental Low PPO
5835	8/13/1969	Employee Only-Dental High PPO
2191	5/9/1970	Employee Only-Dental Low PPO
2545	7/13/1969	Employee & 1 Dependent-Dental Low PPO
6345	3/4/1960	Employee & 1 Dependent-Dental High PPO
5681	3/25/1959	Employee & 2+ Dependents-Dental DHMO
5681	3/25/1959	Employee & 2+ Dependents-Dental DHMO
4080	10/5/1969	Employee & 2+ Dependents-Dental Low PPO
4080	10/5/1969	Employee & 2+ Dependents-Dental Low PPO
1945	10/9/1966	Employee Only-Dental Low PPO
4165	2/22/1997	Employee Only-Dental High PPO
2380	2/27/1958	Employee Only-Dental High PPO
6109	7/22/1962	Employee Only-Dental High PPO
6109	7/22/1962	Employee Only-Dental High PPO
5441	12/13/1981	Employee & 2+ Dependents-Dental Low PPO
5441	12/13/1981	Employee & 2+ Dependents-Dental Low PPO
5441	12/13/1981	Employee & 2+ Dependents-Dental Low PPO
1716	9/25/1961	Employee & 1 Dependent-Dental DHMO
1788	3/5/1965	Employee & 1 Dependent-Dental High PPO
6326	6/14/1977	Employee Only-Dental High PPO
1810	8/28/1970	Employee Only-Dental Low PPO
5887	10/18/1961	Employee Only-Dental Low PPO
2622	12/4/1968	Employee & 2+ Dependents-Dental High PPO
2622	12/4/1968	Employee & 2+ Dependents-Dental High PPO
2622	12/4/1968	Employee & 2+ Dependents-Dental High PPO
5289	11/5/1966	Employee Only-Dental High PPO
3950	2/17/1985	Employee Only-Dental Low PPO
2574	4/25/1977	Employee Only-Dental Low PPO
2636	3/12/1980	Employee Only-Dental Low PPO
2586	3/22/1973	Employee Only-Dental High PPO
4242	1/10/1993	Employee Only-Dental High PPO
1496	5/18/1958	Employee & 1 Dependent-Dental High PPO
5462	8/7/1976	Employee Only-Dental High PPO
1827	8/8/1982	Employee Only-Dental Low PPO
5013	7/21/1965	Employee Only-Dental Low PPO
0788	6/2/1959	Employee & 1 Dependent-Dental High PPO
5049	9/2/1961	Employee & 2+ Dependents-Dental High PPO
5049	9/2/1961	Employee & 2+ Dependents-Dental High PPO

5049	9/2/1961	Employee & 2+ Dependents-Dental High PPO
2378	11/29/1965	Employee & 1 Dependent-Dental High PPO
5888	10/20/1968	Employee Only-Dental Low PPO
5403	2/11/1963	Employee & 1 Dependent-Dental High PPO
1799	2/13/1978	Employee Only-Dental DHMO
3368	12/22/1956	Employee Only-Dental High PPO
1984	7/12/1955	Employee Only-Dental High PPO
0937	3/30/1968	Employee Only-Dental DHMO
3885	6/3/1964	Employee Only-Dental DHMO
1396	2/7/1971	Employee & 2+ Dependents-Dental Low PPO
1396	2/7/1971	Employee & 2+ Dependents-Dental Low PPO
6310	3/1/1979	Employee Only-Dental Low PPO
0954	10/12/1961	Employee Only-Dental Low PPO
4209	10/6/1991	Employee & 1 Dependent-Dental High PPO
5946	12/27/1954	Employee Only-Dental High PPO
4046	5/8/1975	Employee & 2+ Dependents-Dental High PPO
4046	5/8/1975	Employee & 2+ Dependents-Dental High PPO
4046	5/8/1975	Employee & 2+ Dependents-Dental High PPO
4046	5/8/1975	Employee & 2+ Dependents-Dental High PPO
2372	2/2/1957	Employee & 1 Dependent-Dental High PPO
1705	1/17/1967	Employee Only-Dental High PPO
5982	11/15/1964	Employee Only-Dental Low PPO
5346	8/18/1959	Employee & 2+ Dependents-Dental Low PPO
5346	8/18/1959	Employee & 2+ Dependents-Dental Low PPO
5346	8/18/1959	Employee & 2+ Dependents-Dental Low PPO
6111	1/25/1963	Employee Only-Dental DHMO
1895	11/5/1975	Employee & 1 Dependent-Dental High PPO
0557	1/11/1959	Employee Only-Dental Low PPO
5113	6/29/1973	Employee Only-Dental High PPO
2639	2/5/1979	Employee & 2+ Dependents-Dental High PPO
2639	2/5/1979	Employee & 2+ Dependents-Dental High PPO
2639	2/5/1979	Employee & 2+ Dependents-Dental High PPO
6077	9/10/1983	Employee Only-Dental Low PPO
6077	9/10/1983	Employee Only-Dental Low PPO
5025	6/20/1960	Employee & 2+ Dependents-Dental DHMO
5025	6/20/1960	Employee & 2+ Dependents-Dental DHMO
5599	10/19/1989	Employee Only-Dental High PPO
1997	12/8/1955	Employee & 1 Dependent-Dental High PPO
5984	5/6/1972	Employee Only-Dental High PPO

4128	11/11/1991	Employee Only-Dental High PPO
3104	3/4/1961	Employee Only-Dental High PPO
5006	7/28/1980	Employee Only-Dental DHMO
5533	11/24/1968	Employee Only-Dental Low PPO
6030	4/6/1977	Employee Only-Dental High PPO
2671	10/11/1974	Employee Only-Dental DHMO
4182	9/6/1987	Employee & 1 Dependent-Dental DHMO
1811	4/13/1974	Employee & 1 Dependent-Dental High PPO
3269	2/23/1971	Employee Only-Dental Low PPO
6207	12/12/1970	Employee Only-Dental DHMO
2239	2/12/1964	Employee & 1 Dependent-Dental Low PPO
1956	3/24/1957	Employee Only-Dental High PPO
5153	2/12/1972	Employee & 1 Dependent-Dental DHMO
4151	10/19/1961	Employee Only-Dental Low PPO
1385	4/21/1960	Employee Only-Dental Low PPO
2194	9/28/1972	Employee Only-Dental High PPO
1524	4/26/1968	Employee Only-Dental Low PPO
5478	9/1/1970	Employee Only-Dental DHMO
6191	4/4/1992	Employee Only-Dental Low PPO
6292	9/13/1982	Employee Only-Dental High PPO
2288	12/11/1965	Employee Only-Dental High PPO
5432	7/16/1967	Employee Only-Dental Low PPO
6331	3/18/1983	Employee & 2+ Dependents-Dental High PPO
6331	3/18/1983	Employee & 2+ Dependents-Dental High PPO
6331	3/18/1983	Employee & 2+ Dependents-Dental High PPO
0750	10/9/1961	Employee Only-Dental High PPO
5986	11/6/1989	Employee Only-Dental High PPO
5878	2/6/1992	Employee Only-Dental Low PPO
1499	6/12/1963	Employee & 1 Dependent-Dental DHMO
0735	3/3/1967	Employee & 2+ Dependents-Dental DHMO
0735	3/3/1967	Employee & 2+ Dependents-Dental DHMO
2689	2/21/1991	Employee & 1 Dependent-Dental Low PPO
3891	6/29/1974	Employee & 1 Dependent-Dental Low PPO
0742	7/19/1962	Employee Only-Dental DHMO
3748	5/10/1982	Employee & 1 Dependent-Dental DHMO
3777	9/22/1981	Employee Only-Dental High PPO
3983	9/21/1971	Employee & 2+ Dependents-Dental DHMO
3983	9/21/1971	Employee & 2+ Dependents-Dental DHMO
5918	4/11/1958	Employee & 1 Dependent-Dental DHMO

5189	12/16/1975	Employee Only-Dental Low PPO
5065	4/20/1973	Employee & 2+ Dependents-Dental DHMO
5065	4/20/1973	Employee & 2+ Dependents-Dental DHMO
5065	4/20/1973	Employee & 2+ Dependents-Dental DHMO
1525	8/21/1961	Employee Only-Dental High PPO
5684	5/30/1973	Employee Only-Dental Low PPO
5057	11/15/1977	Employee Only-Dental Low PPO
5170	10/8/1979	Employee Only-Dental High PPO
4185	11/5/1986	Employee Only-Dental DHMO
5433	4/22/1970	Employee Only-Dental Low PPO
5617	11/10/1966	Employee Only-Dental High PPO
2702	4/27/1960	Employee Only-Dental High PPO
6122	6/14/1972	Employee & 1 Dependent-Dental High PPO
5154	8/26/1973	Employee Only-Dental Low PPO
6332	11/28/1966	Employee & 1 Dependent-Dental High PPO
5034	12/20/1959	Employee Only-Dental Low PPO
5331	8/18/1946	Employee Only-Dental Low PPO
1868	7/12/1970	Employee & 2+ Dependents-Dental DHMO
1868	7/12/1970	Employee & 2+ Dependents-Dental DHMO
6293	12/18/1974	Employee Only-Dental High PPO
1063	8/8/1965	Employee Only-Dental Low PPO
5921	3/12/1979	Employee Only-Dental High PPO
2733	3/31/1972	Employee Only-Dental Low PPO
1187	6/18/1964	Employee & 1 Dependent-Dental High PPO
6050	8/27/1968	Employee Only-Dental Low PPO
4186	12/4/1959	Employee Only-Dental DHMO
5879	5/21/1979	Employee Only-Dental High PPO
5310	11/7/1956	Employee Only-Dental High PPO
5094	11/13/1958	Employee & 1 Dependent-Dental High PPO
6229	5/19/1973	Employee Only-Dental High PPO
6192	9/13/1966	Employee Only-Dental High PPO
6346	11/13/1965	Employee Only-Dental DHMO
4063	10/5/1988	Employee Only-Dental Low PPO
5582	11/13/1968	Employee & 2+ Dependents-Dental High PPO
5582	11/13/1968	Employee & 2+ Dependents-Dental High PPO
0832	3/1/1963	Employee Only-Dental High PPO
1592	12/18/1970	Employee & 2+ Dependents-Dental DHMO
1592	12/18/1970	Employee & 2+ Dependents-Dental DHMO
1592	12/18/1970	Employee & 2+ Dependents-Dental DHMO

5601	2/11/1957	Employee Only-Dental High PPO
2632	7/21/1982	Employee Only-Dental Low PPO
3604	5/23/1954	Employee & 1 Dependent-Dental DHMO
2055	9/1/1966	Employee & 1 Dependent-Dental High PPO
2655	3/27/1977	Employee Only-Dental High PPO
3811	2/14/1953	Employee Only-Dental High PPO

Pay Group	Dependent Beneficiary Birth Date	Relationship Type Name
Union	4/5/1956	Spouse
Union	6/19/1995	Child
Union		
Union		
Union	9/21/1998	Child
Union	10/18/2001	Child
Union	10/9/2002	Child
Union	4/21/2007	Child
Union		
Union	10/29/1975	Spouse
Union	7/26/1995	Child
Union	4/21/1997	Child
Union	3/5/2008	Child
Admin	9/14/1964	Spouse
Admin	12/22/1976	Spouse
Admin	12/7/1994	Child
Admin	8/7/2004	Child
Admin		
Union		
Union		
Admin	5/16/1957	Spouse
Union		
Union		
Admin		
Union	1/16/1979	Spouse
Union	12/18/1968	Spouse
Union	9/15/1996	Child
Union		
Union		
Union	12/25/1971	Spouse
Union	3/1/1949	Spouse
Union		
Union	8/10/1998	Child
Admin	9/17/1997	Child
Admin	12/5/2000	Child
Admin	2/2/2008	Child
Admin		
Union		

Union		
Union	8/29/1975	Spouse
Union	11/9/1995	Child
Union	12/5/2000	Child
Union	6/13/2002	Child
Union	6/22/1995	Child
Admin		
Union		
Union		
Union		
Admin	7/13/1967	Spouse
Union	10/8/1998	Child
Union	10/15/2002	Child
Union	12/2/2008	Child
Union	2/16/1987	Spouse
Union		
Admin	3/3/1970	Spouse
Admin	11/1/2002	Child
Admin	12/29/2006	Child
Union		
Union		
Admin		
Admin	10/5/1956	Spouse
Union		
Union		
Union	2/4/1975	Spouse
Union	3/11/1997	Child
Union	8/19/2004	Child
Union	5/8/1978	Spouse
Union		
Union	10/14/1983	Spouse
Union		
Union	4/16/1958	Spouse
Union		
Union		
Admin	1/11/1977	Spouse
Admin	1/9/2007	Child
Admin	6/5/2009	Child
Union	5/19/2011	Child

Union		
Union		
Union		
Admin		
Union		
Union		
Union		
Union	9/7/1970	Spouse
Union	4/27/2000	Child
Union	2/27/2003	Child
Admin		
Admin		
Union		
Union	4/11/1976	Spouse
Union	3/14/2003	Child
Union	10/16/1980	Spouse
Admin	11/25/1963	Spouse
Union		
Admin		
Union		
Union	3/27/1965	Spouse
Union	9/29/2003	Child
Union	11/29/2010	Child
Union		
Union	4/13/1979	Spouse
Union	8/15/2000	Child
Union	9/23/2001	Child
Union	1/6/2007	Child
Union		
Union		
Admin	8/20/1960	Spouse
Union	6/10/1968	Spouse
Union	5/2/1997	Child
Union		
Union		
Union	8/22/1984	Spouse
Union	9/10/2004	Child
Union		
Union		

Union	5/7/1965	Spouse
Union	10/4/2001	Child
Union	9/27/1987	Spouse
Union	11/20/2000	Child
Union	1/10/2003	Child
Union	10/14/1982	Spouse
Union	4/1/1997	Child
Union	1/12/2000	Child
Union	6/25/2005	Child
Union		
Admin		
Union		
Union	1/28/1973	Spouse
Union	10/6/1998	Child
Union	8/16/1979	Spouse
Union		
Admin		
Admin	11/11/1960	Spouse
Union		
Union		
Union	9/5/1957	Spouse
Union	1/11/2006	Child
Admin		
Union		
Admin	3/12/1968	Spouse
Admin	3/18/1997	Child
Union		
Union		
Union		
Union		
Admin	3/18/1961	Spouse
Admin	2/17/1995	Child
Admin	4/15/2006	Child
Admin	4/6/1977	Spouse
Admin	6/10/2003	Child
Admin	1/18/2006	Child
Admin		
Admin		
Union	9/7/2011	Child

Union		
Union	10/30/1995	Child
Admin		
Union	2/18/1959	Spouse
Union	10/25/1964	Spouse
Union	5/12/2002	Child
Union	12/30/2003	Child
Union		
Union		
Union		
Union		
Union		
Admin	4/16/1955	Spouse
Union		
Admin	5/8/1975	Spouse
Admin	7/18/1998	Child
Admin	4/14/2000	Child
Admin	10/28/2002	Child
Admin	3/8/2005	Child
Admin	5/12/2012	Child
Admin	8/11/2013	Child
Union	12/10/1966	Spouse
Union	10/5/1995	Child
Union	5/2/1997	Child
Union	11/27/2000	Child
Union		
Union	6/28/1976	Spouse
Union		
Union		
Admin		
Union		
Union	6/14/1970	Spouse
Union		
Union		
Union	7/28/1966	Spouse
Union	5/18/1979	Spouse
Union	4/28/2002	Child
Union	6/18/2005	Child

Union	11/11/2007	Child
Union		
Union		
Union	9/6/2006	Child
Union		
Union		
Admin	7/15/1985	Spouse
Admin	6/6/2003	Child
Admin	9/24/2004	Child
Admin	11/10/2007	Child
Admin	10/7/2009	Child
Union		
Union		
Union		
Union		
Union		
Union		
Union	10/4/1987	Spouse
Union		
Admin	11/15/1976	Spouse
Admin	10/22/2008	Child
Union		
Union		
Union		
Union	2/13/1981	Spouse
Union	2/20/2003	Child
Union	5/19/2005	Child
Union	8/26/2012	Child
Union	12/8/2014	Child
Admin	9/28/1958	Spouse
Admin	7/1/1997	Child
Union		
Union		
Union		
Union	9/25/1967	Spouse
Union	12/5/1995	Child
Union		
Union		

Union	12/23/1966	Spouse
Union	1/22/2000	Child
Admin		
Union		
Union		
Admin		
Admin	3/25/1978	Spouse
Admin	4/20/2001	Child
Admin	5/5/2005	Child
Union		
Union	7/7/2001	Child
Union		
Union	11/2/1969	Spouse
Union	5/20/1998	Child
Union	8/2/1999	Child
Union	6/7/1979	Spouse
Union	5/2/1998	Child
Union	2/26/2001	Child
Union	12/22/1974	Spouse
Union	3/6/2007	Child
Union	4/10/2010	Child
Union		
Union		
Union		
Union		
Union	3/18/1998	Child
Union		
Union	9/6/2008	Child
Union	8/18/2009	Child
Union		
Union	8/3/1965	Spouse
Union		
Union		
Union		
Union	4/18/1988	Spouse
Admin		
Admin		
Union	5/1/1970	Spouse

Union	6/30/1964	Spouse
Union	12/14/1950	Spouse
Admin		
Union	6/26/1977	Spouse
Union	4/16/1997	Child
Union	3/24/2002	Child
Union	11/10/1975	Spouse
Union	7/20/1999	Child
Union		
Union	6/29/1961	Spouse
Admin	10/12/1961	Spouse
Admin	12/18/1996	Child
Union	7/25/1965	Spouse
Union	1/7/1998	Child
Union	9/16/1997	Child
Union		
Union		
Union		
Union		
Union		
Union		
Union		
Union		
Admin		
Union		
Admin		
Admin		
Union	5/30/1972	Spouse
Union	7/3/1970	Spouse
Union	2/10/1996	Child
Union		
Union	1/27/1963	Spouse
Union	10/17/1996	Child
Union	2/22/1999	Child
Union		
Admin		
Admin		
Union		
Admin		
Union		

Union	4/5/1972	Spouse
Union	8/27/1999	Child
Union		
Admin		
Union		
Union		
Union		
Admin	6/8/1962	Spouse
Union	2/23/1986	Spouse
Union	9/8/2011	Child
Union	10/24/2014	Child
Union		
Admin		
Admin		
Union	12/5/1964	Spouse
Union	7/21/1998	Child
Union		
Union		
Union	4/21/1969	Spouse
Union	12/1/1998	Child
Union	8/11/2015	Child
Union	12/12/2016	Child
Union		
Admin		
Admin		
Union	6/9/1975	Spouse
Union	11/21/1978	Spouse
Union	3/3/1998	Child
Union	3/19/2003	Child
Union		
Union		
Admin	11/21/1966	Spouse
Union	11/21/1966	Spouse
Union		
Union		
Union		
Union		
Admin	12/28/1978	Spouse
Admin	8/10/1999	Child

Admin	10/30/2001	Child
Admin	8/16/2007	Child
Admin	4/26/2013	Child
Admin	11/19/2014	Child
Union	6/16/1971	Spouse
Union		
Union	11/14/1981	Spouse
Union	4/4/2006	Child
Union	1/9/1962	Spouse
Union	4/19/1998	Child
Union		
Union		
Union	9/30/1956	Spouse
Union		
Union		
Union	7/21/1999	Child
Union	11/13/2007	Child
Union	8/24/2011	Child
Union	1/2/2013	Child
Union	11/5/2014	Child
Admin	1/8/1973	Spouse
Union		
Union		
Union	5/5/1980	Spouse
Union	5/3/1962	Spouse
Union	8/20/2001	Child
Admin		
Union	10/31/2004	Child
Admin	8/10/2000	Child
Union	9/8/1984	Spouse
Admin	11/28/1960	Spouse
Union		
Union		
Admin		
Union		
Union	11/19/1973	Spouse
Union	9/13/1997	Child
Union	11/14/2006	Child
Admin		

Union		
Union		
Union		
Union	6/24/1962	Spouse
Union	7/22/1996	Child
Union	10/21/1999	Child
Union	10/31/2000	Child
Union		
Union		
Union	10/17/1967	Spouse
Union		
Union		
Admin		
Union		
Admin		
Admin		
Union		
Union	1/13/1981	Spouse
Union	12/5/2004	Child
Admin	2/26/1982	Spouse
Admin	9/23/2004	Child
Admin	12/5/2014	Child
Admin	5/16/2016	Child
Union		
Union		
Admin		
Union		
Union	1/15/1985	Spouse
Admin	2/14/1979	Spouse
Admin	12/22/2007	Child
Admin	9/15/2010	Child
Union		
Union	10/16/2002	Child
Union		
Union		
Union		
Union	1/2/1972	Spouse
Union	10/15/2005	Child
Union	6/14/2013	Child

Union	11/20/1987	Spouse
Union	1/14/2010	Child
Admin		
Union	7/17/1967	Spouse
Union		
Union	7/23/1992	Spouse
Union		
Union		
Union		
Union		
Union	4/7/1969	Spouse
Union		
Union		
Union	5/9/1966	Spouse
Union	3/23/2002	Child
Union		
Union		
Union		
Union	1/3/1970	Spouse
Union	2/4/1996	Child
Union	2/1/2001	Child
Admin		
Union		
Union		
Admin		
Union		
Union		
Admin	9/2/1972	Spouse
Admin	10/8/1996	Child
Admin	1/21/2006	Child
Union	10/16/1965	Spouse
Union		
Union	7/19/1971	Spouse
Admin	1/4/1961	Spouse
Union		
Union		
Admin	10/18/1966	Spouse
Union		
Admin	10/7/1985	Spouse

Admin	4/7/2009	Child
Admin	11/27/2009	Child
Admin	11/16/2010	Child
Admin	8/7/2017	Child
Union	10/24/1968	Spouse
Union		
Admin		
Union		
Union	1/9/1971	Spouse
Union	1/10/1995	Child
Union	9/20/1996	Child
Union	10/13/1998	Child
Union	11/26/2006	Child
Admin	4/12/2002	Child
Admin		
Admin		
Union		
Union	11/27/1995	Child
Union	7/25/1997	Child
Union	12/18/2009	Child
Union	11/24/1984	Spouse
Union	3/21/2003	Child
Union	4/4/1967	Spouse
Union		
Admin	12/8/1966	Spouse
Union		
Union		
Union		
Union	1/29/1970	Spouse
Admin	8/4/1989	Spouse
Union		
Union		
Union		
Union	6/9/1968	Spouse
Union	6/2/1974	Spouse
Union	9/16/1995	Child
Union	7/29/2008	Child
Admin		
Admin	3/12/1989	Spouse

Union		
Union	6/26/1997	Child
Union	9/5/1997	Child
Union	2/19/2001	Child
Admin		
Union		
Union		
Admin	2/25/1987	Spouse
Admin	6/24/2017	Child
Union		
Union		
Union		
Admin		
Union		
Union		
Union		
Union	11/12/2002	Child
Union		
Union	3/5/1960	Spouse
Union		
Admin	7/9/1957	Spouse
Admin	5/24/1959	Spouse
Admin		
Union	3/6/1974	Spouse
Union	3/22/1994	Child
Union	7/24/2002	Child
Union		
Union		
Union		
Union		
Union		
Union		
Admin	5/9/2001	Child
Admin	12/21/2002	Child
Union		
Union		
Union		
Union	12/7/2000	Child
Union		

Admin		
Union	7/9/1986	Spouse
Admin		
Union	12/28/1960	Spouse
Admin	1/12/1979	Spouse
Admin	9/25/2001	Child
Admin	3/23/2003	Child
Union		
Union	5/21/1958	Spouse
Admin		
Admin		
Union		
Union		
Admin		
Union		
Admin		
Admin		
Union	11/2/1963	Spouse
Union		
Union		
Union		
Union		
Admin		
Union		
Union		
Union	1/25/1981	Spouse
Union	10/4/2003	Child
Union	9/24/2005	Child
Union		
Union	9/17/1962	Spouse
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Union	9/27/2011	Child
Union	5/23/2014	Child
Union	4/28/1983	Spouse
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Union		
Union	7/29/1978	Spouse
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Admin	2/28/1960	Spouse
Admin	10/2/1996	Child
Union	4/4/1957	Spouse
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Admin	7/9/1962	Spouse
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Admin		
Admin	12/16/2008	Child
Union		
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Admin		
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Union		
Union	2/16/1984	Spouse
Union	8/26/2005	Child
Union	8/3/2008	Child
Union	10/3/2013	Child
Union	1/29/2018	Child
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Union		
Union	8/24/1995	Child
Union	4/16/1954	Spouse
Union	9/25/2009	Child
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Union		
Union	3/4/1962	Spouse
Union	10/8/1979	Spouse

Union	3/8/2011	Child
Union	6/14/2013	Child
Union	9/10/2015	Child
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Union	2/7/1958	Spouse
Admin	9/28/1960	Spouse
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Union	3/5/1954	Spouse
Union		
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Admin	1/26/1971	Spouse
Admin	9/6/1996	Child
Admin	1/5/1999	Child
Admin	8/31/1993	Spouse
Admin	10/28/2019	Child
Union	11/12/2002	Child
Admin	7/10/1963	Spouse
Admin		
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Union	9/7/1968	Spouse
Union	6/8/2006	Child
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Admin	7/18/1974	Spouse
Union	12/8/1964	Spouse
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Union	3/10/1970	Spouse
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Admin	11/6/1979	Spouse
Admin	4/16/2008	Child
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Admin	2/1/1954	Spouse
Union	9/21/1948	Spouse
Union		
Union		
Union	10/14/1966	Spouse
Union	8/25/1992	Child
Union	8/13/1998	Child
Union	7/25/1972	Spouse
Union	9/26/1995	Child
Union	1/25/2000	Child
Union	7/1/2003	Child
Union	3/15/1965	Spouse
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Admin	10/9/1968	Spouse
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Admin	2/26/1977	Spouse
Admin	7/3/2019	Child
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Union		
Admin	1/11/1975	Spouse
Admin	5/15/2002	Child
Admin	7/22/2010	Child
Admin	3/15/2012	Child
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Admin	10/7/1966	Spouse
Admin	10/16/1996	Child
Union	8/20/1968	Spouse
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Union	11/27/2003	Child
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Union	11/5/1961	Spouse
Union	7/13/1997	Child
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Union	3/14/1992	Spouse
Union	4/2/2015	Child
Union	3/23/2017	Child
Union	11/27/1974	Spouse
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Union	12/13/1970	Spouse
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Union	3/27/1963	Spouse
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Admin	8/28/1967	Spouse
Admin	11/16/2013	Child
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Union	2/9/1966	Spouse
Union	8/22/1999	Child
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Union	7/17/1982	Spouse
Union	9/16/2001	Child
Union	10/20/2015	Child
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Union	2/20/1999	Child
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Union	5/19/2002	Child
Union	10/7/1965	Spouse
Union	11/12/1994	Child
Union	8/8/1996	Child
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Union	5/3/1972	Spouse
Union	3/9/1998	Child
Union	5/21/2004	Child
Union	6/24/2005	Child
Union		
Admin	12/12/1957	Spouse
Admin	3/8/1965	Spouse
Admin	9/24/1999	Child
Admin	9/24/2003	Child
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Union	9/5/2002	Child
Union	1/16/2007	Child
Union	1/6/1985	Spouse
Union	7/2/2013	Child
Union	1/29/2015	Child
Union	9/2/2018	Child
Admin	12/10/1971	Spouse
Admin	9/3/1999	Child
Union		
Union	12/9/1978	Spouse
Admin	12/28/1962	Spouse
Admin	3/27/1997	Child
Admin	1/23/2001	Child
Admin	2/14/2003	Child
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Admin	12/29/1987	Spouse
Admin	7/20/2019	Child
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Admin	10/21/1959	Spouse
Admin	2/1/2000	Child

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Admin	10/28/1990	Spouse
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Admin	11/12/1969	Spouse
Admin	4/9/1997	Child
Admin	9/8/2004	Child
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Union	12/28/1969	Spouse
Union	9/24/1975	Spouse
Union	6/20/1996	Child
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Union	2/20/2004	Child
Union	9/26/1958	Spouse
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Union	10/11/1995	Child
Union	3/6/1974	Spouse
Union	8/18/2002	Child
Union	4/14/2004	Child
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Union	10/1/1968	Spouse
Union	7/22/1994	Child
Union	1/6/1999	Child
Union	10/19/2000	Child
Union	5/1/2002	Child
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Union	12/2/1998	Child
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Union	8/8/1954	Spouse
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Union	7/26/1983	Spouse

Union	10/13/1999	Child
Union	10/9/2001	Child
Union	9/24/2013	Child
Union	6/2/2015	Child
Union	7/11/2017	Child
Union	9/27/1982	Spouse
Union	6/29/2008	Child
Union	12/23/2017	Child
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Union	6/14/1966	Spouse
Union	5/24/1994	Child
Union	7/11/2001	Child
Union	11/27/2007	Child
Union	9/20/1965	Spouse
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Union	12/11/1964	Spouse
Union	2/19/1997	Child
Union	12/20/2002	Child
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Union	3/9/1971	Spouse
Union	6/11/1996	Child
Union	6/16/2000	Child
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Union	2/10/1966	Spouse
Union	10/14/1962	Spouse
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Admin	2/28/1965	Spouse
Admin	2/26/2008	Child
Union	11/21/1955	Spouse
Admin	8/19/1954	Spouse
Union	2/2/1967	Spouse
Union	9/17/2003	Child
Union	8/23/2004	Child
Union	7/22/2006	Child
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Union	10/7/1973	Spouse
Union	2/12/1997	Child
Union	11/18/2001	Child
Admin	11/11/1970	Spouse
Admin	5/28/1995	Child
Admin	6/12/2013	Child
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Union	10/25/1967	Spouse
Union	7/16/1996	Child
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Union	1/21/2002	Child
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Union	11/19/1967	Spouse
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Admin	10/13/1974	Spouse
Admin	3/22/2003	Child

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Union	8/18/1985	Spouse
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Union	10/25/1947	Spouse
Union	11/6/1969	Spouse
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Union	10/30/1962	Spouse
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Union	6/20/1971	Spouse
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Union	8/27/1975	Spouse
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Admin	12/29/1977	Spouse
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Union	12/25/1994	Child
Admin	1/21/1977	Spouse
Admin	9/14/1997	Child
Admin	12/21/2000	Child
Union	9/7/1967	Spouse
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Admin	6/13/1983	Spouse
Union		
Admin	9/12/1972	Spouse
Union	4/10/1951	Spouse
Union	8/21/1988	Spouse
Union		
Admin	3/4/1999	Child

Union	10/23/1976	Spouse
Union	10/28/1996	Child
Union		
Union	4/4/2010	Child
Union	5/23/2012	Child
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Union	11/19/2003	Child
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Union	8/9/1971	Spouse
Union	12/2/1995	Child
Union	4/9/2001	Child
Union	10/21/2003	Child
Union	11/14/1997	Child
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Union	9/16/1996	Child
Union	12/21/2000	Child
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Union	4/13/1973	Spouse
Union	3/12/1995	Child
Union	12/14/1999	Child
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Union	7/12/1975	Spouse
Union	4/2/1997	Child
Union	3/5/2008	Child
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Union	3/16/1972	Spouse
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Union	8/16/1974	Spouse
Union	11/2/2002	Child
Union	7/21/2004	Child
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Union	8/15/1967	Spouse
Union	10/27/1996	Child
Union	4/5/2003	Child
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Union	4/5/1975	Spouse
Union	11/10/1998	Child
Union	8/23/2002	Child
Union	2/9/2007	Child
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Admin	3/9/1968	Spouse
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Union	4/6/1971	Spouse
Union	10/19/1999	Child
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Union	10/10/2004	Child
Union	8/13/2009	Child
Union	10/18/2010	Child
Union	10/29/1964	Spouse
Union	2/27/1968	Spouse
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Union	12/14/1970	Spouse
Union	5/22/1995	Child
Union	3/23/2000	Child
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Union	1/29/1962	Spouse
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Union	11/18/1958	Spouse
Union	2/2/1973	Spouse
Union	2/9/1998	Child

Union	3/18/2003	Child
Union	4/20/1962	Spouse
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Union	10/25/1966	Spouse
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Union	7/25/1970	Spouse
Union	1/10/2000	Child
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Admin	1/16/1993	Spouse
Union		
Admin	9/28/1979	Spouse
Admin	11/5/2009	Child
Admin	8/1/2015	Child
Admin	8/30/2017	Child
Union	8/3/1948	Spouse
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Union	10/1/1965	Spouse
Union	9/7/2001	Child
Union	8/26/2003	Child
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Union	4/28/1975	Spouse
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Union	5/16/1982	Spouse
Union	11/11/2018	Child
Union	4/1/2020	Child
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Union	4/16/1969	Spouse
Union	7/20/2006	Child
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Union	12/5/1967	Spouse
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Admin		
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Admin	8/17/1986	Spouse
Union	9/5/1997	Child
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Union	6/14/1964	Spouse
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Union	1/9/1981	Spouse
Admin		
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Union	5/19/2003	Child
Union	1/8/2008	Child
Union	12/13/2009	Child
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Union	9/26/1963	Spouse
Union	6/15/1968	Spouse
Union	12/30/1995	Child
Union	12/27/1984	Spouse
Admin	10/16/1972	Spouse
Union		
Admin	8/17/1990	Spouse
Admin		
Admin	5/7/1997	Child
Admin	2/10/2001	Child
Union	5/22/1981	Spouse

Union		
Union	12/31/1971	Spouse
Union	1/18/1995	Child
Union	1/25/1996	Child
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Union		
Union	6/15/1972	Spouse
Union		
Union	6/5/2006	Child
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Union		
Union	1/18/2002	Child
Union	11/8/2004	Child
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Union	6/18/2003	Child
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Admin		
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Union		
Union	1/14/1960	Spouse
Union		
Union		
Union		
Admin		
Union	2/25/1971	Spouse
Union	1/23/2014	Child
Union		
Union	6/9/1972	Spouse
Union	12/4/1997	Child
Union	8/29/2002	Child

Union

Union

Admin

9/9/1951

Spouse

Union

7/20/1959

Spouse

Union

Admin



Solicitation No: 21-R14
Name: Dental Insurance Services

MetLife[®]

EXHIBIT L

GROUP CONTRACT FOR PREPAID SERVICES

between

**SAFEGUARD HEALTH PLANS, INC., a MetLife company,
a Florida corporation**

and

Central Florida Regional Transportation Authority DBA LYNX

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Benefits provided by SafeGuard Health Plans, Inc., a MetLife company

It is agreed between the organization named in the Application and Acknowledgment Group Dental Benefits form ("ORGANIZATION") and SAFEGUARD HEALTH PLANS, INC., a Florida corporation ("SAFEGUARD"), that:

A. SAFEGUARD (a MetLife company) is a Florida corporation, licensed as a Prepaid Limited Health Service Organization under applicable Florida law, specifically Chapter 636 of Florida Statutes, whose primary purpose is to operate various dental health care service plans. Said services are established on a prepaid closed panel capitated basis.

B. ORGANIZATION desires to obtain the services herein specified for and on behalf of its Eligible Participants as defined herein.

NOW, THEREFORE, the parties do mutually covenant and agree as follows:

I. REFERENCE TO ATTACHMENTS

This Contract, together with the Application and Acknowledgment Group Dental Benefits form (the "Acceptance Agreement"), Evidence of Coverage, Schedule of Benefits and Copayments and any Amendments, Directory of Participating Providers or other attachments hereto constitutes the entire agreement of the parties.

II. DEFINITIONS

2.1 BENEFIT PLAN shall mean the coverage provided in the Schedule of Benefits and Copayments; the Exclusions and Limitations, and the Administrative Policies, if any.

2.2 COPAYMENT shall mean an additional fee charged by Dentist and to be paid by the member.

2.3 DENTIST OR PARTICIPATING DENTIST shall mean the dentist licensed by the state of Florida under contract to SAFEGUARD and shall include any hygienists and technicians recognized by the dental profession who act with and assist the dentist.

2.4 ELIGIBLE PARTICIPANT shall mean an employee, member, or beneficiary of ORGANIZATION who is eligible to participate in the SAFEGUARD Plan under the eligibility requirements determined by ORGANIZATION.

2.5 MEMBER shall mean an eligible participant who is actually enrolled in the SAFEGUARD plan. The terms "Member" or "Members", as used herein, shall be deemed to include all Subscribers, if enrolled in the Plan.

2.6 ORGANIZATION means an association, employer, group or other ORGANIZATION to which the member belongs and which is the contracting entity as set forth in the Acceptance Agreement.

2.7 PLAN or SAFEGUARD shall mean Safeguard Health Plans, Inc., a corporation licensed to provide limited health care services under Chapter 636 of Florida Statutes, as amended.

2.8 SUBSCRIBER shall mean the person whose relationship with the ORGANIZATION is the basis for eligibility for membership in the Plan.

III. PREPAYMENT FEE

3.1 As set forth in the Acceptance Agreement, ORGANIZATION shall pay SAFEGUARD the appropriate monthly prepayment fee per month for each covered Member, as applicable, commencing on the effective date of this Contract, which sum shall be the guaranteed monthly prepayment fee until contract renewal date.

3.2 The prepayment fee is paid by ORGANIZATION. The payment of this sum shall relieve ORGANIZATION and Subscribers of any further liability for payment of a prepayment fee hereunder.

3.3 ORGANIZATION acknowledges and understands that this Contract provides solely and exclusively for services to be performed at dental facilities with whom SAFEGUARD has a contractual relationship. This Contract provides for the provision of services only. This Contract is not an insurance policy and does not indemnify or reimburse any Member or ORGANIZATION in cash in any manner whatsoever, except as set forth in Paragraph 11.3.

3.4 ORGANIZATION shall send payment covering all Members to SAFEGUARD at the address specified in the Acceptance Agreement, and continuing each month thereafter on said date, for the duration of this Contract.

IV. OTHER CHARGES

4.1 Late Fees: ORGANIZATION acknowledges that any late payment of the prepayment fee by ORGANIZATION under the terms of this Agreement will cause SAFEGUARD to incur costs not contemplated under this Contract, the exact amount of such costs being extremely impractical to fix. Such costs include, without limitation, processing and accounting charges, and other administrative costs associated with the collection of the late payment of the prepayment fee. Therefore, if the prepayment fee is not received from the ORGANIZATION by the tenth (10th) day of each month, ORGANIZATION shall pay to SAFEGUARD an additional sum of five percent (5%) of the monthly prepayment fee then due. SAFEGUARD and ORGANIZATION agree that this charge represents a reasonable estimate of such costs and expenses and is fair compensation to SAFEGUARD for its loss suffered by such nonperformance by ORGANIZATION. Acceptance of this charge shall not constitute a waiver of ORGANIZATION's default with respect to such nonperformance by ORGANIZATION nor prevent SAFEGUARD from exercising all other rights and remedies available to SAFEGUARD.

4.2 Interest: Interest on late prepayment fees from the date such fees are due will be charged at a rate equal to eighteen percent (18%) per year. Unpaid interest will be due and payable upon notice thereof to ORGANIZATION from SAFEGUARD.

V. ELIGIBILITY

5.1 The determination of who is eligible to participate and who is actually participating in the Plan shall be determined by ORGANIZATION and SAFEGUARD shall have the right to rely upon that determination. Any disputes or inquiries regarding eligibility, including rights regarding renewal, reinstatement and the like, if any, shall be referred by SAFEGUARD to ORGANIZATION, which shall then advise SAFEGUARD of its determination.

5.2 In the absence of a determination of eligibility by ORGANIZATION, SAFEGUARD defines eligible dependents to be:

- The lawful spouse or domestic partner of the Subscriber, if the Organization permits such coverage.
- The unmarried children or grandchildren of the Subscriber up to age 25 for whom the Subscriber provides care (including adopted children, step-children, or other children for

whom the Subscriber is required to provide dental care pursuant to a court or administrative order.)

- Children of the Subscriber who are incapable of self-sustaining employment and support due to a developmental disability or physical handicap. Attainment of age 25 shall not operate to terminate the coverage of this child while the child is and continues to be both (1) incapable of self-sustaining employment by reason of mental retardation or physical handicap and (2) chiefly dependent upon the subscriber for support and maintenance, provided proof of the incapacity and dependency is furnished to SAFEGUARD by the member within 31 days of the request for the information by SAFEGUARD, but not more frequently than annually after the two-year period following the child's attainment of the limiting age.
- Other dependents if the Organization provides benefits for these dependents.

5.3 In order for coverage to become effective, a written and signed enrollment application must be received by SAFEGUARD and any required prepayment fees must be paid. SAFEGUARD must receive such enrollment application within 30 days of the date that each eligible person becomes eligible for coverage. Dependent spouses are eligible for coverage from the moment of marriage. Newborn children and newborn adopted children are eligible for coverage at birth. Legally adopted children, foster children, and step-children are covered from the day they are placed with the employee. SAFEGUARD will also honor any court ordered coverage for any other dependents.

5.4 ORGANIZATION shall also send an eligibility list via hard copy, magnetic tape or other electronic medium to SAFEGUARD specifying the names and other identifying data for each Member to be covered for the succeeding month. Said eligibility list shall:

- (a) Specifically identify those Members who are newly eligible to receive services.
- (b) Specifically identify those Members who are no longer eligible to receive services.
- (c) Be provided to SAFEGUARD no later than the twentieth (20th) day of the month preceding the month during which Members will be eligible for benefits.

5.5 Should a Subscriber be terminated or leave ORGANIZATION, the Subscriber shall continue to be eligible to receive services, and SAFEGUARD shall be entitled to its monthly prepayment fee for such Members until such time as SAFEGUARD is notified in writing of the Subscriber's termination and the Subscriber is removed from the eligibility list specified above. Should SAFEGUARD be notified of a Subscriber's termination after the eligibility list is provided by ORGANIZATION to SAFEGUARD, coverage for the Subscriber shall continue until the end of the applicable monthly period, if any, and SAFEGUARD shall retain or must be paid the applicable prepayment fee to the end of the monthly period for the Subscriber.

5.6 Subscribers are eligible to become Members of SAFEGUARD at the time designated by the ORGANIZATION as of the effective date of this Contract. For the Subscribers of the ORGANIZATION who become eligible as determined by the ORGANIZATION after the effective date of this Contract, the effective date of eligibility shall be subject to the eligibility rules of the ORGANIZATION.

VI. CHOICE OF PROVIDERS

To receive covered dental benefits, when a Member enrolls in the SAFEGUARD plan, he or she must choose a Participating General Dentist from the SAFEGUARD network. Each family member may select a different dental office. The Directory of Participating Providers contains a complete listing of Participating Dentists. Participating Dentists may also be located by accessing www.metlife.com/mybenefits to view General Dentists by zip codes.

VII. FACILITIES

All facilities under the Benefit Plan are available for service 24 hours a day, 7 days a week and are listed in the Directory of Participating Providers. Facilities may also be located by accessing www.metlife.com/mybenefits to view General Dentists by zip codes.

VIII. ADMINISTRATION

8.1 Whenever SAFEGUARD is obligated to give any notice to Members with regard to any matters covered by this Contract or any statutes or regulations issued pursuant thereto, it shall be sufficient for SAFEGUARD to give such notice to a representative of ORGANIZATION. ORGANIZATION shall then be obligated to give that notice to the Members in its next regular communication, but in no event shall such notice be given later than thirty (30) days after SAFEGUARD gives such notice to ORGANIZATION. The ORGANIZATION representative designated to receive such notice is set forth in the Acceptance Agreement.

8.2 With regard to the distribution of all materials, such as an Evidence of Coverage and other material required to be distributed pursuant to Chapter 636 of Florida Statutes, as amended, or any other relevant statutes or regulations, it shall be sufficient for SAFEGUARD to deliver the material for distribution to the representative of ORGANIZATION designated in the Acceptance Agreement. ORGANIZATION shall be responsible to distribute such material to Subscribers and/or Eligible Participants.

8.3 SAFEGUARD agrees, subject to its Member Services and Quality Department procedures, to duly investigate and endeavor to resolve any and all complaints received from Members with regard to the nature of professional services rendered. All grievances may be made by calling 800-880-1800. Members may also submit a completed written grievance form (available by calling the Member Services number) or a detailed summary of your grievance to: SafeGuard Health Plans, Inc., c/o Quality Management Department, PO Box 3532 Laguna Hills, CA 92654-3532. A grievance may also be filed via our website at www.metlife.com/mybenefits. SAFEGUARD will consider and respond to grievances which are filed within 180 days of the occurrence or incident that is the subject of the grievance.

8.4 SAFEGUARD shall resolve all grievances within 30 days of submission by the Member in accordance with the provisions set forth in the Evidence of Coverage.

8.5 SAFEGUARD shall issue an identification card to each Member, identifying that Member as being eligible for services provided by this Contract. Each month thereafter for new Members who enroll in the Plan, and after ORGANIZATION's notification to SAFEGUARD of said new Members' enrollment, SAFEGUARD shall issue an identification card, as set forth above.

8.6 SAFEGUARD shall provide a Directory of Participating Providers to the Organization and/or the individual Member, upon request by the Organization. In addition, the Directory of Participating Providers is available online at www.metlife.com/mybenefits.

8.7 SAFEGUARD shall maintain a contractual relationship with dental facilities at appropriate locations to provide services to Members. ORGANIZATION recognizes that the establishment maintenance and location of all dental facilities are within the sole discretion of SAFEGUARD; and SAFEGUARD shall make the sole determination of the location and establishment of a contractual relationship with all such dental facilities. SAFEGUARD agrees to promptly notify Members and ORGANIZATION in writing of the termination, breach of contract by, inability to perform of, or closure of any participating dental facility and to transfer Members to existing or alternate dental facilities on this Benefit Plan. A list of the names and addresses of the Participating Dentists for this Benefit Plan is attached marked Directory of Participating Providers.

8.8 SAFEGUARD shall not refuse to cover, or refuse to continue to cover, or limit the amount, extent or kind of coverage available to an individual, or charge a different rate for the same coverage solely

because of a physical or mental impairment, except where the refusal, limitation or rate differential is based on sound actuarial principles applied to actual experience, or, if insufficient actual experience is available, then to sound underwriting practices.

IX. DENTIST-PATIENT RELATIONSHIP

9.1 It is expressly understood that the relationship between the Member and the Dentist rendering services or treatment, shall be subject to the rules, limitations and privileges incident to the professional relationship, and SAFEGUARD's Peer Review and Public Policy Committees. The Dentist shall be solely responsible to the Member, without interference from SAFEGUARD or ORGANIZATION, for all services or treatment within the professional relationship. The Dentist shall have the right to refuse treatment to a Member who continually fails to follow a prescribed course of treatment, who uses the relationship for illegal purposes, or makes the professional relationship onerous.

9.2 While SAFEGUARD desires and will actively seek to contract with the most modern dental facilities available in the profession, it is understood and agreed that the operation and maintenance of the Dentist's facility, equipment and the rendition of all professional services shall be solely and exclusively under the control and supervision of the Dentist, including all authority and control over the selection of staff, supervision of personnel, and operation of the professional practice and/or the rendition of any particular professional service or treatment.

9.3 SAFEGUARD will undertake to see that the services provided to Members by Dentists shall be performed in accordance with professional standards of reasonable competence and skill of dental practitioners, as applicable, prevailing in the community in which each Dentist practices.

9.4 Upon termination of a provider contract, SAFEGUARD shall be liable for covered services rendered by such provider (other than for co-payments) to a Member who retains eligibility under this Contract or by operation of law under the care of such provider at the time of such termination until the services being rendered to the Member by such provider are completed, unless SAFEGUARD makes reasonable and medically appropriate provision for the assumption of such services by a contracted provider.

X. DURATION OF THIS CONTRACT

This Contract and Plan Coverage shall be effective on the date indicated in the Acceptance Agreement and shall continue to the end of the period specified in the Acceptance Agreement.

XI. TERMINATION OF BENEFITS

11.1 Should ORGANIZATION be in default by the failure to remit the monthly prepayment fees or provide an eligibility list as required by Section III herein, SAFEGUARD shall have the right to terminate this Contract upon fifteen (15) days written notice. ORGANIZATION shall then have a grace period, as set forth below, from the date of receipt of such notice to remit the monthly prepayment fees or provide the eligibility list when due. Termination shall be effective the last day of the month in which the grace period expires.

11.2 Grace Period: This contract has a fifteen (15) day grace period. This provision means that if any required premium is not paid on or before the date it is due, it may be paid subsequently during the grace period. During the grace period, this Contract will stay in force.

11.3 SAFEGUARD shall within thirty (30) days of termination of this Contract refund to ORGANIZATION the pro rata portion of the prepayment fee which corresponds to any unexpired term for which prepayment fees have been received, together with any amounts due on claims, if any, less amounts due SAFEGUARD. SAFEGUARD shall be paid its prepayment fee to date of termination.

11.4 In the event a Subscriber terminates employment or association with ORGANIZATION or is certified by ORGANIZATION as being no longer eligible for benefits provided for herein, coverage for such terminated Subscriber and his or her dependents, if applicable, shall cease the last day of the monthly period for which ORGANIZATION has paid the applicable prepayment fee to SAFEGUARD for the terminated Subscriber and his or her dependents, if applicable.

11.5 In the event of termination of this Contract, each Dentist shall complete all dental procedures, which have been started prior to the date of termination, pursuant to the terms and conditions of this Contract as may be applicable.

11.6 In the event this Contract is cancelled, SAFEGUARD shall notify ORGANIZATION in writing and Organization is required, within five (5) calendar days, to mail promptly to each Subscriber a legible, true copy of such notice of cancellation and to provide SAFEGUARD proof of such mailing and the date thereof within two (2) calendar days of such mailing. The ORGANIZATION shall also have the obligation to provide notice to the subscriber when the Contract has actually been terminated within five (5) calendar days of such termination. If the ORGANIZATION fails to provide such notices as required under this Contract, SAFEGUARD shall provide such notices to the subscribers and will retain the right of recourse against the ORGANIZATION for failure to perform under this Contract.

11.7 Upon termination of a dental contract SAFEGUARD shall be liable for covered services rendered by such Dentist, other than for Copayments or exclusions to a Member who retains eligibility under this Contract or by operation of law, under the care of such Dentist at the time of such termination until the services being rendered to the Member by such Dentist are completed, unless SAFEGUARD makes reasonable and appropriate provision for the assumption of such services by another Dentist.

11.8 In the event SAFEGUARD fails to pay a Participating Dentist as may be required, neither the Member nor ORGANIZATION shall be liable to the Dentist for any sums owed by SAFEGUARD to the Dentist. In the event a Member receives services from a non- SAFEGUARD dentist, and SAFEGUARD fails to pay the non-SAFEGUARD dentist, the Member may be liable to the non-SAFEGUARD dentist for the cost of services rendered.

XII. CANCELLATION OR NONRENEWAL OF CONTRACT

12.1 Except for nonpayment of premium or termination of eligibility, as set forth above, SAFEGUARD shall not cancel or otherwise terminate or fail to renew this contract without giving ORGANIZATION at least 45 days' written notice of the cancellation, termination, or nonrenewal of the contract. The written notice must state the reason or reasons for the cancellation, termination, or nonrenewal.

12.2 The only reasons for cancellation at such time other than the renewal period shall be as follows:

12.2.1 The subscriber's behavior is disruptive, unruly, abusive, unlawful, fraudulent, or uncooperative to the extent that the subscriber's continuing participation seriously impairs the organization's ability to provide services to other subscribers.

12.2.2 Fraud or material misrepresentation in applying for or presenting any claim for benefits under the contract.

12.2.3 Misuse of the documents provided as evidence of benefits available pursuant to the contract.

12.2.4 Furnishing to the organization, by the subscriber, incorrect or incomplete information for the purposes of fraudulently obtaining services.

12.3 Prior to disenrollment of a subscriber, SAFEGUARD shall make an effort to resolve the problem through the grievance procedure and must determine that the subscriber's behavior is not due to use of the services provided or mental illness.

12.4 Notification of cancellation shall be given by given to SAFEGUARD through ORGANIZATION, and SAFEGUARD shall be deemed to have complied with applicable provisions of Florida statutes upon notifying ORGANIZATION of the cancellation or nonrenewal and requesting ORGANIZATION to forward the required notice to all subscribers.

XIII. REINSTATEMENT

13.1 Receipt by SAFEGUARD of the proper prepayment fee after termination of this Contract for non-payment, shall reinstate this Contract as though it had never been terminated, if such prepayment fee is received by SAFEGUARD on or before the due date of the next succeeding prepayment fee. However, performance by SAFEGUARD of any one of the following acts shall avoid any such reinstatement:

- (a) SAFEGUARD refunds such payment within five (5) business days or if such payment is received more than five (5) business days after issuance of a notice of termination, within fifteen (15) business days.
- (b) SAFEGUARD issues to ORGANIZATION, within five (5) business days of receipt of such payment, a new contract accompanied by written notice stating clearly those respects in which the new contract differs from the terminated contract in benefits, coverage and otherwise.

XIV. RENEWAL PROVISIONS

The parties may renew this Contract at the end of the term hereof and by mutual consent modify or alter this Contract. However, said modifications, amendments, alterations or renewals shall be in writing, duly executed by both parties hereto and attached to this Contract as such. SAFEGUARD shall not increase the amount of the prepayment fee or decrease in any manner the benefits provided to members except upon 45 days written notice to the Organization.

XV. EXTENSION OF BENEFITS

Termination of this Contract by SAFEGUARD is without prejudice to any continuous loss which commenced while the Contract was in force. Extension of benefits beyond the period the Contract was in force will continue until the specific treatment or procedure undertaken upon any subscriber has been completed or for 90 days, whichever is the lesser period of time.

XVI. BENEFITS TO BE PROVIDED - BENEFITS, COPAYMENTS, LIMITATIONS, EXCLUSIONS AND ADMINISTRATIVE POLICIES

16.1 SAFEGUARD and ORGANIZATION agree that SAFEGUARD shall provide services to Members of ORGANIZATION under the Benefit Plan set forth in the Schedule of Benefits attached to the Acceptance Agreement marked Exhibit A.

16.2 The Member and not SAFEGUARD nor ORGANIZATION shall be solely responsible for payment of all Copayments and for any excluded procedure, and shall make payment directly to the Dentist rendering such services.

16.3 SAFEGUARD agrees that Participating Dentists shall abide by the Benefit Plan as set forth in this Contract. SAFEGUARD further agrees that it will not increase the prepayment fees as set forth in the Acceptance Agreement, and that it will not modify the Schedule of Benefits and Copayments during the term of this Contract.

XVII. INDIVIDUAL CONTINUATION OF BENEFITS

17.1 If, at the time a member enrolls in this SAFEGUARD dental plan, he or she has been receiving care from a dental care provider, he or she may have the opportunity to continue receiving services from the dental care provider for a designated time period and under certain limited circumstances. In addition, he or she may also have a right to continuation of care if a Selected General Dental Office terminates its contractual relationship with SAFEGUARD. The member must make a specific request to continue under the care of his or her current provider. SAFEGUARD is not required to continue care with a provider if the member is not eligible under this plan or if SAFEGUARD cannot reach an agreement with their provider on the terms regarding your care in accordance with Florida law. A member may obtain a copy of SAFEGUARD's policy on continuation of care from SAFEGUARD's Member Services Department by calling 800-880-1800. If there are any questions regarding SAFEGUARD's Continuation of Care policy, a member may contact SAFEGUARD's Member Services Department at 800-880-1800.

17.2 If Organization is required to offer any Continuation of Coverage period or election period, necessary for ORGANIZATION'S compliance with requirements of the Consolidated Omnibus Budget Reconciliation Act (Federal COBRA) and any regulations adopted thereunder, or any similar state law requiring the Continuation of Benefits for the Subscriber, such benefits will be continued provided ORGANIZATION continues to certify the eligibility of the Subscriber and the monthly prepayment fees for COBRA coverage for such Subscribers continues to be paid by or through ORGANIZATION pursuant to this Contract.

17.3 Federal COBRA (Groups with 20 or more Employees): A Member who would otherwise lose coverage may continue uninterrupted coverage upon arrangement with Organization in compliance with Federal COBRA. Eligibility is conditioned upon payment of the applicable monthly prepayment fee to Organization. The following are "qualifying events":

- (a) Termination of employment, including lay-off or reduction in hours (except for gross misconduct);
- (b) Death of the Covered Employee;
- (c) Divorce or legal separation;
- (d) Loss of eligibility of a covered Dependent child; or
- (e) While covered Dependents are on continuation with the Employee, the Employee becomes entitled to Medicare benefits.

17.4 Coverage under COBRA continues only upon timely payment of the applicable monthly prepayment fee to Organization and ends on the earlier of:

- (a) Termination of this Contract;
- (b) Coverage under any other group health plan, including Medicare, which does not contain any exclusion or limitation with respect to any pre-existing condition;
- (c) Expiration of 18 calendar months of continuation by a covered dependent after the Employee's death, divorce, legal separation or entitlement to Medicare;
- (d) Expiration of 18 calendar months after termination of employment, lay-off or reduction in hours;
- (e) For a disabled Member Person, expiration of 29 months after termination of employment if:

- (1) The Member was totally disabled at the time of the termination of employment within the meaning of the Social Security Act, or is determined disabled by the Social Security Administration effective any time within the first 60 days of COBRA continuation coverage; and
- (2) The Member notified employer of the disability within the initial 18-month continuation period.

17.5 Application for continuation must be made in accordance with the COBRA regulations, and must be made by written request to Employer within sixty (60) days after any qualifying event. The Employer will provide the necessary forms. Premiums must be paid within forty-five (45) days of election of continuation.

17.6 Continuation of group coverage is not available to a Covered Person who is eligible for Medicare (except a covered Dependent is eligible for coverage for thirty-six (36) months after the Employee's Medicare eligibility).

17.7 Newly acquired dependents can be added to coverage within thirty-one (31) days while an Employee or former Employee is under COBRA continuation coverage. A newly born or newly adopted child added to coverage within thirty-one (31) days has "qualified beneficiary" status and has independent election rights and second qualifying event rights. Any other dependents added while under COBRA continuation coverage are not qualified beneficiaries.

17.8 The cost of continuation of coverage under COBRA is 102% of the applicable group rate including any portion previously paid by the Organization. However, for a person determined by the Social Security Administration to have been disabled at the time his or her employment stopped or work hours were reduced and his or her dependents, the cost is 150% of the applicable group rate including any portion previously paid by the Organization for the additional 11 months.

17.9 State "Mini-COBRA" (Policyholders with less than twenty (20) employees): SafeGuard recognizes and understands that it may be required to comply with Florida state "Mini-COBRA" laws..

- (a) A qualified beneficiary has the responsibility to inform SAFEGUARD of a qualifying event. This notification must be made in writing within 60 days of the date of the qualifying event and include:
 - the name of the qualified member;
 - the date of the qualifying event and the type of qualifying event as listed above;
 - the name of the Policyholder and the group vision plan number;
 - the name and address of all qualified members.
- (b) Failure to provide the required notification within 60 days will disqualify the Member from receiving continuation coverage.
- (c) If continuation coverage is chosen, the coverage will be the same as the coverage provided to similarly situated employees and dependents. No proof of insurability is required; however, the Covered Person will pay 110% of the applicable premium charged to similarly situated individuals under the group contract.

17.10 Coverage will be effective on the day after coverage would otherwise be terminated. The first premium payment must be submitted to us by first class mail, certified mail, or other reliable means of delivery, including personal delivery, express mail, or private courier company, within forty-five (45) days of delivering the completed enrollment form. The payment must cover the period from the last day of the

prior coverage to the present. There can be no gap between prior coverage and Mini-COBRA continuation coverage. Failure to submit the correct premium within the forty-five (45) day period noted above will disqualify the Member from receiving continuation coverage.

XVIII. GENERAL PROVISIONS

- 18.1 (a) Each and every disagreement, dispute or controversy, which remains unresolved, concerning the construction, interpretation, performance or breach of this Contract arising between the ORGANIZATION, a Member or the heir-at-law or personal representative of such person, as the case may be, and SAFEGUARD, its employees, officers, or directors, may be voluntarily submitted to arbitration by the subscriber or member in accordance with, and pursuant to, the commercial arbitration rules of the American Arbitration Association then in effect, whether such dispute involves a claim in tort, contract or otherwise. This includes, without limitation, all disputes as to whether any dental services rendered under this Contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered. It also includes, without limitation, any act or omission which occurs during the term of this Contract but which gives rise to a claim after the termination of this Contract.
- (b) The locale of the arbitration shall be the City of Tampa, Florida, unless all parties to the arbitration otherwise mutually agree in writing.
- (c) If the arbitrators shall make an award to a party, the arbitrators shall state what portion of the award shall be attributed to economic damages and which portion shall be attributed to non-economic damages.
- (d) Arbitration shall be initiated by written notice to the President of SAFEGUARD HEALTH PLANS, INC., 95 Enterprise, Suite 200, Aliso Viejo, CA 92656. The notice shall include a detailed description of the matter to be arbitrated.

18.2 SAFEGUARD shall defend, indemnify and hold ORGANIZATION harmless from any and all injuries, claims, demands, liabilities, suits at law or in equity, or judgments of any nature whatsoever, which ORGANIZATION, its employees, representatives, agents or third parties may sustain or incur by reason of any act, neglect, default, alleged malpractice or inadequate care or service rendered to the Member by any Dentist or dental facility.

18.3 The waiver by either party of one or more defaults, if any, under this Contract shall not be construed to operate as a waiver of any other or future default, either in the same condition or covenant or any other condition or covenant contained within this Contract.

18.4 Whenever it becomes necessary for either party to serve notice on the other with respect to this Contract such notice shall be in writing and shall be served registered or certified mail, return receipt requested, addressed as indicated below:

- (a) If addressed to SAFEGUARD, it shall be addressed as follows:

SAFEGUARD HEALTH PLANS, INC.
Attention Law Department
95 Enterprise, Suite 200
Aliso Viejo, CA 92656
800.880.1800

- (b) If addressed to ORGANIZATION, it shall be addressed as indicated in the Acceptance Agreement.

- 18.5 (a) The telephone number of SAFEGUARD's Member Services Department is 800.880.1800.
- (b) The telephone number of SAFEGUARD's Client Services Department is 800.962.1836.

18.6 Throughout this Contract, the singular shall include the plural and the plural the singular; the masculine shall include the neuter and feminine; and the neuter shall include the masculine and feminine.

18.7 This Contract is subject to the requirements of Chapter 636 of Florida Statutes. Should either the law or the regulations be amended, such amendments shall automatically be deemed to be a part of this Contract and shall take precedence over any inconsistent provision of this Contract. Any provision required to be in this Contract by either the law or the regulations, shall automatically bind SAFEGUARD.

18.8 If any provision of this Contract is held to be illegal or invalid for any reason, such decision shall not affect the validity of the remaining provisions of this Contract, and such remaining provisions shall continue in full force and effect, unless the illegality or invalidity prevent the accomplishment of the objectives and purposes of this Contract.

18.9 ORGANIZATION covenants and agrees that it will not sell, assign or transfer this Contract without the specific written consent of SAFEGUARD and any such sale, assignment, or transfer shall be null and void and shall act as a default of this Contract. SAFEGUARD's consent to any one sale, assignment or transfer shall not waive its right with respect to declining to consent to any other sale, assignment or transfer. This Contract shall not be assigned, transferred or set over, either voluntarily or involuntarily or by operation of law or otherwise, including but not limited to any proceeding initiated under the Bankruptcy Act of the laws of the United States and/or the appointment of a trustee or receiver, whether by state or federal court or otherwise. As an exception to the provisions of this paragraph, either party may sell, assign, and/or transfer its rights and delegate its duties hereunder to any entity into which it is merged or which acquires substantially all of its assets.

18.10 In the event ORGANIZATION is regulated under the Employee Retirement Income Security Act of 1974 (ERISA), ORGANIZATION covenants and agrees that it and not SAFEGUARD shall be responsible for meeting all requirements of ERISA. SAFEGUARD will cooperate with ORGANIZATION in supplying ORGANIZATION with any information within its possession to aid ORGANIZATION in meeting any ERISA reporting requirements. SAFEGUARD is not and shall not be designated the administrator or fiduciary of the Plan.

18.11 This Contract constitutes the entire agreement of the parties. There are no oral representations or agreements not embodied in this Contract. This Contract may only be modified by a subsequent writing executed by the parties.

18.12 Each of the parties acknowledges that it has read his Contract, understands its contents and executes this Contract voluntarily.

18.13 ORGANIZATION represents it has the authority under applicable law and its charter instrument to execute this Contract and has passed all necessary resolutions giving it the authority to do so.

18.14 ORGANIZATION covenants and agrees it will not solicit, use, engage or contract with any Dentist for use in any manner whatsoever in any prepaid or managed care dental plan, other than a SAFEGUARD Plan, during the term of this Contract.

18.15 A specimen of this Contract may be furnished to any member upon request.

18.16 This Contract shall be governed by the laws of the State of Florida.

Direct Referral Dental Plan*

MET290

This SCHEDULE OF BENEFITS lists the Covered Services available to You and Your Dependents under Your dental plan, as well as Your and Your Dependent's costs for each Covered Service. Your and Your Dependent's costs may include Co-Payments for a Covered Service.

*Care under this plan is provided through a network of Selected General Dentists. Your Selected General Dentist is responsible for determining when the services of a Specialty Care Dentist are needed, and facilitating any necessary referral. You and Your Dependents will be advised of the name, address and telephone number of the Specialty Care Dentist in Your or Your Dependent's Service Area.

Missed Appointments: If You or Your Dependents need to cancel or reschedule an appointment, please notify the Selected General Dental Office as far in advance as possible. This will allow the Selected General Dental Office to accommodate another person in need of attention. If You or Your Dependents fail to do this in a timely fashion, You or Your Dependents may be charged a missed appointment fee.

Code	Service	Your and Your Dependent's Co-Payment
•	Office visit - per visit <i>(including all fees for sterilization and/or infection control)</i>	\$5
Code	Service	Your and Your Dependent's Co-Payment
Diagnostic Treatment		
D0120	Periodic oral evaluation - established patient	\$0
D0140	Limited oral evaluation - problem focused	\$0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0
D0150	Comprehensive oral evaluation - new or established patient	\$0
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0
D0170	Re-evaluation - limited, problem focused <i>(established patient; not post-operative visit)</i>	\$0
D0171	Re-evaluation – post-operative office visit	\$0
D0180	Comprehensive periodontal evaluation - new or established patient	\$0
D0190	Screening of a patient	\$0
D0191	Assessment of a patient	\$0
Radiographs / Diagnostic Imaging (X-rays)		
D0210	Intraoral – complete series of radiographic images	\$0
D0220	Intraoral – periapical first radiographic image	\$0
D0230	Intraoral – periapical each additional radiographic image	\$0
D0240	Intraoral – occlusal radiographic image	\$0
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	\$0
D0251	Extra-oral posterior dental radiographic image	\$0
D0270	Bitewing – single radiographic image	\$0
D0272	Bitewings – two radiographic images	\$0
D0273	Bitewings – three radiographic images	\$0
D0274	Bitewings – four radiographic images	\$0
D0277	Vertical bitewings – 7 to 8 radiographic images	\$0

Code	Service	Your and Your Dependent's Co-Payment
D0330	Panoramic radiographic image	\$0
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	\$0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$0
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	\$180
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	\$180
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	\$180
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	\$180
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	\$180
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible	\$180
D0382	Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	\$180
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	\$180
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	\$0
Tests and Examinations		
D0415	Collection of microorganisms for culture and sensitivity	\$0
D0425	Caries susceptibility tests	\$0
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$50
D0460	Pulp vitality tests	\$0
D0470	Diagnostic casts	\$0
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$0
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$0
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	\$0
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination preparation and transmission of written report	\$0

Code	Service	Your and Your Dependent's Co-Payment
D0502	Other oral pathology procedures, by report	\$0
Preventive Services		
D1110	Prophylaxis – adult	\$5
	• Additional-adult prophylaxis (<i>maximum of 2 additional per year</i>)	\$45
D1120	Prophylaxis – child	\$5
	• Additional-child prophylaxis (<i>maximum of 2 additional per year</i>)	\$35
D1206	Topical application of fluoride varnish	\$0
D1208	Topical application of fluoride – excluding varnish	\$0
D1310	Nutritional counseling for control of dental disease	\$0
D1320	Tobacco counseling for the control and prevention of oral disease	\$0
D1330	Oral hygiene instructions	\$0
	• Includes periodontal hygiene instruction	
D1351	Sealant – per tooth	\$0
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$0
D1353	Sealant repair - per tooth	\$0
D1354	Interim caries arresting medicament application – per tooth	\$0
D1510	Space maintainer – fixed, unilateral – per quadrant Excludes a distal shoe space maintainer	\$25
D1516	Space maintainer – fixed – bilateral, maxillary	\$25
D1517	Space maintainer – fixed – bilateral, mandibular	\$25
D1520	Space maintainer – removable, unilateral – per quadrant	\$35
D1526	Space maintainer – removable – bilateral, maxillary	\$35
D1527	Space maintainer – removable – bilateral, mandibular	\$35
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	\$15
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	\$15
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	\$15
D1556	Removal of fixed unilateral space maintainer – per quadrant	\$15
D1557	Removal of fixed bilateral space maintainer – maxillary	\$15
D1558	Removal of fixed bilateral space maintainer – mandibular	\$15
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant Fabrication and delivery of fixed appliance extending subgingivally and distally to guide the eruption of the first permanent molar. Does not include ongoing follow-up or adjustments, or replacement appliance, once the tooth had erupted	\$25
Restorative Treatment		
D2140	Amalgam – one surface, primary or permanent	\$12
D2150	Amalgam – two surfaces, primary or permanent	\$20
D2160	Amalgam – three surfaces, primary or permanent	\$23
D2161	Amalgam – four or more surfaces, primary or permanent	\$25
D2330	Resin-based composite – one surface, anterior	\$12
D2331	Resin-based composite – two surfaces, anterior	\$20
D2332	Resin-based composite – three surfaces, anterior	\$23
D2335	Resin-based composite – four or more surfaces or involving incisal angle (<i>anterior</i>)	\$25
D2390	Resin-based composite crown, anterior	\$30
D2391	Resin-based composite – one surface, posterior	\$30

Code	Service	Your and Your Dependent's Co-Payment
D2392	Resin-based composite – two surfaces, posterior	\$45
D2393	Resin-based composite – three surfaces, posterior	\$65
D2394	Resin-based composite – four or more surfaces, posterior	\$65

Crowns

- An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a \$75 Co-Payment per molar, for the use of porcelain.
- Cases involving seven (7) or more Crowns, implants and/or fixed Bridge units in the same treatment plan require an additional \$125 Co-Payment per unit in addition to the specified Co-Payment for each Crown, implant or Bridge unit.

D2510	Inlay – metallic – one surface	\$270
D2520	Inlay – metallic – two surfaces	\$270
D2530	Inlay – metallic – three or more surfaces	\$270
D2542	Onlay – metallic – two surfaces	\$270
D2543	Onlay – metallic – three surfaces	\$270
D2544	Onlay – metallic – four or more surfaces	\$270
D2610	Inlay – porcelain/ceramic – one surface	\$290
D2620	Inlay – porcelain/ceramic – two surfaces	\$290
D2630	Inlay – porcelain/ceramic – three or more surfaces	\$290
D2642	Onlay – porcelain/ceramic – two surfaces	\$290
D2643	Onlay – porcelain/ceramic – three surfaces	\$290
D2644	Onlay – porcelain/ceramic – four or more surfaces	\$290
D2650	Inlay – resin-based composite – one surface	\$290
D2651	Inlay – resin-based composite – two surfaces	\$290
D2652	Inlay – resin-based composite – three or more surfaces	\$290
D2662	Onlay – resin-based composite – two surfaces	\$290
D2663	Onlay – resin-based composite – three surfaces	\$290
D2664	Onlay – resin-based composite – four or more surfaces	\$290
D2710	Crown – resin-based composite (<i>indirect</i>)	\$290
D2712	Crown – ¾ resin-based composite (<i>indirect</i>)	\$290
D2720	Crown – resin with high noble metal	\$290
D2721	Crown – resin with predominantly base metal	\$290
D2722	Crown – resin with noble metal	\$290
D2740	Crown – porcelain/ceramic	\$310
D2750	Crown – porcelain fused to high noble metal	\$290
D2751	Crown – porcelain fused to predominantly base metal	\$290
D2752	Crown – porcelain fused to noble metal	\$290
D2753	Crown – porcelain fused to titanium and titanium alloys	\$290
D2780	Crown – ¾ cast high noble metal	\$290
D2781	Crown – ¾ cast predominantly base metal	\$290
D2782	Crown – ¾ cast noble metal	\$290
D2783	Crown – ¾ porcelain/ceramic	\$290
D2790	Crown – full cast high noble metal	\$290
D2791	Crown – full cast predominantly base metal	\$290
D2792	Crown – full cast noble metal	\$290
D2794	Crown – titanium and titanium alloys	\$290

Code	Service	Your and Your Dependent's Co-Payment
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	\$85
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$0
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$0
D2920	Re-cement or re-bond crown	\$0
D2930	Prefabricated stainless steel crown – primary tooth	\$25
D2931	Prefabricated stainless steel crown – permanent tooth	\$25
D2932	Prefabricated resin crown	\$45
D2933	Prefabricated stainless steel crown with resin window	\$45
D2940	Protective restoration	\$0
D2941	Interim therapeutic restoration - primary dentition	\$0
D2950	Core buildup, including any pins when required	\$75
D2951	Pin retention – per tooth, in addition to restoration	\$10
D2952	Post and core in addition to crown, indirectly fabricated	\$50
D2953	Each additional indirectly fabricated post – same tooth	\$50
D2954	Prefabricated post and core in addition to crown	\$30
D2955	Post removal	\$10
D2957	Each additional prefabricated post – same tooth	\$30
D2960	Labial veneer (<i>resin laminate</i>) – chairside	\$250
D2961	Labial veneer (<i>resin laminate</i>) – laboratory	\$300
D2962	Labial veneer (<i>porcelain laminate</i>) – laboratory	\$350
D2971	Additional procedures to construct new crown under existing partial denture framework	\$50
D2980	Crown repair necessitated by restorative material failure	\$0
D2981	Inlay repair necessitated by restorative material failure	\$0
D2982	Onlay repair necessitated by restorative material failure	\$0
D2983	Veneer repair necessitated by restorative material failure	\$0
D2990	Resin infiltration of incipient smooth surface lesions	\$0

Endodontics

- All procedures exclude final restoration.

D3110	Pulp cap – direct (<i>excluding final restoration</i>)	\$5
D3120	Pulp cap – indirect (<i>excluding final restoration</i>)	\$5
D3220	Therapeutic pulpotomy (<i>excluding final restoration</i>) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$40
D3221	Pulpal debridement, primary and permanent teeth	\$55
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$40
D3230	Pulpal therapy (<i>resorbable filling</i>) – anterior, primary tooth (<i>excluding final restoration</i>)	\$40
D3240	Pulpal therapy (<i>resorbable filling</i>) – posterior, primary tooth (<i>excluding final restoration</i>)	\$40
D3310	Endodontic therapy, anterior tooth (<i>excluding final restoration</i>)	\$115
D3320	Endodontic therapy, premolar tooth (<i>excluding final restoration</i>)	\$185

Code	Service	Your and Your Dependent's Co-Payment
D3330	Endodontic therapy, molar tooth (<i>excluding final restoration</i>)	\$265
D3331	Treatment of root canal obstruction; non-surgical access	\$85
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$110
D3333	Internal root repair of perforation defects	\$85
D3346	Retreatment of previous root canal therapy – anterior	\$230
D3347	Retreatment of previous root canal therapy – premolar	\$280
D3348	Retreatment of previous root canal therapy – molar	\$325
D3351	Apexification/recalcification – initial visit (<i>apical closure / calcific repair of perforations, root resorption, etc.</i>)	\$70
D3352	Apexification/recalcification – interim medication replacement	\$70
D3353	Apexification/recalcification – final visit (<i>includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.</i>)	\$70
D3355	Pulpal regeneration - initial visit	\$70
D3356	Pulpal regeneration - interim medication replacement	\$35
D3357	Pulpal regeneration - completion of treatment	\$70
D3410	Apicoectomy – anterior	\$95
D3421	Apicoectomy – premolar (<i>first root</i>)	\$95
D3425	Apicoectomy – molar (<i>first root</i>)	\$95
D3426	Apicoectomy (<i>each additional root</i>)	\$80
D3427	Periradicular surgery without apicoectomy	\$71
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	\$180
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	\$95
D3430	Retrograde filling – per root	\$60
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	\$95
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	\$215
D3450	Root amputation – per root	\$110
D3460	Endodontic endosseous implant	\$555
D3910	Surgical procedure for isolation of tooth with rubber dam	\$0
D3920	Hemisection (<i>including any root removal</i>), not including root canal therapy	\$90
D3950	Canal preparation and fitting of preformed dowel or post	\$15

Periodontics

- Periodontal charting for planning treatment of periodontal disease is included as part of overall diagnosis and treatment. No additional charge will apply to You or Your Dependent or Us.

D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	\$150
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$100
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$30

Code	Service	Your and Your Dependent's Co-Payment
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	\$170
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	\$130
D4245	Apically positioned flap	\$165
D4249	Clinical crown lengthening – hard tissue	\$160
D4260	Osseous surgery (<i>including elevation of a full thickness flap and closure</i>) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$330
D4261	Osseous surgery (<i>including elevation of a full thickness flap and closure</i>) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$248
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	\$180
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	\$95
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$95
D4266	Guided tissue regeneration – resorbable barrier, per site	\$215
D4267	Guided tissue regeneration – nonresorbable barrier, per site (<i>includes membrane removal</i>)	\$255
D4268	Surgical revision procedure, per tooth	\$0
D4270	Pedicle soft tissue graft procedure	\$250
D4273	Autogenous connective tissue graft procedure (<i>including donor and recipient surgical sites</i>) first tooth, implant, or edentulous tooth position in graft	\$75
D4274	Mesial/distal wedge procedure, single tooth (<i>when not performed in conjunction with surgical procedures in the same anatomical area</i>)	\$100
D4275	Non-autogenous connective tissue graft (<i>including recipient site and donor material</i>) first tooth, implant, or edentulous tooth position in graft	\$380
D4276	Combined connective tissue and double pedicle graft, per tooth	\$75
D4277	Free soft tissue graft procedure (<i>including recipient and donor surgical sites</i>) first tooth, implant or edentulous tooth position in graft	\$260
D4278	Free soft tissue graft procedure (<i>including recipient and donor surgical sites</i>) each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$130
D4283	Autogenous connective tissue graft procedure (<i>including donor and recipient surgical sites</i>) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$38
D4285	Non-autogenous connective tissue graft procedure (<i>including recipient surgical site and donor material</i>) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$190
D4320	Provisional splinting – intracoronal	\$95
D4321	Provisional splinting – extracoronal	\$85
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$50
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	\$38
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$5
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$50
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	\$65
D4910	Periodontal maintenance	\$40
D4920	Unscheduled dressing change (<i>by someone other than treating dentist or their staff</i>)	\$0
	• Additional periodontal maintenance procedures (<i>beyond 2 per 12 months</i>)	\$55

Code	Service	Your and Your Dependent's Co-Payment
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Removable Prosthodontics

- Delivery of removable and fixed Prosthodontics includes up to 3 adjustments within 6 months of delivery date of service.

D5110	Complete denture – maxillary	\$440
D5120	Complete denture – mandibular	\$440
D5130	Immediate denture – maxillary	\$440
D5140	Immediate denture – mandibular	\$440
D5211	Maxillary partial denture – resin base <i>(including, retentive/clasping materials, rests, and teeth)</i>	\$405
D5212	Mandibular partial denture – resin base <i>(including, retentive/clasping materials, rests, and teeth)</i>	\$405
D5213	Maxillary partial denture - cast metal framework with resin denture bases <i>(including retentive/clasping materials, rests and teeth)</i>	\$480
D5214	Mandibular partial denture - cast metal framework with resin denture bases <i>(including retentive/clasping materials, rests and teeth)</i>	\$480
D5221	Immediate maxillary partial denture - resin base <i>(including retentive/clasping materials, rests and teeth)</i> Includes limited follow-up care only; does not include future rebasing/relining procedure(s)	\$405
D5222	Immediate mandibular partial denture - resin base <i>(including retentive/clasping materials, rests and teeth)</i> Includes limited follow-up care only; does not include future rebasing/relining procedure(s)	\$405
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases <i>(including retentive/clasping materials, rests and teeth)</i> Includes limited follow-up care only; does not include future rebasing/relining procedure(s)	\$480
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases <i>(including retentive/clasping materials, rests and teeth)</i> Includes limited follow-up care only; does not include future rebasing/relining procedure(s)	\$480
D5225	Maxillary partial denture – flexible base <i>(including any clasps, rests and teeth)</i>	\$480
D5226	Mandibular partial denture – flexible base <i>(including any clasps, rests and teeth)</i>	\$480
D5282	Removable unilateral partial denture – one piece cast metal <i>(including clasps and teeth)</i> , maxillary	\$360
D5283	Removable unilateral partial denture – one piece cast metal <i>(including clasps and teeth)</i> , mandibular	\$360
D5284	Removable unilateral partial denture – one piece flexible base <i>(including clasps and teeth)</i> – per quadrant	\$180
D5286	Removable unilateral partial denture – one piece resin <i>(including clasps and teeth)</i> – per quadrant	\$180
D5410	Adjust complete denture – maxillary	\$20
D5411	Adjust complete denture – mandibular	\$20
D5421	Adjust partial denture – maxillary	\$20
D5422	Adjust partial denture – mandibular	\$20
D5511	Repair broken complete denture base, mandibular	\$50
D5512	Repair broken complete denture base, maxillary	\$50
D5520	Replace missing or broken teeth – complete denture <i>(each tooth)</i>	\$40
D5611	Repair resin partial denture base, mandibular	\$50
D5612	Repair resin partial denture base, maxillary	\$50
D5621	Repair cast partial framework, mandibular	\$50
D5622	Repair cast partial framework, maxillary	\$50
D5630	Repair or replace broken retentive clasping materials – per tooth	\$70
D5640	Replace broken teeth – per tooth	\$40

Code	Service	Your and Your Dependent's Co-Payment
D5650	Add tooth to existing partial denture	\$60
D5660	Add clasp to existing partial denture - per tooth	\$70
D5670	Replace all teeth and acrylic on cast metal framework (<i>maxillary</i>)	\$165
D5671	Replace all teeth and acrylic on cast metal framework (<i>mandibular</i>)	\$165
D5710	Rebase complete maxillary denture	\$125
D5711	Rebase complete mandibular denture	\$125
D5720	Rebase maxillary partial denture	\$125
D5721	Rebase mandibular partial denture	\$125
D5730	Reline complete maxillary denture (<i>chairside</i>)	\$100
D5731	Reline complete mandibular denture (<i>chairside</i>)	\$100
D5740	Reline maxillary partial denture (<i>chairside</i>)	\$90
D5741	Reline mandibular partial denture (<i>chairside</i>)	\$90
D5750	Reline complete maxillary denture (<i>laboratory</i>)	\$130
D5751	Reline complete mandibular denture (<i>laboratory</i>)	\$130
D5760	Reline maxillary partial denture (<i>laboratory</i>)	\$130
D5761	Reline mandibular partial denture (<i>laboratory</i>)	\$130
D5810	Interim complete denture (<i>maxillary</i>)	\$230
D5811	Interim complete denture (<i>mandibular</i>)	\$230
D5820	Interim partial denture (<i>maxillary</i>)	\$160
D5821	Interim partial denture (<i>mandibular</i>)	\$170
D5850	Tissue conditioning, maxillary	\$40
D5851	Tissue conditioning, mandibular	\$40
D5862	Precision attachment, by report	\$160
D5876	Add metal substructure to acrylic full denture (<i>per arch</i>)	\$110
Implant Services		
Pre-Surgical Services		
D6190	Radiographic/surgical implant index, by report	\$130
Surgical Services		
D6010	Surgical placement of implant body: endosteal implant	\$1,005
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$770
D6013	Surgical placement of mini implant	\$1,005
D6040	Surgical placement: eposteal implant	\$1,860
D6050	Surgical placement: transosteal implant	\$1,170
D6051	Interim abutment	\$123
D6052	Semi-precision attachment abutment	\$335
D6100	Implant removal, by report	\$240
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	\$39
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	\$75
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure	\$100
D6104	Bone graft at time of implant placement	\$100

Code	Service	Your and Your Dependent's Co-Payment
Implant Supported Prosthetics		
<ul style="list-style-type: none"> • An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a \$75 Co-Payment per molar, for the use of porcelain. • Cases involving seven (7) or more Crowns, implants and/or fixed Bridge units in the same treatment plan require an additional \$125 Co-Payment per unit in addition to the specified Co-Payment for each Crown, implant or Bridge unit. 		
D6055	Connecting bar – implant supported or abutment supported	\$345
D6056	Prefabricated abutment – includes modification and placement	\$245
D6057	Custom fabricated abutment – includes placement	\$335
D6058	Abutment supported porcelain/ceramic crown	\$685
D6059	Abutment supported porcelain fused to metal crown (<i>high noble metal</i>)	\$660
D6060	Abutment supported porcelain fused to metal crown (<i>predominantly base metal</i>)	\$640
D6061	Abutment supported porcelain fused to metal crown (<i>noble metal</i>)	\$645
D6062	Abutment supported cast metal crown (<i>high noble metal</i>)	\$655
D6063	Abutment supported cast metal crown (<i>predominantly base metal</i>)	\$640
D6064	Abutment supported cast metal crown (<i>noble metal</i>)	\$720
D6065	Implant supported porcelain/ceramic crown	\$725
D6066	Implant supported crown - porcelain fused to high noble alloys. A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant	\$700
D6067	Implant supported crown - high noble alloys. A single metal crown restoration that is retained, supported and stabilized by an implant	\$725
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$680
D6069	Abutment supported retainer for porcelain fused to metal FPD (<i>high noble metal</i>)	\$680
D6070	Abutment supported retainer for porcelain fused to metal FPD (<i>predominantly base metal</i>)	\$595
D6071	Abutment supported retainer for porcelain fused to metal FPD (<i>noble metal</i>)	\$635
D6072	Abutment supported retainer for cast metal FPD (<i>high noble metal</i>)	\$625
D6073	Abutment supported retainer for cast metal FPD (<i>predominantly base metal</i>)	\$445
D6074	Abutment supported retainer for cast metal FPD (<i>noble metal</i>)	\$640
D6075	Implant supported retainer for ceramic FPD	\$720
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys. A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an implant	\$700
D6077	Implant supported retainer for metal FPD - high noble alloys. A metal retainer for a fixed partial denture that gains retention, support and stability from an implant	\$510
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prosthesis and abutments	\$55
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$20
D6082	Implant supported crown – porcelain fused to predominantly base alloys	\$640
D6083	Implant supported crown – porcelain fused to noble alloys	\$645
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	\$650
D6086	Implant supported crown – predominantly base alloys	\$640

Code	Service	Your and Your Dependent's Co-Payment
D6087	Implant supported crown – noble alloys	\$720
D6088	Implant supported crown – titanium and titanium alloys	\$650
D6090	Repair implant supported prosthesis, by report	\$190
D6091	Replacement of semi-precision or precision attachment (<i>male or female component</i>) of implant/abutment supported prosthesis, per attachment	\$170
D6092	Re-cement or re-bond implant/abutment supported crown	\$50
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$70
D6094	Abutment supported crown - titanium and titanium alloys. A single crown restoration that is retained, supported and stabilized by an abutment on an implant	\$650
D6095	Repair implant abutment, by report	\$140
D6096	Remove broken implant retaining screw	\$24
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	\$700
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	\$595
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	\$635
D6110	Implant/abutment supported removable denture for edentulous arch-maxillary	\$995
D6111	Implant/abutment supported removable denture for edentulous arch-mandibular	\$995
D6112	Implant/abutment supported removable denture for partially edentulous arch-maxillary	\$945
D6113	Implant/abutment supported removable denture for partially edentulous arch-mandibular	\$945
D6114	Implant/abutment supported fixed denture for edentulous arch-maxillary	\$2,380
D6115	Implant/abutment supported fixed denture for edentulous arch-mandibular	\$2,380
D6116	Implant/abutment supported fixed denture for partially edentulous arch-maxillary	\$1,410
D6117	Implant/abutment supported fixed denture for partially edentulous arch-mandibular	\$1,410
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	\$520
D6121	Implant supported retainer for metal FPD – predominantly base alloys	\$445
D6122	Implant supported retainer for metal FPD – noble alloys	\$640
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	\$520
D6194	Abutment supported retainer crown for FPD – titanium and titanium alloys. A retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant	\$520
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	\$510

Crowns/Fixed Bridges - Per Unit

- An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a \$75 Co-Payment per molar, for the use of porcelain.
- Cases involving seven (7) or more Crowns, implants and/or fixed Bridge units in the same treatment plan require an additional \$125 Co-Payment per unit in addition to the specified Co-Payment for each Crown, implant or Bridge unit.

D6205	Pontic – indirect resin based composite	\$290
D6210	Pontic – cast high noble metal	\$290
D6211	Pontic – cast predominantly base metal	\$290
D6212	Pontic – cast noble metal	\$290
D6214	Pontic – titanium and titanium alloys	\$290
D6240	Pontic – porcelain fused to high noble metal	\$290
D6241	Pontic – porcelain fused to predominantly base metal	\$290

Code	Service	Your and Your Dependent's Co-Payment
D6242	Pontic – porcelain fused to noble metal	\$290
D6243	Pontic – porcelain fused to titanium and titanium alloys	\$290
D6245	Pontic – porcelain/ceramic	\$310
D6250	Pontic – resin with high noble metal	\$290
D6251	Pontic – resin with predominantly base metal	\$290
D6252	Pontic – resin with noble metal	\$290
D6253	Provisional pontic – further treatment or completion of diagnosis necessary prior to final impression	\$85
D6545	Retainer – cast metal for resin bonded fixed prosthesis	\$120
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	\$120
D6549	Resin retainer – for resin bonded fixed prosthesis	\$90
D6600	Retainer inlay – porcelain/ceramic, two surfaces	\$290
D6601	Retainer inlay – porcelain/ceramic, three or more surfaces	\$290
D6602	Retainer inlay – cast high noble metal, two surfaces	\$290
D6603	Retainer inlay – cast high noble metal, three or more surfaces	\$290
D6604	Retainer inlay – cast predominantly base metal, two surfaces	\$290
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces	\$290
D6606	Retainer inlay – cast noble metal, two surfaces	\$290
D6607	Retainer inlay – cast noble metal, three or more surfaces	\$290
D6608	Retainer onlay – porcelain/ceramic, two surfaces	\$290
D6609	Retainer onlay – porcelain/ceramic, three or more surfaces	\$290
D6610	Retainer onlay – cast high noble metal, two surfaces	\$290
D6611	Retainer onlay – cast high noble metal, three or more surfaces	\$290
D6612	Retainer onlay – cast predominantly base metal, two surfaces	\$290
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces	\$290
D6614	Retainer onlay – cast noble metal, two surfaces	\$290
D6615	Retainer onlay – cast noble metal, three or more surfaces	\$290
D6624	Retainer inlay – titanium	\$290
D6634	Retainer onlay – titanium	\$290
D6710	Retainer crown – indirect resin based composite	\$290
D6720	Retainer crown – resin with high noble metal	\$290
D6721	Retainer crown – resin with predominantly base metal	\$290
D6722	Retainer crown – resin with noble metal	\$290
D6740	Retainer crown – porcelain/ceramic	\$290
D6750	Retainer crown – porcelain fused to high noble metal	\$290
D6751	Retainer crown – porcelain fused to predominantly base metal	\$290
D6752	Retainer crown – porcelain fused to noble metal	\$290
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	\$290
D6780	Retainer crown – ¾ cast high noble metal	\$290
D6781	Retainer crown – ¾ cast predominantly base metal	\$290
D6782	Retainer crown – ¾ cast noble metal	\$290
D6783	Retainer crown – ¾ porcelain/ceramic	\$290
D6784	Retainer crown – ¾ titanium and titanium alloys	\$290
D6790	Retainer crown – full cast high noble metal	\$290

Code	Service	Your and Your Dependent's Co-Payment
D6791	Retainer crown – full cast predominantly base metal	\$290
D6792	Retainer crown – full cast noble metal	\$290
D6793	Provisional retainer crown – further treatment or completion of diagnosis necessary prior to final impression	\$85
D6794	Retainer crown – titanium and titanium alloys	\$290
D6930	Re-cement or re-bond fixed partial denture	\$0
D6940	Stress breaker	\$110
D6950	Precision attachment	\$195
D6980	Fixed partial denture repair necessitated by restorative material failure	\$45

Oral Surgery

- Includes routine post operative visits/treatment.
- The removal of asymptomatic third molars is not a Covered Service unless pathology (*disease*) exists.

D7111	Extraction, coronal remnants – primary tooth	\$5
D7140	Extraction, erupted tooth or exposed root (<i>elevation and/or forceps removal</i>)	\$5
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	\$50
D7220	Removal of impacted tooth – soft tissue	\$50
D7230	Removal of impacted tooth – partially bony	\$65
D7240	Removal of impacted tooth – completely bony	\$135
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$150
D7250	Removal of residual tooth roots (<i>cutting procedure</i>)	\$40
D7251	Coronectomy – intentional partial tooth removal	\$135
D7260	Oroantral fistula closure	\$270
D7261	Primary closure of a sinus perforation	\$275
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$80
D7280	Exposure of an unerupted tooth	\$100
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$90
D7283	Placement of an attachment on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280.	\$90
D7285	Incisional biopsy of oral tissue – hard (<i>bone, tooth</i>)	\$150
D7286	Incisional biopsy of oral tissue – soft	\$60
D7287	Exfoliative cytological sample collection	\$50
D7288	Brush biopsy – transepithelial sample collection	\$50
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$40
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$40
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$25
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$190

Code	Service	Your and Your Dependent's Co-Payment
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$65
D7340	Vestibuloplasty – ridge extension (<i>secondary epithelialization</i>)	\$370
D7350	Vestibuloplasty – ridge extension (<i>including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue</i>)	\$990
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$130
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$335
D7471	Removal of lateral exostosis (<i>maxilla or mandible</i>)	\$80
D7472	Removal of torus palatinus	\$60
D7473	Removal of torus mandibularis	\$60
D7485	Reduction of osseous tuberosity	\$60
D7510	Incision and drainage of abscess – intraoral soft tissue	\$35
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (<i>includes drainage of multiple fascial spaces</i>)	\$35
D7520	Incision and drainage of abscess – extraoral soft tissue	\$35
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (<i>includes drainage of multiple fascial spaces</i>)	\$35
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$125
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$505
D7910	Suture of recent small wounds up to 5 cm	\$25
D7921	Collection and application of autologous blood concentrate product	\$95
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report	\$600
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$825
D7952	Sinus augmentation via a vertical approach	\$825
D7953	Bone replacement graft for ridge preservation – per site	\$100
D7960	Frenulectomy – aka frenectomy or frenotomy – separate procedure not incidental to another procedure	\$90
D7963	Frenuloplasty	\$90
D7970	Excision of hyperplastic tissue – per arch	\$55
D7971	Excision of pericoronal gingiva	\$40
D7972	Surgical reduction of fibrous tuberosity	\$125

Orthodontics

- Benefits cover twenty-four (24) months of usual & customary Orthodontic treatment and an additional twenty four (24) months of retention.
 - Comprehensive Orthodontic benefits include all phases of treatment and fixed/removable appliances.
- | | | |
|-------|---|---------|
| D8010 | Limited orthodontic treatment of the primary dentition | \$1,095 |
| D8020 | Limited orthodontic treatment of the transitional dentition | \$1,095 |
| D8030 | Limited orthodontic treatment of the adolescent dentition | \$1,095 |
| D8040 | Limited orthodontic treatment of the adult dentition | \$1,095 |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition | \$2,095 |

Code	Service	Your and Your Dependent's Co-Payment
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$2,095
D8090	Comprehensive orthodontic treatment of the adult dentition	\$2,095
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$35
D8670	Periodic orthodontic treatment visit	\$35
D8680	Orthodontic retention (<i>removal of appliances, construction and placement of retainer(s)</i>)	\$300
D8681	Removable orthodontic retainer adjustment	\$0
D8698	Re-cement or re-bond fixed retainer – maxillary	\$0
D8699	Re-cement or re-bond fixed retainer – mandibular	\$0
D8701	Repair of fixed retainer, includes reattachment – maxillary	\$0
D8702	Repair of fixed retainer, includes reattachment – mandibular	\$0
	<ul style="list-style-type: none"> • There is a Co-Payment of \$250 for Orthodontic treatment planning and records (<i>pre/post x-rays (cephalometric, panoramic, etc.), photos, study models</i>). • There is a Co-Payment of \$25 per visit for Orthodontic visits beyond twenty-four (24) months of active treatment or retention. 	

Adjunctive General Services

D9110	Palliative (<i>emergency</i>) treatment of dental pain – minor procedure	\$10
D9120	Fixed partial denture sectioning	\$0
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0
D9211	Regional block anesthesia	\$0
D9212	Trigeminal division block anesthesia	\$0
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	\$0
D9222	Deep sedation/general anesthesia – first 15 minutes	\$60
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	\$60
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$15
D9239	Intravenous moderate (<i>conscious</i>) sedation/analgesia- first 15 minutes	\$60
D9243	Intravenous moderate (<i>conscious</i>) sedation/analgesia – each subsequent 15 minute increment	\$60
D9248	Non-intravenous conscious sedation	\$15
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0
D9311	Drugs or medicaments dispensed in the office for home use	\$0
D9430	Office visit for observation (<i>during regularly scheduled hours</i>) – no other services performed	\$0
D9440	Office visit – after regularly scheduled hours	\$30
D9450	Case presentation, detailed and extensive treatment planning	\$0
D9610	Therapeutic parenteral drug, single administration	\$15
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$25
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites	\$15
D9630	Drugs or medicaments dispensed in the office for home use	\$15
D9910	Application of desensitizing medicament	\$15
D9930	Treatment of complication (<i>post-surgical</i>) – unusual circumstances, by report	\$0
D9932	Cleaning and inspection of removable complete denture, maxillary	\$55
D9933	Cleaning and inspection of removable complete denture, mandibular	\$55
D9934	Cleaning and inspection of removable partial denture, maxillary	\$55

Code	Service	Your and Your Dependent's Co-Payment
D9935	Cleaning and inspection of removable partial denture, mandibular	\$55
D9942	Repair and/or relines of occlusal guard	\$40
D9943	Occlusal guard adjustment	\$10
D9944	Occlusal guard – hard appliance, full arch	\$85
D9945	Occlusal guard – soft appliance, full arch	\$85
D9946	Occlusal guard – hard appliance, partial arch	\$64
D9951	Occlusal adjustment – limited	\$30
D9952	Occlusal adjustment – complete	\$100
D9986	Missed appointment (<i>less than 24-hr notice</i>)	Not to exceed \$25
D9987	Cancelled appointment (<i>if less than 24-hr notice, see D9986</i>)	\$0

Current Dental Terminology © American Dental Association

Dental benefits: Limitations and additional charges

General

1. Specialty Care Dentists will accept the contracted fee for all Covered Services.
2. General anesthesia or IV sedation is a Covered Service only if it is provided in a Selected General Dental Office, administered by the Selected General Dentist or Specialty Care Dentist, and is in conjunction with covered oral and periodontal surgical procedures or when deemed necessary by the Selected General Dentist or Specialty Care Dentist.
3. Sterilization and infection control are not billable to Us or You or Your Dependent and are included within the charges for other services provided on that date of service.
 - a. Local Anesthetic is included in all restorative and surgical procedure fees.
 - b. All adhesives, liners, bases and occlusal adjustments are included as a part of the restorative procedure.

Diagnostic

1. Panoramic or full mouth x-rays (*including bitewings*): once every three (3) years, unless Dentally Necessary for a specific dental problem.
2. All costs for additional periapical and bitewing x-rays provided on the same day that a full mouth x-ray is provided to You or Your Dependent are included in the costs for the full mouth x-ray.

Preventive

1. Routine cleanings (*oral Prophylaxis*), periodontal maintenance services (*following active periodontal therapy*) and fluoride treatments are limited to twice a year. Two (2) additional cleanings (*routine and periodontal*) are available at the Co-Payment listed in the SCHEDULE OF BENEFITS. Additional Prophylaxis are available, if Dentally Necessary.
2. Sealants and/or preventive resin restorations: Plan benefit applies to primary and permanent molar teeth, limited to age 19, one (1) per tooth, per thirty-six (36) months, unless Dentally Necessary.
3. Space maintainers are covered to age 14 once per area, per lifetime. Replacement of lost space maintainers are not a Covered Service.

Restorative Treatment

Crowns, Implants and Fixed Bridges

1. An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal.
2. Cases involving seven (7) or more Crowns, implants and/or fixed Bridge units in the same treatment plan require an additional \$125 Co-Payment per unit in addition to the specified Co-Payment for each Crown, implant or Bridge unit.
3. There is a \$75 Co-Payment per molar, for the use of porcelain.
4. Prefabricated stainless steel Crowns or prefabricated resin Crowns are limited to no more than one (1) replacement for the same tooth surface within five (5) years.
5. Charges for temporary Crowns/restorations are included within the costs of the permanent Crown/restoration.
6. Provisional Crowns/restorations are to be used for an interim of at least six (6) months duration. Interim Crowns/restorations are to be used for a period of at least two (2) months duration. These procedures are to be utilized during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations.
7. Replacement of any Cast Restorations with the same or a different type of Cast Restoration are limited to no more than once every five (5) years.
8. Core buildups are limited to no more than once per tooth in a period of five (5) years.
9. Post and cores are limited to no more than once per tooth in a period of five (5) years.
10. Labial veneers are limited to no more than once per tooth in a period of five (5) years.

Prosthodontics

1. Relinings and rebasings are limited to one (1) every twelve (12) months.
2. Dentures (*full or partial*): Replacement only after five (5) years have elapsed following any prior provision of such Dentures under a SafeGuard Plan, unless due to the loss of a natural tooth which cannot be added to the existing partial. Replacements will be a benefit under this Plan only if the existing Denture is unsatisfactory and cannot be made satisfactory as determined by the treating Selected General Dentist or Specialty Care Dentist.
3. Replacement of an immediate full Denture with a permanent full Denture if the immediate full Denture cannot be made permanent and such replacement is done within twelve (12) months of the installation of the immediate full Denture.
4. Adjustments of Dentures if at least six (6) months have passed since the installation of the existing removable Denture.
5. Delivery of removable and fixed Prosthodontics includes up to three (3) adjustments within six (6) months of delivery date of service.
6. Tissue conditioning eligible one (1) per appliance each twenty-four (24) months.

7. Provisional prostheses are to be used for an interim of at least six (6) months duration. Interim prostheses are to be used for a period of at least two (2) months duration. These procedures are to be utilized during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations.

Implant Services

1. Implants are limited to no more than once for the same tooth position in a five (5) year period.
2. Repairs of implants are limited to not more than once in a twelve (12) month period.
3. Implant supported prosthetics are limited to no more than once for the same tooth position in a five (5) year period:
 - when needed to replace congenitally missing teeth; or
 - when needed to replace natural teeth.
4. The following are limited to no more than two (2) each per year: Implants, Implant supported prosthetics, and Implant abutments.

Endodontics

1. The Co-Payments listed for Endodontic procedures do not include the cost of the final restoration.
2. Materials used for canal irrigation are included in the Endodontic procedure fees.

Oral Surgery

1. The removal of asymptomatic third molars is not a Covered Service. Pathology (*disease*) must exist for it to be covered by the program.
2. Includes routine post operative visits/treatments.

Periodontics

1. Irrigation (*such as Chlorhexidine*), is included with the other services rendered that day.
2. Local chemotherapeutic agents are limited to no more than six (6) teeth per arch. Treatment plans involving more than six (6) teeth per arch, require prior Plan approval.
3. Periodontal maintenance is eligible following active periodontal therapy, which includes scaling and root planing, surgery, etc.
4. Periodontal scaling and root planing, is limited to not more than once per Quadrant in any twenty-four (24) month period.
5. Periodontal surgery, including gingivectomy, gingivoplasty and osseous surgery, is limited to no more than one surgical procedure per Quadrant in any thirty-six (36) month period.
6. Periodontal charting for planning treatment of periodontal disease is included as part of overall diagnosis and treatment. No additional charge will apply to You or Your Dependent or Us.

Orthodontics

1. If You or Your Dependent require the services of an orthodontist, a referral must first be facilitated by Your Selected General Dentist. If a referral is not obtained before the Orthodontic treatment begins, You will be responsible for all costs associated with any Orthodontic treatment.
2. If You or Your Dependent terminate coverage from the SafeGuard Plan after the start of Orthodontic treatment, You will be responsible for any additional charges incurred for the remaining Orthodontic treatment.
3. Orthodontic treatment must be provided by a Selected General Dentist or Specialty Care Dentist whose specialty is orthodontics or pediatric dentistry for the Co-Payments listed in this SCHEDULE OF BENEFITS to apply.
4. Plan benefits shall cover twenty-four (24) months of usual and customary Orthodontic treatment and an additional twenty-four (24) months of retention. Treatment extending beyond such time periods will be subject to a charge of \$25 per visit.
5. The retention phase of treatment shall include the construction, placement, and adjustment of retainers.
6. If You or Your Dependent started orthodontic treatment before Your coverage for Yourself or that Dependent started under this group contract, Continuing Orthodontic treatment is available under this group contract for You or Your Dependent under any of the following circumstances:
 - a. You were covered under the terms of a dental plan provided by SafeGuard and, due to an acquisition, are now covered under the terms of this group contract;
 - b. You were covered under the terms of a dental plan provided by a carrier other than SafeGuard and are now covered under the terms of this group contract because the Contract holder subsequently contracts with SafeGuard;
 - c. You become eligible for DHMO benefits under the terms of this group contract because of Your status as a new employee; or
 - d. You were covered under the terms of a dental plan and received orthodontic services which were not covered because that dental plan did not offer orthodontic coverage.

Upon receipt of a completed Continuing Orthodontic Form by Us, with all supporting documentation, We will accept liability for continuing payment of the remaining balance owed, up to a maximum of \$1,500 times the percentage of the total treatment remaining as of this group contract's Effective Date, subject to the section titled DENTAL BENEFITS: LIMITATIONS AND ADDITIONAL CHARGES and DENTAL BENEFITS: EXCLUSIONS. Continuing Orthodontic treatment will be available if You enroll within 30 days of the date You become eligible for benefits under the terms of this group contract.

Dental benefits: Exclusions

1. Any procedures not specifically listed as a Covered Service in this SCHEDULE OF BENEFITS or dental procedures or services performed solely for Cosmetic purposes (*unless specifically listed as a Covered Service in this SCHEDULE OF BENEFITS*), are not covered.
2. Covered Services must be performed by Your Selected General Dental Office or a SafeGuard Specialty Care Dentist to whom You are referred in accordance with the terms of Your evidence of coverage and SCHEDULE OF BENEFITS. Services performed by any Dentist not contracted with SafeGuard are not Covered Services, without prior approval by SafeGuard or Your Selected General Dentist, in accordance with the terms of Your evidence of coverage and SCHEDULE OF BENEFITS (*except for out-of-area emergency services*).
3. Dental procedures started prior to Your or Your Dependent's eligibility under this SCHEDULE OF BENEFITS or started after Your or Your Dependent's benefits have ended. For example, teeth prepared for Crowns, root canals in progress (*the tooth has been opened into the pulp (nerve chamber)*), or full or partial Dentures for which an impression has been taken.
4. Any dental services, or appliances, which are determined to be not reasonable and/or necessary for maintaining or improving You or Your Dependent's dental health, as determined by the Selected General Dentist, and Us based on generally accepted dental standards of care.
5. Orthognathic surgery.
6. Inpatient/outpatient hospital charges of any kind, including prescriptions or medications. General anesthesia or IV sedation is not covered for any reason if rendered in an out patient facility or hospital. Dental charges will be covered, if the procedure performed is covered by the Plan.
7. Replacement of Dentures, Crowns, appliances or Bridgework that have been lost, stolen or damaged.
8. Treatment of malignancies, cysts, or neoplasms, unless specifically listed as a Covered Service in the SCHEDULE OF BENEFITS. Any services related to pathology laboratory fees.
9. Procedures, appliances, or restorations whose primary purpose is to change the vertical dimension of occlusion, correct congenital malformation, developmental, or medically induced dental disorders including, but not limited to, treatment of myofunctional, myoskeletal, or temporomandibular joint disorders unless otherwise specifically listed as a Covered Service in this SCHEDULE OF BENEFITS.
10. Dental services provided for or paid by a federal or state government agency or authority, political subdivision, or other public program other than Medicaid or Medicare.
11. Dental services required while serving in the armed forces of any country or international authority.
12. Dental services considered Experimental in nature.
13. Treatment required due to an accident from an external force, unless otherwise listed as Covered Service in this SCHEDULE OF BENEFITS.
14. The following are not included as Orthodontic benefits:
 - Repair or replacement of lost or broken appliances;
 - Retreatment of Orthodontic cases;
 - Treatment involving:
 - Maxillo-facial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia;
 - Hormonal imbalances or other factors affecting growth or developmental abnormalities;
 - Treatment related to temporomandibular joint disorders;
 - Composite or ceramic brackets, lingual adaptation of Orthodontic bands and other specialized or Cosmetic alternatives to standard fixed and removable Orthodontic appliances.
 - Invisalign services are excluded.



Metropolitan Life Insurance Company
200 Park Avenue, New York, New York 10166-0188

CERTIFICATE OF INSURANCE

Metropolitan Life Insurance Company ("MetLife"), a stock company, certifies that You and Your Dependents are insured for the benefits described in this certificate, subject to the provisions of this certificate. This certificate is issued to You under the Group Policy and it includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.**

This certificate is part of the Group Policy. The Group Policy is a contract between MetLife and the Employer and may be changed or ended without Your consent or notice to You.

This certificate describes insurance provided by a certificate previously issued to You by MetLife and replaces such previous certificate.

Employer: Central Florida Regional Transport Authority
dba LYNX

Group Policy Number: TM 05985918-G

Type of Insurance: Dental Insurance

MetLife Toll Free Number(s):
For General Information 1-800-275-4638

THIS CERTIFICATE ONLY DESCRIBES DENTAL INSURANCE.

THE GROUP INSURANCE POLICY PROVIDING COVERAGE UNDER THIS CERTIFICATE WAS ISSUED IN A JURISDICTION OTHER THAN MARYLAND AND MAY NOT PROVIDE ALL THE BENEFITS REQUIRED BY MARYLAND LAW.

For Residents of North Dakota: If you are not satisfied with your Certificate, You may return it to Us within 20 days after You receive it, unless a claim has previously been received by Us under Your Certificate. We will refund within 30 days of our receipt of the returned Certificate any Premium that has been paid and the Certificate will then be considered to have never been issued. You should be aware that, if you elect to return the Certificate for a refund of premiums, losses which otherwise would have been covered under your Certificate will not be covered.

WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICE(S) WHICH APPEAR ON THIS PAGE AND IN THE NOTICE(S) SECTION WHICH FOLLOWS THIS PAGE. PLEASE READ THE(SE) NOTICE(S) CAREFULLY.

NOTICE FOR RESIDENTS OF FLORIDA

Dental Insurance benefits for Covered Services are subject to a Deductible.

For Texas Residents:

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call MetLife's toll free telephone number for information or to make a complaint at

1-800-275-4638

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

1-800-252-3439

You may write the Texas Department of Insurance
P.O. Box 149104
Austin, TX 78714-9104
Fax # (512) 475-1771

Web: <http://www.tdi.state.tx.us>

Email: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES: Should You have a dispute concerning Your premium or about a claim You should contact MetLife first. If the dispute is not resolved, You may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR CERTIFICATE:

This notice is for information only and does not become a part or condition of the attached document.

Para Residentes de Texas:

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de MetLife para informacion o para someter una queja al

1-800-275-4638

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas
P.O. Box 149104
Austin, TX 78714-9104
Fax # (512) 475-1771

Web: <http://www.tdi.state.tx.us>

Email: ConsumerProtection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O RECLAMOS: Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con MetLife primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU CERTIFICADO:

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

NOTICE FOR RESIDENTS OF TEXAS

DENTAL INSURANCE: PROCEDURES FOR DENTAL CLAIMS

If You reside in Texas, note the following Procedures for Dental Claims will be followed:

Procedures for Presenting Claims for Dental Insurance Benefits

All claim forms needed to file for Dental Insurance benefits under the group insurance program can be obtained from the Employer who can also answer questions about the insurance benefits and to assist You or, if applicable, Your beneficiary in filing claims. Dental claim forms can also be downloaded from www.metlife.com/dental. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully.

Routine Questions on Dental Insurance Claims

If there is any question about a claim payment, an explanation may be requested from MetLife by dialing 1-800-275-4638.

Claim Submission

For claims for Dental Insurance benefits, the claimant must complete the appropriate claim form and submit the required proof as described in the FILING A CLAIM section of the certificate.

Claim forms must be submitted in accordance with the instructions on the claim form.

Initial Determination

After You submit a claim for Dental Insurance benefits to MetLife, MetLife will notify You acknowledging receipt of Your claim, commence with any investigation, and request any additional information within 15 days of receipt of Your claim.

MetLife will notify You in writing of the acceptance or rejection of Your claim within 15 business days of receipt of all information needed to process Your claim.

If MetLife cannot accept or reject Your claim within 15 business days after receipt of all information, MetLife will notify You within 15 business days stating the reason why we require an extension. If an extension is requested, We will notify You of our decision to approve or deny Your claim within 45 days. Upon notification of approval, Your claim will be paid within 5 business days.

If MetLife denies Your claim in whole or in part, the notification of the claims decision will state the reason why Your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because MetLife did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. Further, if an internal rule, protocol, guideline or other criterion was relied upon in making the denial, the claims decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that You may request a copy free of charge.

Appealing the Initial Determination

If MetLife denies Your claim, You may take two appeals of the initial determination. Upon Your written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim. You must submit Your appeal to MetLife at the address indicated on the claim form within 180 days of receiving MetLife's decision. Appeals must be in writing and must include at least the following information:

- Name of Employee
- Name of the Plan
- Reference to the initial decision
- Whether the appeal is the first or second appeal of the initial determination
- An explanation why You are appealing the initial determination.

NOTICE FOR RESIDENTS OF TEXAS

As part of each appeal, You may submit any written comments, documents, records, or other information relating to Your claim.

After MetLife receives Your written request appealing the initial determination or determination on the first appeal, MetLife will conduct a full and fair review of Your claim. Deference will not be given to initial denials, and MetLife's review will look at the claim anew. The review on appeal will take into account all comments, documents, records, and other information that You submit relating to Your claim without regard to whether such information was submitted or considered in the initial determination. The person who will review Your appeal will not be the same person as the person who made the initial decision to deny Your claim. In addition, the person who is reviewing the appeal will not be a subordinate of the person who made the initial decision to deny Your claim. If the initial denial is based in whole or in part on a medical judgment, MetLife will consult with a health care professional with appropriate training and experience in the field of dentistry involved in the judgment. This health care professional will not have consulted on the initial determination, and will not be a subordinate of any person who was consulted on the initial determination.

MetLife will notify You in writing of its final decision within 30 days after MetLife's receipt of Your written request for review, except that under special circumstances MetLife may have up to an additional 30 days to provide written notification of the final decision. If such an extension is required, MetLife will notify You prior to the expiration of the initial 30 day period, state the reason(s) why such an extension is needed, and state when it will make its determination.

If MetLife denies the claim on appeal, MetLife will send You a final written decision that states the reason(s) why the claim You appealed is being denied and references any specific Plan provision(s) on which the denial is based. If an internal rule, protocol, guideline or other criterion was relied upon in denying the claim on appeal, the final written decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that You may request a copy free of charge. Upon written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim.

NOTICE FOR RESIDENTS OF TEXAS

The exclusion of services which are primarily cosmetic will not apply to the treatment or correction of a congenital defect of a newborn child.

NOTICE FOR RESIDENTS OF ARKANSAS

If You have a question concerning Your coverage or a claim, first contact the Policyholder or group account administrator. If, after doing so, You still have a concern, You may call the toll free telephone number shown on the Certificate Face Page.

If You are still concerned after contacting both the Policyholder and MetLife, You should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201
(501) 371-2640 or (800) 852-5494

NOTICE FOR RESIDENTS OF CALIFORNIA

IMPORTANT NOTICE

TO OBTAIN ADDITIONAL INFORMATION, OR TO MAKE A COMPLAINT, CONTACT THE POLICYHOLDER OR THE METLIFE CLAIM OFFICE SHOWN ON THE EXPLANATION OF BENEFITS YOU RECEIVE AFTER FILING A CLAIM.

IF, AFTER CONTACTING THE POLICYHOLDER AND/OR METLIFE, YOU FEEL THAT A SATISFACTORY SOLUTION HAS NOT BEEN REACHED, YOU MAY FILE A COMPLAINT WITH THE CALIFORNIA INSURANCE DEPARTMENT AT:

**DEPARTMENT OF INSURANCE
300 SOUTH SPRING STREET
LOS ANGELES, CA 90013
1 (800) 927-4357**

NOTICE FOR RESIDENTS OF THE STATE OF CALIFORNIA

California law provides that for dental insurance, domestic partners of California's residents must be treated the same as spouses. If the certificate does not already have a definition of domestic partner, then the following definition applies:

“Domestic Partner means each of two people, one of whom is an employee of the Employer, a resident of California and who have registered as domestic partners or members of a civil union with the California or another government recognized by California as having similar requirements.

For purposes of determining who may become a Covered Person, the term does not include any person who:

- is in the military of any country or subdivision of a country;
- is insured under the Group Policy as an employee.”

If the certificate already has a definition of domestic partner, that definition will apply to California residents, as long as it recognizes as a domestic partner any person registered as the employee's domestic partner with the California government or another government recognized by California as having similar requirements.

Wherever the term Spouse appears, except in the definition of Spouse, it shall be replaced by Spouse or Domestic Partner.

Wherever the term step-child appears, it is replaced by step-child or child of Your Domestic Partner.

NOTICE FOR RESIDENTS OF GEORGIA

IMPORTANT NOTICE

The laws of the state of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.

NOTICE FOR RESIDENTS OF IDAHO

If You have a question concerning Your coverage or a claim, first contact the Employer. If, after doing so, You still have a concern, You may call the toll free telephone number shown on the Certificate Face Page.

If You are still concerned after contacting both the Employer and MetLife, You should feel free to contact:

Idaho Department of Insurance
Consumer Affairs
700 West State Street, 3rd Floor
PO Box 83720
Boise, Idaho 83720-0043
1-800-721-3272 or www.DOI.Idaho.gov

NOTICE FOR RESIDENTS OF ILLINOIS

IMPORTANT NOTICE

To make a complaint to MetLife, You may write to:

MetLife
200 Park Avenue
New York, New York 10166

The address of the Illinois Department of Insurance is:

Illinois Department of Insurance
Public Services Division
Springfield, Illinois 62767

NOTICE FOR RESIDENTS OF INDIANA

Questions regarding your policy or coverage should be directed to:

**Metropolitan Life Insurance Company
1-800-275-4638**

If you (a) need the assistance of the government agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer you may contact the Department of Insurance by mail, telephone or email:

State of Indiana Department of Insurance
Consumer Services Division
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204

Consumer Hotline: (800) 622-4461; (317) 232-2395

Complaint can be filed electronically at *www.in.gov/doi*

NOTICE FOR RESIDENTS OF MAINE

You have the right to designate a third party to receive notice if Your insurance is in danger of lapsing due to a default on Your part, such as nonpayment of a contribution that is due. The intent is to allow reinstatements where the default is due to the insured person's suffering from cognitive impairment or functional incapacity. You may make this designation by completing a "Third-Party Notice Request Form" and sending it to MetLife. Once You have made a designation, You may cancel or change it by filling out a new Third-Party Notice Request Form and sending it to MetLife. The designation will be effective as of the date MetLife receives the form. Call MetLife at the toll-free telephone number shown on the face page of this certificate to obtain a Third-Party Notice Request Form. Within 90 days after cancellation of coverage for nonpayment of premium, You, any person authorized to act on Your behalf, or any covered Dependent may request reinstatement of the certificate on the basis that You suffered from cognitive impairment or functional incapacity at the time of cancellation.

NOTICE FOR MASSACHUSETTS RESIDENTS

The following provisions are required by Massachusetts law.

Translation Services

Translation services are available by calling 1-800-638-3368. We shall make available upon request interpreter and translation services related to administrative procedures by calling member services.

منقوم عند الطلب بتوفير مترجمين وخدمات ترجمة تتعلق بالإجراءات الإدارية وذلك بالإتصال بخدمات العملاء.

យើងផ្តល់សេវាបកប្រែ និងកិច្ចការបកប្រែ ដែលជាប់ទាក់ទងទៅនឹង វិធីចាត់ចែងការ តាមការស្នើ ដោយទូរស័ព្ទទៅកន្លែងបម្រើសមាជិក ។

我們提供協助辦理行政手續的翻譯服務，您若需要翻譯人員，請電洽會員服務處。

Nous assurerons sur demande, les services d'interprétariat et de traduction en connexion avec les procédures administratives, en appelant les services aux membres.

Θα διαθέσουμε μετά από αίτηση υπηρεσίες διερμηνεία και μεταφραστική σχετικά με διοικητικές διαδικασίες ερχόμενοι σε επαφή με τις υπηρεσίες μελών.

Si w rele departman sèvis kliyan an, epi w mande sèvis entèprèt ak tradiksyon pou pwosede administratif, sèvis la ap disponib pou w.

A richiesta metteremo a disposizione servizi di interpretariato e traduzione riguardo le procedure amministrative. Telefonare all'ufficio di Assistenza soci.

ຖ້າທ່ານຮ້ອງຂໍ, ພວກເຮົາຈະຈັດການບາງພາສາແລະບໍລິການແປພາສາໃຫ້ກັບທ່ານ ອີງຕາມຮູບແບບທີ່ຮ້ອງຂໍກ່ຽວກັບຂັ້ນຕອນການບໍລິຫານ ໂດຍທ່ານສາມາດໂທສູນບໍລິການສະມາຊິກ.

Disponibilizaremos, a seu pedido, os serviços de um(a) tradutor(a)/intérprete para os procedimentos administrativos, contactando os serviços para membros.

По Вашему требованию будут предоставлены услуги устного и письменного перевода, связанные с административными процедурами, если Вы позволите в отдел по обслуживанию членов.

Si usted lo solicita, pondremos a su disposición servicios de interpretación y traducción para asistirle en los procedimientos administrativos. Si necesita estos servicios, comuníquese con servicios a los miembros.

NOTICE FOR MASSACHUSETTS RESIDENTS (Continued)

The following provisions are required by Massachusetts law.

Summary of Utilization Review Procedures

MetLife reviews claims for evidence of need for certain dental procedures. These reviews are conducted by licensed dentists. If there is no evidence of need MetLife will deny benefits for a claim. MetLife also reviews claims to determine whether there exists a less costly treatment for a dental condition that is generally considered effective to treat the condition. If a less costly alternative treatment exists, MetLife will determine benefits based on the alternative treatment. If you want to determine the status of any such claim review, you can call MetLife at 1-800-275-4638.

Summary of Quality Assurance Programs

MetLife performs a check on certain credentials of any dentist applying to participate in MetLife's Participating Dentist Program (PDP). If the credentials do not meet MetLife's standards, for example if a dentist does not have a valid license, the dentist will not be permitted to participate in the PDP. MetLife does not interfere with the traditional relationship between PDP dentists and their patients, or any determination between the patient and dentist as to what the appropriate dental treatment may be. MetLife dental plans also allow you to choose between any dentist, whether they participate in the PDP or not. Therefore you should choose your dentist carefully, and you are responsible to be sure that your dentist delivers quality dental care.

Involuntary Disenrollment Rate

The involuntary disenrollment rate among insureds of MetLife is 0.

NOTICE FOR RESIDENTS OF MASSACHUSETTS

CONTINUATION OF DENTAL INSURANCE

1. If Your Dental Insurance ends due to a Plant Closing or Covered Partial Closing, such insurance will be continued for 90 days after the date it ends.
2. If Your Dental Insurance ends because:
 - You cease to be in an Eligible Class; or
 - Your employment terminates;

for any reason other than a Plant Closing or Covered Partial Closing, such insurance will continue for 31 days after the date it ends.

Continuation of Your Dental Insurance under the CONTINUATION WITH PREMIUM PAYMENT subsection will end before the end of continuation periods shown above if You become covered for similar benefits under another plan.

Plant Closing and **Covered Partial Closing** have the meaning set forth in Massachusetts Annotated Laws, Chapter 151A, Section 71A.

NOTICE FOR NEW HAMPSHIRE RESIDENTS

CONTINUATION OF YOUR DENTAL INSURANCE

If You are a resident of New Hampshire, Your Dental Insurance may be continued if it ends because Your employment ends unless:

- Your employment ends due to Your gross misconduct;
- this Dental Insurance ends for all employees;
- this Dental Insurance is changed to end Dental Insurance for the class of employees to which You belong;
- You are entitled to enroll in Medicare; or
- Your Dental Insurance ends because You failed to pay the required premium.

The Employer must give You written notice of:

- Your right to continue Your Dental Insurance;
- the amount of premium payment that is required to continue Your Dental Insurance;
- the manner in which You must request to continue Your Dental Insurance and pay premiums; and
- the date by which premium payments will be due.

The premium that You must pay for Your continued Dental Insurance may include:

- any amount that You contributed for Your Dental Insurance before it ended;
- any amount the Employer paid; and
- an administrative charge which will not to exceed two percent of the rest of the premium.

To continue Your Dental Insurance, You must:

- send a written request to continue Your Dental Insurance; and
- pay the first premium within 30 days after the date Your employment ends.

The maximum continuation period will be the longest of:

- 36 months if Your employment ends because You retire, and within 12 months of retirement You have a substantial loss of coverage because the employer files for bankruptcy protection under Title 11 of the United States Code;
- 29 months if You become entitled to disability benefits under Social Security within 60 days of the date Your Employment ends; or
- 18 months.

Your continued Dental Insurance will end on the earliest of the following to occur:

- the end of the maximum continuation period;
- the date this Dental Insurance ends;
- the date this Dental Insurance is changed to end Dental Insurance for the class of employees to which You belong;
- the date You are entitled to enroll for Medicare;
- if You do not pay the required premium to continue Your Dental Insurance; or
- the date You become eligible for coverage under any other group dental coverage.

NOTICE FOR NEW HAMPSHIRE RESIDENTS (Continued)

CONTINUATION OF YOUR DEPENDENT'S DENTAL INSURANCE

If You are a resident of New Hampshire, Your Dental Insurance for Your Dependents may be continued if it ends because Your employment ends, Your marriage ends in divorce or separation, or You die, unless:

- Your employment ends due to Your gross misconduct;
- this Dental Insurance ends for all Dependents;
- this Dental Insurance is changed, for the class of employees to which You belong, to end Dental Insurance for Dependents;
- the Dependent is entitled to enroll in Medicare; or
- Your Dental Insurance for Your Dependents ends because You fail to pay a required premium.

If Dental Insurance for Your Dependents ends because Your marriage ends in divorce or separation, the party responsible under the divorce decree or separation agreement for payment of premium for continued Dental Insurance must notify the employer, in writing, within 30 days of the date of the divorce decree or separation agreement that the divorce or separation has occurred. If You and Your divorced or separated Spouse share responsibility for payment of the premium for continued Dental Insurance, both You and Your divorced or separated Spouse must provide the notification.

The Employer must give You, or Your former Spouse if You have died or Your marriage has ended, written notice of:

- Your right to continue Your Dental Insurance for Your Dependents;
- the amount of premium payment that is required to continue Your Dental Insurance for Your Dependents;
- the manner in which You or Your former Spouse must request to continue Your Dental Insurance for Your Dependents and pay premiums; and
- the date by which premium payments will be due.

The premium that You or Your former Spouse must pay for continued Dental Insurance for Your Dependents may include:

- any amount that You contributed for Your Dental Insurance before it ended; and
- any amount the Employer paid.

To continue Dental Insurance for Your Dependents, You or Your former Spouse must:

- send a written request to continue Dental Insurance for Your Dependents; and
- must pay the first premium within 30 days of the date Dental Insurance for Your Dependents ends.

If You, and Your former Spouse, if applicable, fail to provide any required notification, or fail to request to continue Dental Insurance for Your Dependents and pay the first premium within the time limits stated in this section, Your right to continue Dental Insurance for Your Dependents will end.

NOTICE FOR NEW HAMPSHIRE RESIDENTS (Continued)

CONTINUATION OF YOUR DEPENDENT'S DENTAL INSURANCE (Continued)

The maximum continuation period will be the longest of the following that applies:

- 36 months if Dental Insurance for Your Dependents ends because Your marriage ends in divorce or separation, except that with respect to a Spouse who is age 55 or older when your marriage ends in divorce or separation the maximum continuation period will end when the divorced or separated Spouse becomes eligible for Medicare or eligible for participation in another employer's group plan;
- 36 months if Dental Insurance for Your Dependents ends because You die, except that with respect to a Spouse who is age 55 or older when You die, the maximum continuation period will end when Your surviving Spouse becomes eligible for Medicare or eligible for participation in another employer's group dental coverage;
- 36 months if Dental Insurance for Your Dependents ends because You become entitled to benefits under Title XVIII of Social Security, except that with respect to a Spouse who is age 55 or older when You become entitled to benefits under Title XVIII of Social Security, the maximum continuation period will end when the divorced or separated Spouse becomes eligible for Medicare or eligible for participation in another employer's group dental coverage;
- 36 months if You become entitled to benefits under Title XVIII of Social Security while You are already receiving continued benefits under this section, except that with respect to a Spouse who is age 55 or older when You first become entitled to continue Your Dental Insurance the maximum continuation period will end when the divorced or separated Spouse becomes eligible for Medicare or eligible for participation in another employer's group dental coverage;
- 36 months with respect to a Dependent Child if Dental Insurance ends because the Child ceases to be a Dependent Child;
- 36 months if Your employment ends because You retire, and within 12 months of retirement You have a substantial loss of coverage because the employer files for bankruptcy protection under Title 11 of the United States Code;
- 29 months if Dental Insurance for Your Dependents ends because Your employment ends, and within 60 days of the date Your employment ends you become entitled to disability benefits under Social Security; or
- 18 months if Dental Insurance for Your Dependents ends because Your employment ends.

A Dependent's continued Dental Insurance will end on the earliest of the following to occur:

- the end of the maximum continuation period;
- the date this Dental Insurance ends;
- the date this Dental Insurance is changed to end Dental Insurance for Dependents for the class of employees to which You belong;
- the date the Dependent becomes entitled to enroll for Medicare;
- if You do not pay a required premium to continue Dental Insurance for Your Dependents; or
- the date the Dependent becomes eligible for coverage under any other group dental coverage.

NOTICE FOR RESIDENTS OF NORTH CAROLINA

UNDER NORTH CAROLINA GENERAL STATUTE SECTION 58-50-40, NO PERSON, EMPLOYER, PRINCIPAL, AGENT, TRUSTEE, OR THIRD PARTY ADMINISTRATOR, WHO IS RESPONSIBLE FOR THE PAYMENT OF GROUP HEALTH OR LIFE INSURANCE OR GROUP HEALTH PLAN PREMIUMS, SHALL:

(1) CAUSE THE CANCELLATION OR NONRENEWAL OF GROUP HEALTH OR LIFE INSURANCE, HOSPITAL, MEDICAL, OR DENTAL SERVICE CORPORATION PLAN, MULTIPLE EMPLOYER WELFARE ARRANGEMENT, OR GROUP HEALTH PLAN COVERAGES AND THE CONSEQUENTIAL LOSS OF THE COVERAGES OF THE PERSONS INSURED, BY WILLFULLY FAILING TO PAY THOSE PREMIUMS IN ACCORDANCE WITH THE TERMS OF THE INSURANCE OR PLAN CONTRACT, AND

(2) WILLFULLY FAIL TO DELIVER, AT LEAST 45 DAYS BEFORE THE TERMINATION OF THOSE COVERAGES, TO ALL PERSONS COVERED BY THE GROUP POLICY A WRITTEN NOTICE OF THE PERSON'S INTENTION TO STOP PAYMENT OF PREMIUMS. THIS WRITTEN NOTICE MUST ALSO CONTAIN A NOTICE TO ALL PERSONS COVERED BY THE GROUP POLICY OF THEIR RIGHTS TO HEALTH INSURANCE CONVERSION POLICIES UNDER ARTICLE 53 OF CHAPTER 58 OF THE GENERAL STATUTES AND THEIR RIGHTS TO PURCHASE INDIVIDUAL POLICIES UNDER THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT AND UNDER ARTICLE 68 OF CHAPTER 58 OF THE GENERAL STATUTES.

VIOLATION OF THIS LAW IS A FELONY. ANY PERSON VIOLATING THIS LAW IS ALSO SUBJECT TO A COURT ORDER REQUIRING THE PERSON TO COMPENSATE PERSONS INSURED FOR EXPENSES OR LOSSES INCURRED AS A RESULT OF THE TERMINATION OF THE INSURANCE.

NOTICE FOR RESIDENTS OF PENNSYLVANIA

Dental Insurance for a Dependent Child may be continued past the age limit if that Child is a full-time student and insurance ends due to the Child being ordered to active duty (other than active duty for training) for 30 or more consecutive days as a member of the Pennsylvania National Guard or a Reserve Component of the Armed Forces of the United States.

Insurance will continue if such Child:

- re-enrolls as a full-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located;
- re-enrolls for the first term or semester, beginning 60 or more days from the child's release from active duty;
- continues to qualify as a Child, except for the age limit; and
- submits the required Proof of the child's active duty in the National Guard or a Reserve Component of the United States Armed Forces.

Subject to the Date Insurance For Your Dependents Ends subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS, this continuation will continue until the earliest of the date:

- the insurance has been continued for a period of time equal to the duration of the child's service on active duty; or
- the child is no longer a full-time student.

NOTICE FOR RESIDENTS OF UTAH

Notice of Protection Provided by Utah Life and Health Insurance Guaranty Association

This notice provides a brief summary of the Utah Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Utah law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, health, or annuity insurance company becomes financially unable to meet its obligations and is taken over by its insurance regulatory agency. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Utah law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

- Life Insurance
 - o \$500,000 in death benefits
 - o \$200,000 in cash surrender or withdrawal values
- Health Insurance
 - o \$500,000 in hospital, medical and surgical insurance benefits
 - o \$500,000 in long-term care insurance benefits
 - o \$500,000 in disability income insurance benefits
 - o \$500,000 in other types of health insurance benefits
- Annuities
 - o \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$500,000. Special rules may apply with regard to hospital, medical and surgical insurance benefits.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. Coverage is conditioned on residency in this state and there are substantial limitations and exclusions. For a complete description of coverage, consult Utah Code, Title 3 IA, Chapter 28.

Insurance companies and agents are prohibited by Utah law to use the existence of the Association or its coverage to encourage you to purchase insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between Utah law and this notice, Utah law will control.

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website at www.utlifega.org or contact:

Utah Life and Health Insurance Guaranty Assoc.
60 East South Temple, Suite 500
Salt Lake City UT 84111
(801) 320-9955

Utah Insurance Department
3110 State Office Building
Salt Lake City UT 84114-6901
(801) 538-3800

A written complaint about misuse of this Notice or the improper use of the existence of the Association may be filed with the Utah Insurance Department at the above address.

CIVIL UNION NOTICE FOR RESIDENTS OF VERMONT

Vermont law provides that the following definitions apply to your certificate:

- Terms that mean or refer to a marital relationship, or that may be construed to mean or refer to a marital relationship, such as "marriage," "spouse," "husband," "wife," "dependent," "next of kin," "relative," "beneficiary," "survivor," "immediate family" and any other such terms include the relationship created by a Civil Union established according to Vermont law.
- Terms that mean or refer to the inception or dissolution of a marriage, such as "date of marriage," "divorce decree," "termination of marriage" and any other such terms include the inception or dissolution of a Civil Union established according to Vermont law.
- Terms that mean or refer to family relationships arising from a marriage, such as "family," "immediate family," "dependent," "children," "next of kin," "relative," "beneficiary," "survivor" and any other such terms include family relationships created by a Civil Union established according to Vermont law.
- "Dependent" includes a spouse, a party to a Civil Union established according to Vermont law, and a child or children (natural, step-child, legally adopted or a minor or disabled child who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a Civil Union established according to Vermont law.
- "Child" includes a child (natural, stepchild, legally adopted or a minor or disabled child who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a Civil Union established according to Vermont law.
- "'Civil Union'" means a civil union established pursuant to Act 91 of the 2000 Vermont Legislative Session, entitled "'Act Relating to Civil Unions'".

All references in this notice to Civil Unions are limited to Civil Unions in which the parties are residents of Vermont.

If dependent insurance for a spouse and/or child is not provided under your certificate, such insurance is not added by virtue of this notice.

For purposes of dependent insurance, any person who meets the definition of "'dependent'" as set forth in this notice is required to meet all other applicable requirements in order to qualify for such insurance.

This notice does not limit any definitions or terms included in your certificate. It broadens definitions and terms only to the extent required by Vermont law.

DISCLOSURE:

Vermont law grants parties to a Civil Union the same benefits, protections and responsibilities that flow from marriage under state law. However, some or all of the benefits, protections and responsibilities related to life and health insurance that are available to married persons under federal law may not be available to parties to a Civil Union. For example, a federal law, the Employee Retirement Income Security Act of 1974 known as "'ERISA'", controls the employer/employee relationship with regard to determining eligibility for enrollment in private employer benefit plans. Because of ERISA, Act 91 does not state requirements pertaining to a private employer's enrollment of a party to a Civil Union in an ERISA employee benefit plan. However, governmental employers (not federal government) are required to provide life and health benefits to the dependents of a party to a Civil Union if the public employer provides such benefits to dependents of married persons. Federal law also controls group health insurance continuation rights under "'COBRA'" for employers with 20 or more employees as well as the Internal Revenue Code treatment of insurance premiums. As a result, parties to a Civil Union and their families may or may not have access to certain benefits under this notice and the certificate to which it is attached that derive from federal law. You are advised to seek expert advice to determine your rights under this notice and the certificate to which it is attached.

NOTICE FOR RESIDENTS OF VIRGINIA

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

In the event You need to contact someone about this insurance for any reason please contact Your agent. If no agent was involved in the sale of this insurance, or if You have additional questions You may contact the insurance company issuing this insurance at the following address and telephone number:

MetLife
200 Park Avenue
New York, New York 10166
Attn: Corporate Consumer Relations Department

To phone in a claim related question, You may call Claims Customer Service at:
1-800-275-4638

If You have been unable to contact or obtain satisfaction from the company or the agent, You may contact the Virginia State Corporation Commission's Bureau of Insurance at:

The Office of the Managed Care Ombudsman
Bureau of Insurance
P.O. Box 1157
Richmond, VA 23209
1-877-310-6560 - toll-free
1-804-371-9032 - locally
www.scc.virginia.gov - web address
ombudsman@scc.virginia.gov - email

Or:

The Virginia Department of Health (The Center for Quality Health Care Services and Consumer Protection)
3600 West Broad St
Suite 216
Richmond, VA 23230
1-800-955-1819

Written correspondence is preferable so that a record of Your inquiry is maintained. When contacting Your agent, company or the Bureau of Insurance, have Your policy number available.

NOTICE FOR RESIDENTS OF VIRGINIA

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

If You have any questions regarding an appeal or grievance concerning the dental services that You have been provided that have not been satisfactorily addressed by this Dental Insurance, You may contact the Virginia Office of the Managed Care Ombudsman for assistance.

You may contact the Virginia Office of the Managed Care Ombudsman either by dialing toll free at (877) 310-6560, or locally at (804) 371-9032, via the internet at Web address www.scc.virginia.gov, email at ombudsman@scc.virginia.gov, or mail to:

The Office of the Managed Care Ombudsman
Bureau of Insurance, P.O. Box 1157
Richmond, VA 23218

NOTICE FOR RESIDENTS OF THE STATE OF WASHINGTON

Washington law provides that the following apply to Your certificate:

Wherever the term "**Spouse**" appears in this certificate it shall, unless otherwise specified, be read to include Your Domestic Partner.

Domestic Partner means each of two people, one of whom is an Employee of the Employer, who have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a government agency where such registration is available.

Wherever the term "step-child" appears in this certificate it shall be read to include the children of Your Domestic Partner.

NOTICE FOR RESIDENTS OF WEST VIRGINIA

FREE LOOK PERIOD:

If You are not satisfied with Your certificate, You may return it to Us within 10 days after You receive it, unless a claim has previously been received by Us under Your certificate. We will refund within 10 days of our receipt of the returned certificate any Premium that has been paid and the certificate will then be considered to have never been issued. You should be aware that, if You elect to return the certificate for a refund of premiums, losses which otherwise would have been covered under Your certificate will not be covered.

NOTICE FOR RESIDENTS OF WISCONSIN

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE? - If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

MetLife
Attn: Corporate Consumer Relations Department
200 Park Avenue
New York, NY 10166-0188
1-800-638-5433

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by contacting:

Office of the Commissioner of Insurance
Complaints Department
P.O. Box 7873
Madison, WI 53707-7873
1-800-236-8517 outside of Madison or 608-266-0103 in Madison.

NOTICE FOR RESIDENTS OF LOUISIANA, MINNESOTA, MONTANA, NEW MEXICO, TEXAS, UTAH AND WASHINGTON

The Definition of Child In The Definitions Section Of This Certificate Is Modified For The Coverage Listed Below:

For Louisiana Residents (Dental Insurance):

The term also includes Your grandchildren residing with You. The age limit for children and grandchildren will not be less than 26, regardless of the child's or grandchild's marital status, student status or full-time employment status. Your natural child, adopted child, stepchild or grandchild under age 26 will not need to be supported by You to qualify as a Child under this insurance. In addition, marital status will not prevent or cease the continuation of insurance for a mentally or physically handicapped child or grandchild past the age limit.

For Minnesota Residents (Dental Insurance):

The term also includes Your grandchildren who are financially dependent upon You and reside with You continuously from birth. The age limit for children and grandchildren will not be less than 25 regardless of the child's or grandchild's student status or full-time employment status. Your natural child, adopted child or stepchild under age 25 will not need to be supported by You to qualify as a Child under this insurance.

For Montana Residents (Dental Insurance):

The term also includes newborn infants of any person insured under this certificate. The age limit for children will not be less than 25, regardless of the child's student status or full-time employment status. Your natural child, adopted child or stepchild under age 25 will not need to be supported by You to qualify as a child under this insurance.

For New Mexico Residents (Dental Insurance):

The age limit for children will not be less than 25, regardless of the child's student status or full-time employment status. Your natural child, adopted child or stepchild will not be denied dental insurance coverage under this certificate because:

- that child was born out of wedlock;
- that child is not claimed as Your dependent on Your federal income tax return; or
- that child does not reside with You.

For Texas Residents (Dental Insurance):

The term also includes Your grandchildren. The age limit for children and grandchildren will not be less than 25, regardless of the child's or grandchild's student status, full-time employment status or military service status. Your natural child, adopted child or stepchild under age 25 will not need to be supported by You to qualify as a Child under this insurance. In addition, grandchildren must be able to be claimed by You as a dependent for Federal Income Tax purposes at the time You applied for Insurance.

For Utah Residents (Dental Insurance):

The age limit for children will not be less than 26, regardless of the child's student status or full-time employment status. Your natural child, adopted child or stepchild under age 26 will not need to be supported by You to qualify as a Child under this insurance.

For Washington Residents Dental Insurance:

The age limit for children will not be less than 26, regardless of the child's marital status, student status, or full-time employment status. Your natural child, adopted child or stepchild under age 26 will not need to be supported by You to qualify as a Child under this insurance.

NOTICE FOR RESIDENTS OF ALL STATES WHO ARE INSURED FOR DENTAL INSURANCE

Notice Regarding Your Rights and Responsibilities

Rights:

- We will treat communications, financial records and records pertaining to your care in accordance with all applicable laws relating to privacy.
- Decisions with respect to dental treatment are the responsibility of You and the dentist. We neither require nor prohibit any specified treatment. However, only certain specified services are covered for benefits. Please see the Dental Insurance sections of this certificate for more details.
- You may request a pre-treatment estimate of benefits for the dental services to be provided. However, actual benefits will be determined after treatment has been performed.
- You may request a written response from MetLife to any written concern or complaint.
- You have the right to receive an explanation of benefits which describes the benefit determinations for your dental insurance.

Responsibilities:

- You are responsible for the prompt payment of any charges for services performed by the dentist. If the dentist agrees to accept part of the payment directly from MetLife, you are responsible for prompt payment of the remaining part of the dentist's charge.
- You should consult with the dentist about treatment options, proposed and potential procedures, anticipated outcomes, potential risks, anticipated benefits and alternatives. You should share with the dentist the most current, complete and accurate information about your medical and dental history and current conditions and medications.
- You should follow the treatment plans and health care recommendations agreed upon by You and the dentist.

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SCHEDULE OF BENEFITS

This schedule shows the benefits that are available under the Group Policy. You and Your Dependents will only be insured for the benefits:

- for which You and Your Dependents become and remain eligible, and
- which You elect, if subject to election; and
- which are in effect.

BENEFIT

BENEFIT AMOUNT AND HIGHLIGHTS

Dental Insurance For You and Your Dependents

For All Active Full-Time Non-Union Employees who elect the Low Option Dental Plan

Covered Percentage for:	In-Network based on the Maximum Allowed Charge	Out-of-Network based on the Maximum Allowed Charge
Type A Services	100%	100%
Type B Services	70%	70%
Type C Services	40%	40%
Type D Services (Orthodontic)	40%	40%
Deductibles for:	In-Network	Out-of-Network
Yearly Individual Deductible	\$50 for the following Covered Services Combined: Type B & Type C	\$50 for the following Covered Services Combined: Type B & Type C
Yearly Family Deductible	\$150 for the following Covered Services Combined: Type B & Type C	\$150 for the following Covered Services Combined: Type B & Type C
Maximum Benefit:	In-Network	Out-of-Network
Yearly Individual Maximum	\$1,000 for the following Covered Services: Type A, Type B & Type C	\$1,000 for the following Covered Services: Type A, Type B & Type C
Lifetime Individual Maximum for Type D Covered Services (Orthodontic)	\$1,000	\$1,000

DEFINITIONS

As used in this certificate, the terms listed below will have the meanings set forth below. When defined terms are used in this certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

Actively at Work or Active Work means that You are performing all of the usual and customary duties of Your job on a Full-Time basis. This must be done at:

- the Employer's place of business;
- an alternate place approved by the Employer; or
- a location to which the Employer's business requires You to travel.

You will be deemed to be Actively at Work during weekends or Employer-approved vacations, holidays or business closures if You were Actively at Work on the last scheduled work day preceding such time off.

Cast Restoration means an inlay, onlay, or crown.

Child means the following: (for residents of Louisiana, Minnesota, Montana, New Mexico, Texas, Utah and Washington, the Child Definition is modified as explained in the Notice pages of this certificate; please consult the Notice)

- Your natural, adopted, or stepchild who is under age 26, supported by and living with You. The term also includes Your natural, adopted or stepchild under age 26 who is:
 - supported by You; and
 - a full-time or part-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located.

The definition of Child includes newborns, adopted children from the time of placement in Your home; adopted newborns if an agreement to adopt is entered into prior to birth, and the child is placed in Your home; and children placed in Your home pursuant to a court order including foster children.

The term does not include any person who:

- is in the military of any country or subdivision of any country; or
- is insured under the Group Policy as an employee.

Contributory Insurance means insurance for which the Employer requires You to pay any part of the premium.

Contributory Insurance includes: Personal and Dependent Dental Insurance.

Covered Percentage means the percentage of the Maximum Allowed Charge that We will pay for a Covered Service performed by an In-Network Dentist or an Out-of-Network Dentist after any required Deductible is satisfied.

Covered Service means a dental service used to treat Your or Your Dependent's dental condition which is:

- prescribed or performed by a Dentist while such person is insured for Dental Insurance;
- Dentally Necessary to treat the condition; and
- described in the SCHEDULE OF BENEFITS or DENTAL INSURANCE sections of this certificate.

Deductible means the amount You or Your Dependents must pay before We will pay for Covered Services.

Dental Hygienist means a person trained to:

- remove calcareous deposits and stains from the surfaces of teeth; and
- provide information on the prevention of oral disease.

DEFINITIONS

Dentally Necessary means that a dental service or treatment is performed in accordance with generally accepted dental standards as determined by Us and is:

- necessary to treat decay, disease or injury of the teeth; or
- essential for the care of the teeth and supporting tissues of the teeth.

Dentist means:

- a person licensed to practice dentistry in the jurisdiction where such services are performed; or
- any other person whose services, according to applicable law, must be treated as Dentist's services for purposes of the Group Policy. Each such person must be licensed in the jurisdiction where the services are performed and must act within the scope of that license. The person must also be certified and/or registered if required by such jurisdiction.

Dentures means fixed partial dentures (bridgework), removable partial dentures and removable full dentures.

Dependent(s) means Your Spouse and/or Child.

Full-Time means Active Work on the Employer's regular work schedule for the class of employees to which You belong. The work schedule must be at least 30 hours a week. Full-Time does not include temporary or seasonal employees.

In-Network Dentist means a Dentist who participates in the Preferred Dentist Program and has a contractual agreement with Us to accept the Maximum Allowed Charge as payment in full for a dental service.

Maximum Allowed Charge means the lesser of:

- the amount charged by the Dentist; or
- the maximum amount which the In-Network Dentist has agreed with Us to accept as payment in full for the dental service.

Noncontributory Insurance means insurance for which the Employer does not require You to pay any part of the premium.

Out-of-Network Dentist means a Dentist who does not participate in the Preferred Dentist Program.

Physician means:

- a person licensed to practice medicine in the jurisdiction where such services are performed; or
- any other person whose services, according to applicable law, must be treated as Physician's services for purposes of the Group Policy. Each such person must be licensed in the jurisdiction where the service is performed and must act within the scope of that license. Such person must also be certified and/or registered if required by such jurisdiction.

Proof means Written evidence satisfactory to Us that a person has satisfied the conditions and requirements for any benefit described in this certificate. When a claim is made for any benefit described in this certificate, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant's right to receive payment.

Proof must be provided at the claimant's expense.

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record, which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

Spouse means Your lawful Spouse.

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DEFINITIONS

The term does not include any person who:

- is in the military of any country or subdivision of any country; or
- is insured under the Group Policy as an employee.

We, Us and **Our** mean MetLife.

Written or **Writing** means a record which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

Year or **Yearly** means the 12 month period that begins January 1.

You and **Your** mean an employee who is insured under the Group Policy for the insurance described in this certificate.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU

ELIGIBLE CLASS(ES)

All Active Full-Time Non-Union Employees who elect the Low Option Dental Plan

DATE YOU ARE ELIGIBLE FOR INSURANCE

You may only become eligible for the insurance available for Your class as shown in the SCHEDULE OF BENEFITS.

For All Active Full-Time Non-Union Employees who elect the Low Option Dental Plan

You will be eligible for insurance on the later of:

1. January 01, 2015; and
2. the first day of the month coincident with or next following the date You complete the Waiting Period of 60 days.

Waiting Period means the period of continuous membership in an eligible class that You must wait before You become eligible for insurance. This period begins on the date You enter an eligible class and ends on the date You complete the period(s) specified.

ENROLLMENT PROCESS FOR DENTAL INSURANCE

If You are eligible for insurance, You may enroll for such insurance by completing the required form in Writing. If You enroll for Contributory Insurance, You must also give the Employer Written permission to deduct premiums from Your pay for such insurance. You will be notified by the Employer how much You will be required to contribute.

The Dental Insurance has a regular enrollment period established by the Employer. Subject to the rules of the Group Policy, You may enroll for Dental Insurance only when You are first eligible or during an annual enrollment period or If You have a Qualifying Event. You should contact the Employer for more information regarding the annual enrollment period.

DATE YOUR INSURANCE TAKES EFFECT

Enrollment When First Eligible

If You complete the enrollment process within 31 days of becoming eligible for insurance you are a timely entrant, such insurance will take effect on the date You become eligible, provided You are Actively at Work on that date.

If You are not Actively at Work on the date the insurance would otherwise take effect, the benefit will take effect on the day You resume Active Work.

Enrollment During First Annual Enrollment Period Following the Date You Became Eligible

You will be able to enroll for insurance during the first annual enrollment period. When You complete the enrollment process during the first annual enrollment period, such insurance will take effect on the first day of the month coincident with or next following the enrollment period, if You are actively at Work on that date.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU (CONTINUED)

Enrollment During Any Subsequent Dental Enrollment Period

During any subsequent annual enrollment period for dental insurance as determined by the Employer, You may enroll for insurance for which You are eligible or choose a different option than the one for which You are currently enrolled. If You are not currently enrolled for Dental Insurance but You enroll or make changes to Your insurance during a subsequent enrollment period, the Dental Insurance takes effect on the first day of the month following the enrollment period, if You are Actively at Work on that day.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

Enrollment Due to a Qualifying Event

You may enroll for insurance for which You are eligible or change the amount of Your insurance between annual enrollment periods only if You have a Qualifying Event.

If You have a Qualifying Event, You will have 31 days from the date of that change to make a request. This request must be consistent with the nature of the Qualifying Event. The insurance enrolled for or changes to Your insurance made as a result of a Qualifying Event will take effect on the first day of the month coincident with or next following the date of Your request, if You are Actively at Work on that date.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

Qualifying Event includes:

- marriage; or
- the birth, adoption or placement for adoption of a dependent child; or
- divorce, legal separation or annulment; or
- the death of a dependent; or
- You previously did not enroll for dental coverage for You or Your dependent because You had other group coverage, but that coverage has ceased due to loss of eligibility for the other group coverage; or
- Your dependent's ceasing to qualify as a dependent under this insurance or under other group coverage.

DATE YOUR INSURANCE ENDS

Your insurance will end on the earliest of:

1. the date the Group Policy ends;
2. the date insurance ends for Your class;
3. the end of the period for which the last premium has been paid for You;
4. the last day of the calendar month in which Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT; or
5. the last day of the calendar month in which You retire in accordance with the Employer's retirement plan.

In certain cases insurance may be continued as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS

ELIGIBLE CLASS(ES) FOR DEPENDENT INSURANCE

All Active Full-Time Non-Union Employees who elect the Low Option Dental Plan

DATE YOU ARE ELIGIBLE FOR DEPENDENT INSURANCE

You may only become eligible for the Dependent insurance available for Your eligible class as shown in the SCHEDULE OF BENEFITS.

For All Active Full-Time Non-Union Employees who elect the Low Option Dental Plan

You will be eligible for Dependent insurance on the later of:

1. January 01, 2015; and
2. the first day of the month coincident with or next following the date You complete the Waiting Period of 60 days.

Waiting Period means the period of continuous membership in an eligible class that You must wait before You become eligible for Dependent insurance. This period begins on the date You enter an eligible class and ends on the date You complete the period(s) specified.

No person may be insured as a Dependent of more than one employee.

ENROLLMENT PROCESS FOR DEPENDENT DENTAL INSURANCE

If You are eligible for Dependent Insurance, You may enroll for such insurance by completing the required form in Writing for each Dependent to be insured. If You enroll for Contributory Insurance, You must also give the Employer Written permission to deduct premiums from Your pay for such insurance. You will be notified by the Employer how much You will be required to contribute.

In order to enroll for Dental Insurance for Your Dependents, You must either (a) already be enrolled for Dental Insurance for You or (b) enroll at the same time for Dental Insurance for You.

The Dental Insurance has a regular enrollment period established by the Employer. Subject to the rules of the Group Policy, You may enroll for Dependent Dental Insurance only when You are first eligible or during an annual enrollment period or If You have a Qualifying Event. You should contact the Employer for more information regarding the annual enrollment period.

DATE YOUR INSURANCE TAKES EFFECT FOR YOUR DEPENDENTS

Enrollment When First Eligible

If You complete the enrollment process for Dependent Dental Insurance within 31 days of becoming eligible for Dependent Insurance you are a timely entrant, such insurance will take effect on the later of:

- the date You become eligible for such insurance; and
- the date You enroll

provided You are Actively at Work on that date. If You are not Actively at Work on that date, it will take effect on the day You return to Active Work.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS (CONTINUED)

Enrollment During First Annual Enrollment Period Following the Date You Became Eligible

You will be able to enroll for Dependent Insurance during the first annual enrollment period. When You complete the enrollment process during the first annual enrollment period, such insurance will take effect on the first day of the month coincident with or next following the enrollment period, if You are actively at Work on that date.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

Enrollment During Any Subsequent Dental Enrollment Period

During any subsequent annual enrollment period for dental insurance as determined by the Employer, You may enroll for insurance for which You are eligible or choose a different option than the one for which You are currently enrolled. If You are not currently enrolled for Dependent Dental Insurance but You enroll or make changes to Your insurance during a subsequent enrollment period, the Dependent Dental Insurance takes effect on the first day of the month following the enrollment period, if You are Actively at Work on that day.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

Enrollment Due to a Qualifying Event

You may enroll for Dependent Insurance for which You are eligible or change the amount of Your Dependent Insurance between annual enrollment periods only if You have a Qualifying Event.

If You have a Qualifying Event, You will have 31 days from the date of that change to make a request. This request must be consistent with the nature of the Qualifying Event. The insurance enrolled for or changes to Your insurance made as a result of a Qualifying Event will take effect on the first day of the month coincident with or next following the date of Your request, if You are Actively at Work on that date.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

Qualifying Event includes:

- marriage; or
- the birth, adoption or placement for adoption of a dependent child; or
- divorce, legal separation or annulment; or
- the death of a dependent; or
- You previously did not enroll for dental coverage for You or Your dependent because You had other group coverage, but that coverage has ceased due to loss of eligibility for the other group coverage; or
- Your dependent's ceasing to qualify as a dependent under this insurance or under other group coverage.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS (CONTINUED)

DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS

A Dependent's insurance will end on the earliest of:

1. the date Your Dental Insurance ends;
2. the date You die;
3. the date the Group Policy ends;
4. the date Insurance for Your Dependents ends under the Group Policy;
5. the date Insurance for Your Dependents ends for Your class;
6. the last day of the calendar month in which Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.
7. the end of the period for which the last premium has been paid;
8. the date the person ceases to be a Dependent;
9. for Utah residents, the last day of the calendar month the person ceases to be a Dependent;
10. the last day of the calendar month in which You retire in accordance with the Employer's retirement plan.

In certain cases insurance may be continued as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

SPECIAL RULES FOR GROUPS PREVIOUSLY COVERED UNDER OTHER GROUP DENTAL COVERAGE

The following rules will apply if this Dental Insurance replaces other group dental coverage provided to You by the Employer.

Prior Plan means the group dental coverage provided to You by the Employer on the day before the Replacement Date.

Replacement Date means the effective date of this Dental Insurance under the Group Policy.

Rules if You and Your Dependents were Covered Under the Prior Plan on the Day Before the Replacement Date:

1. if You and Your Dependents were covered under the Prior Plan on the day before the Replacement Date, You will be eligible for this Dental Insurance on the Replacement Date if You are in an eligible class on such date;
2. if any of the following conditions occurred while coverage was in effect under the Prior Plan, We will treat such conditions as though they occurred while this Dental Insurance is in effect:
 - the loss of a tooth; and
 - the accumulation of amounts toward:
 - a) Annual Deductibles;
 - b) Annual Maximum Benefits;
 - c) Lifetime Maximum Benefits;
3. if a dental service was received while the Prior Plan was in effect and such service would be a Covered Service subject to frequency and/or time limitations if performed while this Dental Insurance is in effect, the receipt of such prior service will be counted toward the time and frequency limitations under this Dental Insurance;
4. if a government mandated continuation of coverage under the Prior Plan was in effect on the Replacement Date, such coverage may be continued under this Dental Insurance if the required payment is made for the cost of such coverage. In such case, benefits will be available under this Dental Insurance until the earlier of:
 - the date the continued coverage ends as set forth in the provisions of the government-mandated requirements; or
 - the date this Dental Insurance ends.

Rules if You and Your Dependents were NOT covered under the Prior Plan on the Day Before the Replacement Date:

1. You will be eligible for this Dental Insurance when You meet the eligibility requirements for such insurance as described in ELIGIBILITY PROVISIONS: INSURANCE FOR YOU;
2. Your Dependents will be eligible for this Dental Insurance when they meet the eligibility requirements for such insurance as described in ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS; and
3. We will credit any time accumulated toward any eligibility waiting period under the Prior Plan to the satisfaction of any eligibility waiting period required to be met under this Dental Insurance.

CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT

FOR MENTALLY OR PHYSICALLY HANDICAPPED CHILDREN

Insurance for a Dependent Child may be continued past the age limit if the child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of such handicap must be sent to Us within 31 days after the date the Child attains the age limit and at reasonable intervals after such date.

Subject to the DATE INSURANCE FOR YOUR DEPENDENTS ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS, insurance will continue while such Child:

- remains incapable of self-sustaining employment because of a mental or physical handicap; and
- continues to qualify as a Child, except for the age limit.

FOR FAMILY AND MEDICAL LEAVE

Certain leaves of absence may qualify for continuation of insurance under the Family and Medical Leave Act of 1993 (FMLA), or other legally mandated leave of absence or similar laws. Please contact the Employer for information regarding such legally mandated leave of absence laws.

COBRA CONTINUATION FOR DENTAL INSURANCE

The following applies to employers with 20 or more employees that are not church or government plans:

If Dental Insurance for You or a Dependent ends, You or Your Dependent may qualify for continuation of such insurance under the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended (COBRA). Please refer to the COBRA section of Your summary plan description or contact the Employer for information regarding continuation of insurance under COBRA.

AT THE EMPLOYER'S OPTION

The Employer has elected to continue insurance by paying premiums for employees who cease Active Work in an eligible class for any of the reasons specified below. If Your insurance is continued, insurance for Your Dependents may also be continued. You will be notified by the Employer how much You will be required to contribute.

Insurance will continue for the following periods:

1. for the period You cease Active Work in an eligible class due to layoff up to 2 months.
2. for the period You cease Active Work in an eligible class due to injury or sickness up to 9 months.
3. for the period You cease Active Work in an eligible class due to any other Employer approved leave of absence up to 2 months.

At the end of any of the continuation periods listed above, Your insurance will be affected as follows:

- if You resume Active Work in an eligible class at this time, You will continue to be insured under the Group Policy;
- if You do not resume Active Work in an eligible class at this time, Your employment will be considered to end and Your insurance will end in accordance with the DATE YOUR INSURANCE ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOU.

If Your insurance ends, Your Dependents' insurance will also end in accordance with the DATE INSURANCE FOR YOUR DEPENDENTS ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS.

EVIDENCE OF INSURABILITY

No evidence of insurability is required for the insurance described in this certificate.

DENTAL INSURANCE

If You or a Dependent incur a charge for a Covered Service, Proof of such service must be sent to Us. When We receive such Proof, We will review the claim and if We approve it, will pay the insurance in effect on the date that service was completed.

This Dental Insurance gives You access to Dentists through the MetLife Preferred Dentist Program (PDP). Dentists participating in the PDP have agreed to limit their charge for a dental service to the Maximum Allowed Charge for such service. Under the PDP, We pay benefits for Covered Services performed by either In-Network Dentists or Out-of-Network Dentists. However, You may be able to reduce Your out-of-pocket costs by using an In-Network Dentist because Out-of-Network Dentists have not entered into an agreement with Us to limit their charges. You are always free to receive services from any Dentist. You do not need any authorization from Us to choose a Dentist.

The PDP does not provide dental services. Whether or not benefits are available for a particular service, does not mean You should or should not receive the service. You and Your Dentist have the right and are responsible at all times for choosing the course of treatment and services to be performed. After services have been performed, We will determine the extent to which benefits, if any, are payable.

When requesting a Covered Service from an In-Network Dentist, We recommend that You:

- identify Yourself as an insured in the Preferred Dentist Program; and
- confirm that the Dentist is currently an In-Network Dentist at the time that the Covered Service is performed.

The amount of the benefit will not be affected by whether or not You identify Yourself as a member in the Preferred Dentist Program.

You can obtain a customized listing of MetLife's In-Network Dentists either by calling 1-800-275-4638 or by visiting Our website at www.metlife.com/dental.

BENEFIT AMOUNTS

We will pay benefits in an amount equal to the Covered Percentage for charges incurred by You or a Dependent for a Covered Service as shown in the SCHEDULE OF BENEFITS, subject to the conditions set forth in this certificate.

In-Network

If a Covered Service is performed by an In-Network Dentist, We will base the benefit on the Covered Percentage of the Maximum Allowed Charge.

If an In-Network Dentist performs a Covered Service, You will be responsible for paying:

- the Deductible; and
- any other part of the Maximum Allowed Charge for which We do not pay benefits.

Out-of-Network

If a Covered Service is performed by an Out-of-Network Dentist, We will base the benefit on the Covered Percentage of the Maximum Allowed Charge.

Out-of-Network Dentists may charge You more than the Maximum Allowed Charge. If an Out-of-Network Dentist performs a Covered Service, You will be responsible for paying:

- the Deductible;
- any other part of the Maximum Allowed Charge for which We do not pay benefits; and
- any amount in excess of the Maximum Allowed Charge charged by the Out-of-Network Dentist.

DENTAL INSURANCE (CONTINUED)

Maximum Benefit Amounts

The Schedule of Benefits sets forth Maximum Benefit Amounts We will pay for Covered Services received In-Network and Out-of-Network. We will never pay more than the greater of the In-Network Maximum Benefit Amount or the Out-of-Network Maximum Benefit Amount.

For example, if a Covered Service is received Out-of-Network and We pay \$300 in benefits for such service, \$300 will be applied toward both the In-Network and the Out-of-Network Maximum Benefit Amounts applicable to such service.

Deductibles

The Deductible amounts are shown in the Schedule of Benefits.

The Yearly Individual Deductible is the amount that You and each Dependent must pay for Covered Services to which such Deductible applies each Year before We will pay benefits for such Covered Services.

We apply amounts used to satisfy Yearly Individual Deductibles to the Yearly Family Deductible. Once the Yearly Family Deductible is satisfied, no further Yearly Individual Deductibles are required to be met.

The amount We apply toward satisfaction of a Deductible for a Covered Service is the amount We use to determine benefits for such service. The Deductible Amount will be applied based on when Dental insurance claims for Covered Services are processed by Us. The Deductible Amount will be applied to Covered Services in the order that Dental Insurance claims for Covered Services are processed by Us regardless of when a Covered Service is "incurred". When several Covered Services are incurred on the same date and Dental Insurance benefits are claimed as part of the same claim, the Deductible Amount is applied based on the Covered Percentage applicable to each Covered Service. The Deductible Amount will be applied in the order of highest Covered Percentage to lowest Covered Percentage.

Alternate Benefit

If We determine that a service, less costly than the Covered Service the Dentist performed, could have been performed to treat a dental condition, We will pay benefits based upon the less costly service if such service:

- would produce a professionally acceptable result under generally accepted dental standards; and
- would qualify as a Covered Service.

For example:

- when an amalgam filling and a composite filling are both professionally acceptable methods for filling a molar, We may base Our benefit determination upon the amalgam filling which is the less costly service;
- when a filling and an inlay are both professionally acceptable methods for treating tooth decay or breakdown, We may base Our benefit determination upon the filling which is the less costly service;
- when a filling and a crown are both professionally acceptable methods for treating tooth decay or breakdown, We may base Our benefit determination upon the filling which is the less costly service; and
- when a partial denture and fixed bridgework are both professionally acceptable methods for replacing multiple missing teeth in an arch, We may base Our benefit determination upon the partial denture which is the less costly service.

If We pay benefits based upon a less costly service in accordance with this subsection, the Dentist may charge You or Your Dependent for the difference between the service that was performed and the less costly service. This is the case even if the service is performed by an In-Network Dentist.

DENTAL INSURANCE (CONTINUED)

Certain comprehensive dental services have multiple steps associated with them. These steps can be completed at one time or during multiple sessions. For benefit purposes under this certificate, these separate steps of one service are considered to be part of the more comprehensive service. Even if the dentist submits separate bills, the total benefit payable for all related charges will be limited by the maximum benefit payable for the more comprehensive service. For example, root canal therapy includes x-rays, opening of the pulp chamber, additional x-rays, and filling of the chamber. Although these services may be performed in multiple sessions, they all constitute root canal therapy. Therefore, we will only pay benefits for the root canal therapy.

Orthodontic Covered Services

Orthodontic treatment generally consists of initial placement of an appliance and periodic follow-up visits.

The benefit payable for the initial placement will not exceed 20% of the Maximum Benefit Amount for Orthodontia.

The benefit payable for the periodic follow-up visits will be based on the lower of:

- the amount charged by the Dentist; and
- the Maximum Benefit Amount for Orthodontia.

The benefit payable for the periodic follow-up visits will be payable on a monthly basis during the scheduled course of the orthodontic treatment if:

- Dental Insurance is in effect for the person receiving the orthodontic treatment; and
- proof is given to Us that the orthodontic treatment is continuing.

Benefits for Orthodontic Services Begun Prior to this Dental Insurance

If the initial placement was made prior to this Dental Insurance being in effect, the benefit payable will be reduced by the portion attributable to the initial placement.

If the periodic follow-up visits commenced prior to this Dental Insurance being in effect:

- the number of months for which benefits are payable will be reduced by the number of months of treatment performed before this Dental Insurance was in effect; and
- the total amount of the benefit payable for the periodic visits will be reduced proportionately.

Pretreatment Estimate of Benefits

If a planned dental service is expected to cost more than \$300, You have the option of requesting a pretreatment estimate of benefits. The Dentist should submit a claim detailing the services to be performed and the amount to be charged. After We receive this information, We will provide You with an estimate of the Dental Insurance benefits available for the service. The estimate is not a guarantee of the amount We will pay. Under the Alternate Benefit provision, benefits may be based on the cost of a service other than the service that You choose. You are required to submit Proof on or after the date the dental service is completed in order for Us to pay a benefit for such service.

The pretreatment estimate of benefits is only an estimate of benefits available for proposed dental services. You are not required to obtain a pretreatment estimate of benefits. As always, You or Your Dependent and the Dentist are responsible for choosing the services to be performed.

Benefits We Will Pay After Insurance Ends

We will pay benefits for a 90 day period after Your Insurance ends for Covered Services other than routine examinations, prophylaxis, x-rays, sealants, orthodontic services, if:

- the Covered Service was recommended in Writing by a Dentist or Physician;
- the Covered Service was begun prior to the date Your Dental Insurance ended; and
- You did not voluntarily end this Dental Insurance.

We will not pay for benefits for Covered Services after the date You are insured for similar benefits by a plan that replaces this Dental Insurance, unless an elimination period under that plan prevents You from receiving benefits for Covered Services.

DENTAL INSURANCE: DESCRIPTION OF COVERED SERVICES

Type A Covered Services

1. Oral exams are limited to twice every calendar year less the number of problem-focused examinations received during such calendar year.
2. Screenings, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis, are limited to twice every calendar year.
3. 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), are limited to twice every calendar year.
4. Problem-focused examinations are limited to twice every calendar year less the number of oral exams received during such calendar year.
5. Bitewing x-rays but not more than:
 - 2 sets every calendar year for a Child under age 19; and
 - 1 set every calendar year for everyone else.
6. Cleaning of teeth (oral prophylaxis) twice every calendar year.
7. Pulp vitality, diagnostic photographs, and bacteriological studies for determination of bacteriologic agents.
8. Genetic test for susceptibility to oral diseases.
9. Diagnostic casts.
10. Topical fluoride treatment for a Child under age 14, but not more than twice in a calendar year.

Type B Covered Services

1. Full mouth or panoramic x-rays once every 60 months.
2. Intraoral-periapical x-rays.
3. Dental x-rays except as mentioned elsewhere in this certificate.
4. Sealants for a Child under age 16, which are applied to non-restored, non-decayed first and second permanent molars, but not more than once per tooth every 60 months.
5. Space maintainers for a Child under age 14, once per lifetime per tooth area.
6. Protective (sedative) fillings.
7. Initial placement of amalgam fillings.
8. 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.
9. Initial placement of resin fillings.
10. Replacement of an existing resin filling, but only if:

DENTAL INSURANCE: DESCRIPTION OF COVERED SERVICES (CONTINUED)

- at least 24 months have passed since the existing filling was placed; or
 - a new surface of decay is identified on that tooth.
11. Emergency palliative treatment to relieve tooth pain.
 12. Simple extractions.
 13. Pulp capping (excluding final restoration).
 14. Pulp therapy.
 15. Therapeutic pulpotomy (excluding final restoration).
 16. 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 two times in any calendar year less the number of teeth cleanings received during such calendar year.
 17. Periodontal, non-surgical treatment such as scaling and root planing, but not more than once per quadrant in any 24 month period.
 18. Local chemotherapeutic agents.
 19. Injections of therapeutic drugs.
 20. Application of desensitizing medicaments where periodontal treatment (including scaling, root planing, and periodontal surgery such as osseous surgery) has been performed.

Type C Covered Services

1. Consultations for interpretation of diagnostic image by a Dentist not associated with the capture of the image, but not more than twice in a 12 month period.
2. Other consultations, but not more than twice in a 12 month period.
3. 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.
4. Surgical extractions.
5. Oral surgery except as mentioned elsewhere in this certificate.
6. Apexification/recalcification.
7. Root canal treatment, but not more than once for the same tooth.
8. Periodontal surgery not mentioned elsewhere, including gingivectomy, gingivoplasty and osseous surgery, but no more than one surgical procedure per quadrant in any 36 month period.
9. Periodontal soft & connective tissue grafts, but no more than one surgical procedure per quadrant in any 36 month period.
10. Tissue Conditioning, but not more than once in a 36 month period.
11. Prefabricated crown, but no more than one replacement for the same tooth surface within 84 months.

DENTAL INSURANCE: DESCRIPTION OF COVERED SERVICES (CONTINUED)

12. Initial installation of Cast Restorations.
13. Replacement of any Cast Restorations with the same or a different type of Cast Restoration but no more than one replacement for the same tooth surface within 84 months of a prior replacement.
14. Simple Repairs of Cast Restorations but not more than once in a 12 month period.
15. Core buildup, but no more than once per tooth in a period of 84 months.
16. Labial veneers, but no more than once per tooth in a period of 84 months.
17. Post and cores, but no more than once per tooth in a period of 84 months.
18. Initial installation of fixed and permanent Denture:
 - when needed to replace congenitally missing teeth; or
 - when needed to replace natural teeth that are lost while the person receiving such benefits was insured for Dental Insurance under this certificate.
19. Replacement of a non-serviceable fixed and permanent Denture if such Denture was installed more than 84 months prior to replacement.
20. Initial installation of full or removable Dentures:
 - when needed to replace congenitally missing teeth; or
 - when needed to replace natural teeth that are lost while the person receiving such benefits was insured for Dental Insurance under this certificate.
21. 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.
22. Replacement of a non-serviceable full or removable Denture if such Denture was installed more than 84 months prior to replacement.
23. Adjustments of Dentures:
 - if at least 6 months have passed since the installation of the existing removable Denture; and
 - not more than once in any 12 month period.
24. 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.
25. Repair of Dentures but not more than once in a 12 month period.
26. Addition of teeth to fixed and permanent Denture to replace natural teeth removed while this Dental Insurance was in effect for the person receiving such services.
27. Addition of teeth to a partial removable Denture to replace natural teeth removed while this Dental Insurance was in effect for the person receiving such services.
28. Re-cementing of Cast Restorations or Dentures but not more than once in a 12 month period.

DENTAL INSURANCE: DESCRIPTION OF COVERED SERVICES (CONTINUED)

29. Implant services (including sinus augmentation and bone replacement and graft for ridge preservation), but no more than once for the same tooth position in a 60 month period:
- when needed to replace congenitally missing teeth; or
 - when needed to replace natural teeth that are lost while the person receiving such benefits was insured for Dental Insurance under this certificate.
30. Repair of implants, but not more than once in a 60 month period.
31. Implant supported prosthetics, but no more than once for the same tooth position in a 60 month period:
- when needed to replace congenitally missing teeth; or
 - when needed to replace natural teeth that are lost while the person receiving such benefits was insured for Dental Insurance under this certificate.
32. Repair of implant supported prosthetics but not more than once in a 12 month period.
33. Occlusal adjustments, but not more than once in a 12 month period.
34. With respect to residents of Minnesota, surgical and non-surgical treatment of temporomandibular joint disorders. This includes cone beam imaging but cone beam imaging for this treatment will not be covered more than once for the same tooth position in a 60 month period.

Type D Covered Services

Orthodontia, up to age 19, if the orthodontic appliance is initially installed while Dental Insurance is in effect for such Child.

The Lifetime Individual Maximum Benefit Amount for orthodontia is shown in the SCHEDULE OF BENEFITS.

DENTAL INSURANCE: EXCLUSIONS

We will not pay Dental Insurance benefits for charges incurred for:

1. 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;
2. Services for which You would not be required to pay in the absence of Dental Insurance;
3. Services or supplies received by You or Your Dependent before the Dental Insurance starts for that person;
4. 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.

5. 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.
6. Services or appliances which restore or alter occlusion or vertical dimension.
7. Restoration of tooth structure damaged by attrition, abrasion or erosion, unless caused by disease.
8. Restorations or appliances used for the purpose of periodontal splinting.
9. Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
10. Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.
11. Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work.
12. Missed appointments.
13. Services:
 - paid under any workers' compensation or occupational disease law;
 - paid under any employer liability law;
 - for which You are not required to pay; or
 - received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
14. Services covered under other coverage provided by the Employer.
15. Temporary or provisional restorations.
16. Temporary or provisional appliances.
17. Prescription drugs.

DENTAL INSURANCE: EXCLUSIONS (CONTINUED)

18. Services for which the submitted documentation indicates a poor prognosis.
19. 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.

Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government.

The term does not include:

- any plan, program or coverage provided by a government as an employer; or
- Medicare.

20. 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.
21. 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.
22. Caries susceptibility tests.
23. Initial installation of a fixed and permanent Denture to replace teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
24. Other fixed Denture prosthetic services not described elsewhere in this certificate.
25. Precision attachments, except when the precision attachment is related to implant prosthetics.
26. Initial installation or replacement of a full or removable Denture to replace teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
27. Addition of teeth to a partial removable Denture to replace teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
28. Addition of teeth to a fixed and permanent Denture to replace teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
29. Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it.
30. Implants to replace teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
31. Implants supported prosthetics to replace teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
32. Fixed and removable appliances for correction of harmful habits.
33. Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.

DENTAL INSURANCE: EXCLUSIONS (CONTINUED)

34. Diagnosis and treatment of temporomandibular joint (TMJ) disorders and cone beam imaging. This exclusion does not apply to residents of Minnesota.
35. Repair or replacement of an orthodontic device.
36. Duplicate prosthetic devices or appliances.
37. Replacement of a lost or stolen appliance, Cast Restoration, or Denture.
38. Intra and extraoral photographic images.

DENTAL INSURANCE: COORDINATION OF BENEFITS

When You or a Dependent incur charges for Covered Services, there may be other Plans, as defined below, that also provide benefits for those same charges. In that case, We may reduce what We pay based on what the other Plans pay. This Coordination of Benefits section explains how and when We do this.

DEFINITIONS

In this section, the terms set forth below have the following meanings:

Allowable Expense means a necessary dental expense for which both of the following are true:

- a Covered Person must pay it, and
- it is at least partly covered by one or more of the Plans that provide benefits to the Covered Person.

If a Plan provides fixed benefits for specified events or conditions (instead of benefits based on expenses incurred) such benefits are Allowable Expenses.

If a Plan provides benefits in the form of services, We treat the reasonable cash value of each service performed as both an Allowable Expense and a benefit paid by that Plan.

The term does not include:

- expenses for services performed because of a Job-Related Injury or Sickness;
- any amount of expenses in excess of the higher reasonable and customary fee for a service, if two or more Plans compute their benefit payments on the basis of reasonable and customary fees;
- any amount of expenses in excess of the higher negotiated fee for a service, if two or more Plans compute their benefit payments on the basis of negotiated fees; and
- any amount of benefits that a Primary Plan does not pay because the covered person fails to comply with the Primary Plan's managed care or utilization review provisions, these include provisions requiring:
 - second surgical opinions;
 - pre-certification of services;
 - use of providers in a Plan's network of providers; or
 - any other similar provisions.

We won't use this provision to refuse to pay benefits because an HMO member has elected to have dental services provided by a non-HMO provider and the HMO's contract does not require the HMO to pay for providing those services.

Claim Determination Period means a period that starts on any January 1 and ends on the next December 31. A Claim Determination Period for any covered person will not include periods of time during which that person is not covered under This Plan.

Custodial Parent means a Parent awarded custody, other than joint custody, by a court decree. In the absence of a court decree, it means the Parent with whom the child resides more than half of the Year without regard to any temporary visitation.

HMO means a Health Maintenance Organization or Dental Health Maintenance Organization.

DENTAL INSURANCE: COORDINATION OF BENEFITS (CONTINUED)

Job-Related Injury or Sickness means any injury or sickness:

- for which You are entitled to benefits under a workers' compensation or similar law, or any arrangement that provides for similar compensation; or
- arising out of employment for wage or profit.

Parent means a person who covers a child as a dependent under a Plan.

Plan means any of the following if it provides benefits or services for an Allowable Expense:

- a group insurance plan;
- an HMO;
- a blanket plan;
- uninsured arrangements of group or group type coverage;
- a group practice plan;
- a group service plan;
- a group prepayment plan;
- any other plan that covers people as a group;
- motor vehicle No Fault coverage if the coverage is required by law; and
- any other coverage required or provided by any law or any governmental program.

The term does not include any of the following:

- individual or family insurance or subscriber contracts;
- individual or family coverage through closed panel Plans or other prepayment, group practice or individual practice Plans;
- hospital indemnity coverage;
- a school blanket plan that only provides accident-type coverage on a 24 hour basis, or a "to and from school basis," to students in a grammar school, high school or college;
- disability income protection coverage;
- accident only coverage;
- specified disease or specified accident coverage;
- nursing home or long term care coverage; or
- any government program or coverage if, by state or Federal law, its benefits are excess to those of any private insurance plan or other non-government plan.

The provisions of This Plan which limit benefits based on benefits or services provided under;

- Government Plans; or
- Plans which the employer, Policyholder (or an affiliate) contributes to or sponsors;

will not be affected by these Coordination of Benefits provisions.

Each policy, contract or other arrangement for benefits is a separate Plan. If part of a Plan reserves the right to reduce what it pays based on benefits or services provided by other Plans, that part will be treated separately from any parts which do not.

DENTAL INSURANCE: COORDINATION OF BENEFITS (CONTINUED)

This Plan means the dental benefits described in this certificate, except for any provisions in this certificate that limit insurance based on benefits for services provided under government plans, or plans which the employer (or an affiliate) contributes to or sponsors.

Primary Plan means a Plan that pays its benefits first under the “Rules to Decide Which Plan Is Primary” section. A Primary Plan pays benefits as if the Secondary Plans do not exist.

Secondary Plan means a Plan that is not a Primary Plan. A Secondary Plan may reduce its benefits by amounts payable by the Primary Plan. If there are more than two Plans that provide coverage, a Plan may be Primary to some plans, and Secondary to others.

RULES TO DECIDE WHICH PLAN IS PRIMARY

When more than one Plan covers the person for whom Allowable Expenses were incurred, We determine which plan is primary by applying the rules in this section.

When there is a basis for claim under This Plan and another Plan, This Plan is Secondary unless:

- the other Plan has rules coordinating its benefits with those of This Plan; and
- this Plan is primary under This Plan’s rules.

The first rule below which will allow Us to determine which Plan is Primary is the rule that We will use.

Dependent or Non-Dependent: A Plan that covers a person other than as a dependent (for example, as an employee, member, subscriber, or retiree) is Primary and shall pay its benefits before a Plan that covers the person as a dependent; except that if the person is a Medicare beneficiary and, as a result of federal law or regulations, Medicare is:

- Secondary to the Plan covering the person as a dependent; and
- Primary to the Plan covering the person as other than a dependent (e.g., a retired employee),

then the order of benefits between the two Plans is reversed and the Plan that covers the person as a dependent is Primary.

Child Covered Under More Than One Plan – Court Decree: When This Plan and another Plan cover the same Child as the Dependent of two or more Parents, and the specific terms of a court decree state that one of the Parents must provide health coverage or pay for the Child’s health care expenses, that Parent’s Plan is Primary if the Plan has actual knowledge of those terms. This rule applies to Claim Determination Periods that start after the Plan is given notice of the court decree.

Child Covered Under More Than One Plan – The Birthday Rule: When This Plan and another Plan cover the same Child as the Dependent of two or more Parents, the Primary Plan is the Plan of the Parent whose birthday falls earlier in the Year if:

- the Parents are married; or
- the Parents are not separated (whether or not they have ever married); or
- a court decree awards joint custody without specifying which Parent must provide health coverage.

If both Parents have the same birthday, the Plan that covered either of the Parents longer is the Primary Plan.

DENTAL INSURANCE: COORDINATION OF BENEFITS (CONTINUED)

However, if the other Plan does not have this rule, but instead has a rule based on the gender of the parent, and if as a result the Plans do not agree on the order of benefits, the rule in the other Plan will determine the order of benefits.

Child Covered Under More than One Plan – Custodial Parent: When This Plan and another Plan cover the same Child as the Dependent of two or more Parents, if the Parents are not married, or are separated (whether or not they ever married), or are divorced, the Primary Plan is:

- the Plan of the Custodial Parent; then
- the Plan of the spouse of the Custodial Parent; then
- the Plan of the non-custodial Parent; and then
- the Plan of the spouse of the non-custodial Parent.

Active or Inactive Employee: A Plan that covers a person as an employee who is neither laid off nor retired is Primary to a Plan that covers the person as a laid-off or retired employee (or as that person's Dependent). If the other Plan does not have this rule and, if as a result, the Plans do not agree on the order of benefits, this rule is ignored.

Continuation Coverage: The Plan that covers a person as an active employee, member or subscriber (or as that employee's Dependent) is Primary to a Plan that covers that person under a right of continuation pursuant to federal law (e.g., COBRA) or state law. If the Plan that covers the person has not adopted this rule, and if, as a result, the Plans do not agree on the order of benefits, this rule shall not apply.

Longer/Shorter Time Covered: If none of the above rules determine which Plan is Primary, the Plan that has covered the person for the longer time shall be Primary to a Plan that has covered the person for a shorter time.

No Rules Apply: If none of the above rules determine which Plan is Primary, the Allowable Expenses shall be shared equally between all the Plans. In no event will This Plan pay more than it would if it were Primary.

EFFECT ON BENEFITS OF THIS PLAN

If This Plan is Secondary, when the total Allowable Expenses incurred by a covered person in any Claim Determination Period are less than the sum of:

- the benefits that would be payable under This Plan without applying this Coordination of Benefits provision; and
- the benefits that would be payable under all other Plans without applying Coordination of Benefits or similar provisions;

then We will reduce the benefits that would otherwise be payable under This Plan. The sum of these reduced benefits plus all benefits payable for such Allowable Expenses under all other Plans will not exceed the total of the Allowable Expenses. Benefits payable under all other Plans include all benefits that would be payable if the proper claims had been made on time.

DENTAL INSURANCE: COORDINATION OF BENEFITS (CONTINUED)

RIGHT TO RECEIVE AND RELEASE NEEDED INFORMATION

We need certain information to apply the Coordination of Benefits rules. We have the right to decide which facts We need. We may get facts from or give them to any other organization or person. We do not need to tell, or get the consent of, any person or organization to do this. To obtain all benefits available, a covered person who incurs Allowable Expenses should file a claim under each Plan which covers the person. Each person claiming benefits under This Plan must give us any facts We need to pay the claim.

FACILITY OF PAYMENT

A payment made under another Plan may include an amount which should have been paid under This Plan. If it does, We may pay that amount to the organization which made that payment. That amount will then be treated as though it were a benefit paid under This Plan. We will not have to pay that amount again. The term "payment made" includes benefits provided in the form of services, in which case We may pay the reasonable cash value of the benefits provided in the form of services.

RIGHT OF RECOVERY

If the amount We pay is more than We should have paid under this Coordination of Benefits provision, We may recover the excess from one or more of:

- the person We have paid or for whom We have paid;
- insurance companies; or
- other organizations.

The amount of the payment includes the reasonable cash value of any benefits provided in the form of services.

FILING A CLAIM

For Dental Insurance, all claim forms needed to file for benefits under the group insurance program can be obtained by calling MetLife at 1-800-275-4638. Dental claim forms can also be downloaded from www.metlife.com/dental. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim.

When We receive the claim form and Proof, We will review the claim and, if We approve it, We will pay benefits subject to the terms and provisions of this certificate and the Group Policy.

CLAIMS FOR DENTAL INSURANCE BENEFITS

When a claimant files a claim for Dental Insurance benefits described in this certificate, both the notice of claim and the required Proof should be sent to Us within 90 days of the date of a loss.

Claim and Proof may be given to Us by following the steps set forth below:

Step 1

A claimant can request a claim form by calling Us at 1-800-275-4638.

Step 2

We will send a claim form to the claimant within 15 days of the request. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim.

Step 3

When the claimant receives the claim form the claimant should fill it out as instructed and return it with the required Proof described in the claim form.

Step 4

The claimant must give Us Proof not later than 90 days after the date of the loss.

If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and Proof are given as soon as is reasonably possible.

Time Limit on Legal Actions. A legal action on a claim for Dental Insurance benefits may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends 5 years after the date such Proof is required.

DENTAL INSURANCE: PROCEDURES FOR DENTAL CLAIMS

Claim Submission

For claims for Dental Insurance benefits, the claimant must complete the appropriate claim form and submit the required Proof as described in the FILING A CLAIM section of the certificate.

Claim forms must be submitted in accordance with the instructions on the claim form.

Routine Questions on Dental Insurance Claims

If there is any question about a claim payment, an explanation may be requested from MetLife by dialing 1-800-275-4638.

Initial Determination

After You submit a claim for Dental Insurance benefits to MetLife, MetLife will review Your claim and notify You of its decision to approve or deny Your claim.

Such notification will be provided to You within a 30 day period from the date You submitted Your claim; except for situations requiring an extension of time of up to 15 days because of matters beyond the control of the Plan. If MetLife needs such an extension, MetLife will notify You prior to the expiration of the initial 30 day period, state the reason why the extension is needed, and state when it will make its determination. If an extension is needed because You did not provide sufficient information or filed an incomplete claim, the time from the date of MetLife's notice requesting further information and an extension until MetLife receives the requested information does not count toward the time period MetLife is allowed to notify You as to its claim decision. You will have 45 days to provide the requested information from the date You receive the notice requesting further information from MetLife.

If MetLife denies Your claim in whole or in part, the notification of the claims decision will state the reason why Your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because MetLife did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. Further, if an internal rule, protocol, guideline or other criterion was relied upon in making the denial, the claims decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that You may request a copy free of charge.

Appealing the Initial Determination

If MetLife denies Your claim, You may take two appeals of the initial determination. Upon Your written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim. You must submit Your appeal to MetLife at the address indicated on the claim form within 180 days of receiving MetLife's decision. Appeals must be in writing and must include at least the following information:

- Name of Employee
- Name of the Plan
- Reference to the initial decision
- Whether the appeal is the first or second appeal of the initial determination
- An explanation why You are appealing the initial determination.

As part of each appeal, You may submit any written comments, documents, records, or other information relating to Your claim.

After MetLife receives Your written request appealing the initial determination or determination on the first appeal, MetLife will conduct a full and fair review of Your claim. Deference will not be given to initial denials, and MetLife's review will look at the claim anew. The review on appeal will take into account all comments, documents, records, and other information that You submit relating to Your claim without regard to whether such information was submitted or considered in the initial determination. The person who will review Your appeal will not be the same person as the person who made the initial decision to deny Your claim. In

DENTAL INSURANCE: PROCEDURES FOR DENTAL CLAIMS (CONTINUED)

addition, the person who is reviewing the appeal will not be a subordinate of the person who made the initial decision to deny Your claim. If the initial denial is based in whole or in part on a medical judgment, MetLife will consult with a health care professional with appropriate training and experience in the field of dentistry involved in the judgment. This health care professional will not have consulted on the initial determination, and will not be a subordinate of any person who was consulted on the initial determination.

MetLife will notify You in writing of its final decision within 30 days after MetLife's receipt of Your written request for review, except that under special circumstances MetLife may have up to an additional 30 days to provide written notification of the final decision. If such an extension is required, MetLife will notify You prior to the expiration of the initial 30 day period, state the reason(s) why such an extension is needed, and state when it will make its determination.

If MetLife denies the claim on appeal, MetLife will send You a final written decision that states the reason(s) why the claim You appealed is being denied and references any specific Plan provision(s) on which the denial is based. If an internal rule, protocol, guideline or other criterion was relied upon in denying the claim on appeal, the final written decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that You may request a copy free of charge. Upon written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim.

GENERAL PROVISIONS

Assignment

The rights and benefits under the Group Policy are not assignable prior to a claim for benefits, except as required by law.

Upon receipt of a Covered Service, You may assign Dental Insurance benefits to the Dentist providing such service.

Dental Insurance: Who We Will Pay

If You assign payment of Dental Insurance benefits to Your or Your Dependent's Dentist, We will pay benefits directly to the Dentist. Otherwise, We will pay Dental Insurance benefits to You.

Entire Contract

Your insurance is provided under a contract of group insurance with the Employer. The entire contract with the Employer is made up of the following:

1. the Group Policy and its Exhibits, which include the certificate(s);
2. the Employer's application; and
3. any amendments and/or endorsements to the Group Policy.

Incontestability: Statements Made by You

Any statement made by You will be considered a representation and not a warranty. We will not use such statement to avoid insurance, reduce benefits or defend a claim unless the following requirements are met:

1. the statement is in a Written application or enrollment form;
2. You have Signed the application or enrollment form; and
3. a copy of the application or enrollment form has been given to You or Your Beneficiary.

Misstatement of Age

If Your age is misstated, the correct age will be used to determine if insurance is in effect and, as appropriate, We will adjust the benefits and/or premiums.

Conformity with Law

If the terms and provisions of this certificate do not conform to any applicable law, this certificate shall be interpreted to so conform.

Autopsy

We have the right to make a reasonable request for an autopsy where permitted by law. Any such request will set forth the reasons We are requesting the autopsy.

Overpayments

Recovery of Dental Insurance Overpayments

We have the right to recover any amount that We determine to be an overpayment, whether for services received by You or Your Dependents.

An overpayment occurs if We determine that:

- the total amount paid by Us on a claim for Dental Insurance is more than the total of the benefits due to You under this certificate; or

GENERAL PROVISIONS (CONTINUED)

- payment We made should have been made by another group plan.

If such overpayment occurs, You have an obligation to reimburse Us.

How We Recover Overpayments

We may recover the overpayment from You by:

- stopping or reducing any future benefits payable for Dental Insurance;
- demanding an immediate refund of the overpayment from You; and
- taking legal action.

We may recover such overpayment in accordance with that agreement.

If the overpayment results from Our having made a payment to You that should have been made under another group plan, We may recover such overpayment from one or more of the following:

- any other insurance company;
- any other organization; or
- any person to or for whom payment was made.

"THIS IS THE END OF THE CERTIFICATE. THE FOLLOWING IS ADDITIONAL INFORMATION"

Privacy Notice to Our Customers

This Privacy Notice is given to you on behalf of **METROPOLITAN LIFE INSURANCE COMPANY**.

TO PLAN SPONSORS AND GROUP INSURANCE CONTRACTHOLDERS: THIS NOTICE EXPLAINS HOW WE TREAT INFORMATION ABOUT ANYONE WHO APPLIES FOR OR OBTAINS OUR PRODUCTS AND SERVICES UNDER EMPLOYEE BENEFIT PLANS THAT WE INSURE OR GROUP INSURANCE CONTRACTS THAT WE ISSUE. PLEASE NOTE THAT WE REFER TO THESE INDIVIDUALS IN THIS NOTICE BY USING THE TERM “YOU”, AS IF THIS NOTICE WERE BEING ADDRESSED TO THESE INDIVIDUALS.

Why We Need to Know about You: We need to know about you (and anyone else to be insured) so that we can provide the insurance and other products and services you've asked for. We may also need information from you and others to help us verify identities in order to prevent money laundering and terrorism. What we need to know includes address, age and other basic information. But we may need more information, including finances, employment, health, hobbies or business conducted with us, with other MetLife companies (our “**affiliates**”) or with other companies.

How We Learn about You: What we know about you (and anyone else to be insured) we get mostly from you. But we may also have to find out more from other sources in order to make sure that what we know is correct and complete. Those sources may include adult relatives, employers, consumer reporting agencies, health care providers and others. Some of our sources may give us reports and may disclose what they know to others.

How We Protect What We Know About You: We treat what we know about you confidentially. Our employees are told to take care in handling your information. They may get information about you only when there is a good reason to do so. We take steps to make our computer data bases secure and to safeguard the information we have.

How We Use and Disclose What We Know About You: We may use anything we know about you to help us serve you better. We may use it, and disclose it to our affiliates and others, for any purpose allowed by law. For instance, we may use your information, and disclose it to others, in order to:

- Help us evaluate your request for a product or service
- Help us process claims and other transactions
- Confirm or correct what we know about you
- Help us prevent fraud, money laundering, terrorism and other crimes by verifying what we know about you
- Help us comply with the law
- Help us run our business
- Process data for us
- Perform research for us
- Audit our business

Other reasons we may disclose what we know about you include:

- Doing what a court or government agency requires us to do; for example, complying with a search warrant or subpoena
- Telling another company what we know about you, if we are or maybe selling all or any part of our business or merging with another company
- Giving information to the government so that it can decide whether you may get benefits that it will have to pay for
- Telling a group customer about its members' claims or cooperating in a group customer's audit of our service
- Telling your health care provider about a medical problem that you have but may not be aware of
- Giving your information to a peer review organization if you have health insurance with us
- Giving your information to someone who has a legal interest in your insurance, such as someone who lent you money and holds a lien on your insurance or benefits

Generally, we will disclose only the information we consider reasonably necessary to disclose.

We may use what we know about you in order to offer you our other products and services. We may share your information with other companies to help us. Here are our other rules on using your information to market products and services:

- We will not share information about you with any of our affiliates for use in marketing its products to you, unless we first notify you. You will then have an opportunity to tell us not to share your information by “opting out.”
- Before we share what we know about you with another financial services company to offer you products or services through a joint marketing arrangement, we will let you “opt-out.”
- We will not disclose information to unaffiliated companies for use in selling their products to you, except through such joint marketing arrangements.
- We will not share your health information with any other company, even one of our affiliates, to permit it to market its products and services to you.

How You Can See and Correct Your Information: Generally, we will let you review what we know about you if you ask us in writing. (Because of its legal sensitivity, we will not show you anything that we learned in connection with a claim or lawsuit.) If you tell us that what we know about you is incorrect, we will review it. If we agree with you, we will correct our records. If we do not agree with you, you may tell us in writing, and we will include your statement when we give your information to anyone outside MetLife.

You Can Get Other Material from Us: In addition to any other privacy notice we may give you, we must give you a summary of our privacy policy once each year. You may have other rights under the law. If you want to know more about our privacy policy, please contact us at our website, www.metlife.com, or write to Metropolitan Life Insurance Company, c/o MetLife Privacy Office - Inst, P.O. Box 489, Warwick, RI 02887-9954. Please identify the specific product or service you are writing about.

Uniformed Services Employment And Reemployment Rights Act

This section describes the right that you may have to continue coverage for yourself and your covered dependents under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA).

Continuation of Group Dental Insurance:

If you take a leave from employment for “service in the uniformed services,” as that term is defined in USERRA, and as a consequence your dental insurance coverage under your employer’s group dental insurance policy ends, you may elect to continue dental insurance for yourself and your covered dependents, for a limited period of time, as described below.

The law requires that your employer notify you of your rights, benefits and obligations under USERRA including instructions on how to elect to continue insurance, the amount and procedure for payment of premium. If permitted by USERRA, your employer may require that you elect to continue coverage within a period of time specified by your employer.

You may be responsible for payment of the required premium to continue insurance. If your leave from employment for service in the uniformed services lasts less than 31 days, your required premium will be no more than the amount you were required to pay for dental insurance before the leave began; for a leave lasting 31 or more days, you may be required to pay up to 102% of the total dental insurance premium, including any amount that your employer was paying before the leave began.

You and your covered dependents insurance that is continued pursuant to USERRA will end on the earliest of the following:

- the end of 24 consecutive months from the date your leave from employment for service in the uniformed services begins; or
- the day after the date on which you fail to apply for, or return to employment, in accordance with USERRA.

You and your covered dependent may become entitled to continuation of coverage under the Consolidated Omnibus Budget Reconciliation Act (“COBRA”) while you have dental insurance coverage under your employer’s group dental insurance policy pursuant to USERRA. Contact your employer for more information.



Metropolitan Life Insurance Company
200 Park Avenue, New York, New York 10166-0188

CERTIFICATE OF INSURANCE

Metropolitan Life Insurance Company ("MetLife"), a stock company, certifies that You and Your Dependents are insured for the benefits described in this certificate, subject to the provisions of this certificate. This certificate is issued to You under the Group Policy and it includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.**

This certificate is part of the Group Policy. The Group Policy is a contract between MetLife and the Employer and may be changed or ended without Your consent or notice to You.

This certificate describes insurance provided by a certificate previously issued to You by MetLife and replaces such previous certificate.

Employer: Central Florida Regional Transport Authority
dba LYNX

Group Policy Number: TM 05985918-G

Type of Insurance: Dental Insurance

MetLife Toll Free Number(s):
For General Information 1-800-275-4638

THIS CERTIFICATE ONLY DESCRIBES DENTAL INSURANCE.

THE GROUP INSURANCE POLICY PROVIDING COVERAGE UNDER THIS CERTIFICATE WAS ISSUED IN A JURISDICTION OTHER THAN MARYLAND AND MAY NOT PROVIDE ALL THE BENEFITS REQUIRED BY MARYLAND LAW.

For Residents of North Dakota: If you are not satisfied with your Certificate, You may return it to Us within 20 days after You receive it, unless a claim has previously been received by Us under Your Certificate. We will refund within 30 days of our receipt of the returned Certificate any Premium that has been paid and the Certificate will then be considered to have never been issued. You should be aware that, if you elect to return the Certificate for a refund of premiums, losses which otherwise would have been covered under your Certificate will not be covered.

WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICE(S) WHICH APPEAR ON THIS PAGE AND IN THE NOTICE(S) SECTION WHICH FOLLOWS THIS PAGE. PLEASE READ THE(SE) NOTICE(S) CAREFULLY.

NOTICE FOR RESIDENTS OF FLORIDA

**Dental Insurance benefits for Covered Services are
subject to a Deductible.**

For Texas Residents:

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call MetLife's toll free telephone number for information or to make a complaint at

1-800-275-4638

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

1-800-252-3439

You may write the Texas Department of Insurance
P.O. Box 149104
Austin, TX 78714-9104
Fax # (512) 475-1771

Web: <http://www.tdi.state.tx.us>

Email: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES: Should You have a dispute concerning Your premium or about a claim You should contact MetLife first. If the dispute is not resolved, You may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR CERTIFICATE:

This notice is for information only and does not become a part or condition of the attached document.

Para Residentes de Texas:

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de MetLife para informacion o para someter una queja al

1-800-275-4638

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas
P.O. Box 149104
Austin, TX 78714-9104
Fax # (512) 475-1771

Web: <http://www.tdi.state.tx.us>

Email: ConsumerProtection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O RECLAMOS: Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con MetLife primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU CERTIFICADO:

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

NOTICE FOR RESIDENTS OF TEXAS

DENTAL INSURANCE: PROCEDURES FOR DENTAL CLAIMS

If You reside in Texas, note the following Procedures for Dental Claims will be followed:

Procedures for Presenting Claims for Dental Insurance Benefits

All claim forms needed to file for Dental Insurance benefits under the group insurance program can be obtained from the Employer who can also answer questions about the insurance benefits and to assist You or, if applicable, Your beneficiary in filing claims. Dental claim forms can also be downloaded from www.metlife.com/dental. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully.

Routine Questions on Dental Insurance Claims

If there is any question about a claim payment, an explanation may be requested from MetLife by dialing 1-800-275-4638.

Claim Submission

For claims for Dental Insurance benefits, the claimant must complete the appropriate claim form and submit the required proof as described in the FILING A CLAIM section of the certificate.

Claim forms must be submitted in accordance with the instructions on the claim form.

Initial Determination

After You submit a claim for Dental Insurance benefits to MetLife, MetLife will notify You acknowledging receipt of Your claim, commence with any investigation, and request any additional information within 15 days of receipt of Your claim.

MetLife will notify You in writing of the acceptance or rejection of Your claim within 15 business days of receipt of all information needed to process Your claim.

If MetLife cannot accept or reject Your claim within 15 business days after receipt of all information, MetLife will notify You within 15 business days stating the reason why we require an extension. If an extension is requested, We will notify You of our decision to approve or deny Your claim within 45 days. Upon notification of approval, Your claim will be paid within 5 business days.

If MetLife denies Your claim in whole or in part, the notification of the claims decision will state the reason why Your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because MetLife did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. Further, if an internal rule, protocol, guideline or other criterion was relied upon in making the denial, the claims decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that You may request a copy free of charge.

Appealing the Initial Determination

If MetLife denies Your claim, You may take two appeals of the initial determination. Upon Your written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim. You must submit Your appeal to MetLife at the address indicated on the claim form within 180 days of receiving MetLife's decision. Appeals must be in writing and must include at least the following information:

- Name of Employee
- Name of the Plan
- Reference to the initial decision
- Whether the appeal is the first or second appeal of the initial determination
- An explanation why You are appealing the initial determination.

NOTICE FOR RESIDENTS OF TEXAS

As part of each appeal, You may submit any written comments, documents, records, or other information relating to Your claim.

After MetLife receives Your written request appealing the initial determination or determination on the first appeal, MetLife will conduct a full and fair review of Your claim. Deference will not be given to initial denials, and MetLife's review will look at the claim anew. The review on appeal will take into account all comments, documents, records, and other information that You submit relating to Your claim without regard to whether such information was submitted or considered in the initial determination. The person who will review Your appeal will not be the same person as the person who made the initial decision to deny Your claim. In addition, the person who is reviewing the appeal will not be a subordinate of the person who made the initial decision to deny Your claim. If the initial denial is based in whole or in part on a medical judgment, MetLife will consult with a health care professional with appropriate training and experience in the field of dentistry involved in the judgment. This health care professional will not have consulted on the initial determination, and will not be a subordinate of anyone who was consulted on the initial determination.

MetLife will notify You in writing of its final decision within 30 days after MetLife's receipt of Your written request for review, except that under special circumstances MetLife may have up to an additional 30 days to provide written notification of the final decision. If such an extension is required, MetLife will notify You prior to the expiration of the initial 30 day period, state the reason(s) why such an extension is needed, and state when it will make its determination.

If MetLife denies the claim on appeal, MetLife will send You a final written decision that states the reason(s) why the claim You appealed is being denied and references any specific Plan provision(s) on which the denial is based. If an internal rule, protocol, guideline or other criterion was relied upon in denying the claim on appeal, the final written decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that You may request a copy free of charge. Upon written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim.

NOTICE FOR RESIDENTS OF TEXAS

The exclusion of services which are primarily cosmetic will not apply to the treatment or correction of a congenital defect of a newborn child.

NOTICE FOR RESIDENTS OF ARKANSAS

If You have a question concerning Your coverage or a claim, first contact the Policyholder or group account administrator. If, after doing so, You still have a concern, You may call the toll free telephone number shown on the Certificate Face Page.

If You are still concerned after contacting both the Policyholder and MetLife, You should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201
(501) 371-2640 or (800) 852-5494

NOTICE FOR RESIDENTS OF CALIFORNIA

IMPORTANT NOTICE

TO OBTAIN ADDITIONAL INFORMATION, OR TO MAKE A COMPLAINT, CONTACT THE POLICYHOLDER OR THE METLIFE CLAIM OFFICE SHOWN ON THE EXPLANATION OF BENEFITS YOU RECEIVE AFTER FILING A CLAIM.

IF, AFTER CONTACTING THE POLICYHOLDER AND/OR METLIFE, YOU FEEL THAT A SATISFACTORY SOLUTION HAS NOT BEEN REACHED, YOU MAY FILE A COMPLAINT WITH THE CALIFORNIA INSURANCE DEPARTMENT AT:

**DEPARTMENT OF INSURANCE
300 SOUTH SPRING STREET
LOS ANGELES, CA 90013
1 (800) 927-4357**

NOTICE FOR RESIDENTS OF THE STATE OF CALIFORNIA

California law provides that for dental insurance, domestic partners of California's residents must be treated the same as spouses. If the certificate does not already have a definition of domestic partner, then the following definition applies:

“Domestic Partner means each of two people, one of whom is an employee of the Employer, a resident of California and who have registered as domestic partners or members of a civil union with the California or another government recognized by California as having similar requirements.

For purposes of determining who may become a Covered Person, the term does not include any person who:

- is in the military of any country or subdivision of a country;
- is insured under the Group Policy as an employee.”

If the certificate already has a definition of domestic partner, that definition will apply to California residents, as long as it recognizes as a domestic partner any person registered as the employee's domestic partner with the California government or another government recognized by California as having similar requirements.

Wherever the term Spouse appears, except in the definition of Spouse, it shall be replaced by Spouse or Domestic Partner.

Wherever the term step-child appears, it is replaced by step-child or child of Your Domestic Partner.

NOTICE FOR RESIDENTS OF GEORGIA

IMPORTANT NOTICE

The laws of the state of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.

NOTICE FOR RESIDENTS OF IDAHO

If You have a question concerning Your coverage or a claim, first contact the Employer. If, after doing so, You still have a concern, You may call the toll free telephone number shown on the Certificate Face Page.

If You are still concerned after contacting both the Employer and MetLife, You should feel free to contact:

Idaho Department of Insurance
Consumer Affairs
700 West State Street, 3rd Floor
PO Box 83720
Boise, Idaho 83720-0043
1-800-721-3272 or www.DOI.Idaho.gov

NOTICE FOR RESIDENTS OF ILLINOIS

IMPORTANT NOTICE

To make a complaint to MetLife, You may write to:

MetLife
200 Park Avenue
New York, New York 10166

The address of the Illinois Department of Insurance is:

Illinois Department of Insurance
Public Services Division
Springfield, Illinois 62767

NOTICE FOR RESIDENTS OF INDIANA

Questions regarding your policy or coverage should be directed to:

**Metropolitan Life Insurance Company
1-800-275-4638**

If you (a) need the assistance of the government agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer you may contact the Department of Insurance by mail, telephone or email:

State of Indiana Department of Insurance
Consumer Services Division
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204

Consumer Hotline: (800) 622-4461; (317) 232-2395

Complaint can be filed electronically at *www.in.gov/doi*

NOTICE FOR RESIDENTS OF MAINE

You have the right to designate a third party to receive notice if Your insurance is in danger of lapsing due to a default on Your part, such as nonpayment of a contribution that is due. The intent is to allow reinstatements where the default is due to the insured person's suffering from cognitive impairment or functional incapacity. You may make this designation by completing a "Third-Party Notice Request Form" and sending it to MetLife. Once You have made a designation, You may cancel or change it by filling out a new Third-Party Notice Request Form and sending it to MetLife. The designation will be effective as of the date MetLife receives the form. Call MetLife at the toll-free telephone number shown on the face page of this certificate to obtain a Third-Party Notice Request Form. Within 90 days after cancellation of coverage for nonpayment of premium, You, any person authorized to act on Your behalf, or any covered Dependent may request reinstatement of the certificate on the basis that You suffered from cognitive impairment or functional incapacity at the time of cancellation.

NOTICE FOR MASSACHUSETTS RESIDENTS

The following provisions are required by Massachusetts law.

Translation Services

Translation services are available by calling 1-800-638-3368. We shall make available upon request interpreter and translation services related to administrative procedures by calling member services.

منقوم عند الطلب بتوفير مترجمين وخدمات ترجمة تتعلق بالإجراءات الإدارية وذلك بالإتصال بخدمات العملاء.

យើងផ្តល់សេវាបកប្រែ និងកិច្ចការបកប្រែ ដែលជាប់ទាក់ទងទៅនឹង វិធីចាត់ចែងការ តាមការស្នើ ដោយទូរស័ព្ទទៅកន្លែងបម្រើសមាជិក ។

我們提供協助辦理行政手續的翻譯服務，您若需要翻譯人員，請電洽會員服務處。

Nous assurerons sur demande, les services d'interprétariat et de traduction en connexion avec les procédures administratives, en appelant les services aux membres.

Θα διαθέσουμε μετά από αίτηση υπηρεσίες διερμηνεία και μεταφραστική σχετικά με διοικητικές διαδικασίες ερχόμενοι σε επαφή με τις υπηρεσίες μελών.

Si w rele departman sèvis kliyan an, epi w mande sèvis entèprèt ak tradiksyon pou pwosede administratif, sèvis la ap disponib pou w.

A richiesta metteremo a disposizione servizi di interpretariato e traduzione riguardo le procedure amministrative. Telefonare all'ufficio di Assistenza soci.

ຖ້າທ່ານຮ້ອງຂໍ, ພວກຮ້າຈະຈັດການບາງພາສາຂອງທ່ານໄວ້ກັບທ່ານ ອີງຕາມຮຽນທີ່ທ່ານຮ້ອງຂໍບໍ່ມີຄ່າ ທາງການສື່ສານ ໂດຍທ່ານສາມາດໄວ້ຄຳຕໍ່ກັບພະແນກບໍລິການສະມາຊິກ.

Disponibilizaremos, a seu pedido, os serviços de um(a) tradutor(a)/intérprete para os procedimentos administrativos, contactando os serviços para membros.

По Вашему требованию будут предоставлены услуги устного и письменного перевода, связанные с административными процедурами, если Вы позволите в отдел по обслуживанию членов.

Si usted lo solicita, pondremos a su disposición servicios de interpretación y traducción para asistirle en los procedimientos administrativos. Si necesita estos servicios, comuníquese con servicios a los miembros.

NOTICE FOR MASSACHUSETTS RESIDENTS (Continued)

The following provisions are required by Massachusetts law.

Summary of Utilization Review Procedures

MetLife reviews claims for evidence of need for certain dental procedures. These reviews are conducted by licensed dentists. If there is no evidence of need MetLife will deny benefits for a claim. MetLife also reviews claims to determine whether there exists a less costly treatment for a dental condition that is generally considered effective to treat the condition. If a less costly alternative treatment exists, MetLife will determine benefits based on the alternative treatment. If you want to determine the status of any such claim review, you can call MetLife at 1-800-275-4638.

Summary of Quality Assurance Programs

MetLife performs a check on certain credentials of any dentist applying to participate in MetLife's Participating Dentist Program (PDP). If the credentials do not meet MetLife's standards, for example if a dentist does not have a valid license, the dentist will not be permitted to participate in the PDP. MetLife does not interfere with the traditional relationship between PDP dentists and their patients, or any determination between the patient and dentist as to what the appropriate dental treatment may be. MetLife dental plans also allow you to choose between any dentist, whether they participate in the PDP or not. Therefore you should choose your dentist carefully, and you are responsible to be sure that your dentist delivers quality dental care.

Involuntary Disenrollment Rate

The involuntary disenrollment rate among insureds of MetLife is 0.

NOTICE FOR RESIDENTS OF MASSACHUSETTS

CONTINUATION OF DENTAL INSURANCE

1. If Your Dental Insurance ends due to a Plant Closing or Covered Partial Closing, such insurance will be continued for 90 days after the date it ends.
2. If Your Dental Insurance ends because:
 - You cease to be in an Eligible Class; or
 - Your employment terminates;

for any reason other than a Plant Closing or Covered Partial Closing, such insurance will continue for 31 days after the date it ends.

Continuation of Your Dental Insurance under the CONTINUATION WITH PREMIUM PAYMENT subsection will end before the end of continuation periods shown above if You become covered for similar benefits under another plan.

Plant Closing and **Covered Partial Closing** have the meaning set forth in Massachusetts Annotated Laws, Chapter 151A, Section 71A.

NOTICE FOR NEW HAMPSHIRE RESIDENTS

CONTINUATION OF YOUR DENTAL INSURANCE

If You are a resident of New Hampshire, Your Dental Insurance may be continued if it ends because Your employment ends unless:

- Your employment ends due to Your gross misconduct;
- this Dental Insurance ends for all employees;
- this Dental Insurance is changed to end Dental Insurance for the class of employees to which You belong;
- You are entitled to enroll in Medicare; or
- Your Dental Insurance ends because You failed to pay the required premium.

The Employer must give You written notice of:

- Your right to continue Your Dental Insurance;
- the amount of premium payment that is required to continue Your Dental Insurance;
- the manner in which You must request to continue Your Dental Insurance and pay premiums; and
- the date by which premium payments will be due.

The premium that You must pay for Your continued Dental Insurance may include:

- any amount that You contributed for Your Dental Insurance before it ended;
- any amount the Employer paid; and
- an administrative charge which will not to exceed two percent of the rest of the premium.

To continue Your Dental Insurance, You must:

- send a written request to continue Your Dental Insurance; and
- pay the first premium within 30 days after the date Your employment ends.

The maximum continuation period will be the longest of:

- 36 months if Your employment ends because You retire, and within 12 months of retirement You have a substantial loss of coverage because the employer files for bankruptcy protection under Title 11 of the United States Code;
- 29 months if You become entitled to disability benefits under Social Security within 60 days of the date Your Employment ends; or
- 18 months.

Your continued Dental Insurance will end on the earliest of the following to occur:

- the end of the maximum continuation period;
- the date this Dental Insurance ends;
- the date this Dental Insurance is changed to end Dental Insurance for the class of employees to which You belong;
- the date You are entitled to enroll for Medicare;
- if You do not pay the required premium to continue Your Dental Insurance; or
- the date You become eligible for coverage under any other group dental coverage.

NOTICE FOR NEW HAMPSHIRE RESIDENTS (Continued)

CONTINUATION OF YOUR DEPENDENT'S DENTAL INSURANCE

If You are a resident of New Hampshire, Your Dental Insurance for Your Dependents may be continued if it ends because Your employment ends, Your marriage ends in divorce or separation, or You die, unless:

- Your employment ends due to Your gross misconduct;
- this Dental Insurance ends for all Dependents;
- this Dental Insurance is changed, for the class of employees to which You belong, to end Dental Insurance for Dependents;
- the Dependent is entitled to enroll in Medicare; or
- Your Dental Insurance for Your Dependents ends because You fail to pay a required premium.

If Dental Insurance for Your Dependents ends because Your marriage ends in divorce or separation, the party responsible under the divorce decree or separation agreement for payment of premium for continued Dental Insurance must notify the employer, in writing, within 30 days of the date of the divorce decree or separation agreement that the divorce or separation has occurred. If You and Your divorced or separated Spouse share responsibility for payment of the premium for continued Dental Insurance, both You and Your divorced or separated Spouse must provide the notification.

The Employer must give You, or Your former Spouse if You have died or Your marriage has ended, written notice of:

- Your right to continue Your Dental Insurance for Your Dependents;
- the amount of premium payment that is required to continue Your Dental Insurance for Your Dependents;
- the manner in which You or Your former Spouse must request to continue Your Dental Insurance for Your Dependents and pay premiums; and
- the date by which premium payments will be due.

The premium that You or Your former Spouse must pay for continued Dental Insurance for Your Dependents may include:

- any amount that You contributed for Your Dental Insurance before it ended; and
- any amount the Employer paid.

To continue Dental Insurance for Your Dependents, You or Your former Spouse must:

- send a written request to continue Dental Insurance for Your Dependents; and
- must pay the first premium within 30 days of the date Dental Insurance for Your Dependents ends.

If You, and Your former Spouse, if applicable, fail to provide any required notification, or fail to request to continue Dental Insurance for Your Dependents and pay the first premium within the time limits stated in this section, Your right to continue Dental Insurance for Your Dependents will end.

NOTICE FOR NEW HAMPSHIRE RESIDENTS (Continued)

CONTINUATION OF YOUR DEPENDENT'S DENTAL INSURANCE (Continued)

The maximum continuation period will be the longest of the following that applies:

- 36 months if Dental Insurance for Your Dependents ends because Your marriage ends in divorce or separation, except that with respect to a Spouse who is age 55 or older when your marriage ends in divorce or separation the maximum continuation period will end when the divorced or separated Spouse becomes eligible for Medicare or eligible for participation in another employer's group plan;
- 36 months if Dental Insurance for Your Dependents ends because You die, except that with respect to a Spouse who is age 55 or older when You die, the maximum continuation period will end when Your surviving Spouse becomes eligible for Medicare or eligible for participation in another employer's group dental coverage;
- 36 months if Dental Insurance for Your Dependents ends because You become entitled to benefits under Title XVIII of Social Security, except that with respect to a Spouse who is age 55 or older when You become entitled to benefits under Title XVIII of Social Security, the maximum continuation period will end when the divorced or separated Spouse becomes eligible for Medicare or eligible for participation in another employer's group dental coverage;
- 36 months if You become entitled to benefits under Title XVIII of Social Security while You are already receiving continued benefits under this section, except that with respect to a Spouse who is age 55 or older when You first become entitled to continue Your Dental Insurance the maximum continuation period will end when the divorced or separated Spouse becomes eligible for Medicare or eligible for participation in another employer's group dental coverage;
- 36 months with respect to a Dependent Child if Dental Insurance ends because the Child ceases to be a Dependent Child;
- 36 months if Your employment ends because You retire, and within 12 months of retirement You have a substantial loss of coverage because the employer files for bankruptcy protection under Title 11 of the United States Code;
- 29 months if Dental Insurance for Your Dependents ends because Your employment ends, and within 60 days of the date Your employment ends you become entitled to disability benefits under Social Security; or
- 18 months if Dental Insurance for Your Dependents ends because Your employment ends.

A Dependent's continued Dental Insurance will end on the earliest of the following to occur:

- the end of the maximum continuation period;
- the date this Dental Insurance ends;
- the date this Dental Insurance is changed to end Dental Insurance for Dependents for the class of employees to which You belong;
- the date the Dependent becomes entitled to enroll for Medicare;
- if You do not pay a required premium to continue Dental Insurance for Your Dependents; or
- the date the Dependent becomes eligible for coverage under any other group dental coverage.

NOTICE FOR RESIDENTS OF NORTH CAROLINA

UNDER NORTH CAROLINA GENERAL STATUTE SECTION 58-50-40, NO PERSON, EMPLOYER, PRINCIPAL, AGENT, TRUSTEE, OR THIRD PARTY ADMINISTRATOR, WHO IS RESPONSIBLE FOR THE PAYMENT OF GROUP HEALTH OR LIFE INSURANCE OR GROUP HEALTH PLAN PREMIUMS, SHALL:

(1) CAUSE THE CANCELLATION OR NONRENEWAL OF GROUP HEALTH OR LIFE INSURANCE, HOSPITAL, MEDICAL, OR DENTAL SERVICE CORPORATION PLAN, MULTIPLE EMPLOYER WELFARE ARRANGEMENT, OR GROUP HEALTH PLAN COVERAGES AND THE CONSEQUENTIAL LOSS OF THE COVERAGES OF THE PERSONS INSURED, BY WILLFULLY FAILING TO PAY THOSE PREMIUMS IN ACCORDANCE WITH THE TERMS OF THE INSURANCE OR PLAN CONTRACT, AND

(2) WILLFULLY FAIL TO DELIVER, AT LEAST 45 DAYS BEFORE THE TERMINATION OF THOSE COVERAGES, TO ALL PERSONS COVERED BY THE GROUP POLICY A WRITTEN NOTICE OF THE PERSON'S INTENTION TO STOP PAYMENT OF PREMIUMS. THIS WRITTEN NOTICE MUST ALSO CONTAIN A NOTICE TO ALL PERSONS COVERED BY THE GROUP POLICY OF THEIR RIGHTS TO HEALTH INSURANCE CONVERSION POLICIES UNDER ARTICLE 53 OF CHAPTER 58 OF THE GENERAL STATUTES AND THEIR RIGHTS TO PURCHASE INDIVIDUAL POLICIES UNDER THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT AND UNDER ARTICLE 68 OF CHAPTER 58 OF THE GENERAL STATUTES.

VIOLATION OF THIS LAW IS A FELONY. ANY PERSON VIOLATING THIS LAW IS ALSO SUBJECT TO A COURT ORDER REQUIRING THE PERSON TO COMPENSATE PERSONS INSURED FOR EXPENSES OR LOSSES INCURRED AS A RESULT OF THE TERMINATION OF THE INSURANCE.

NOTICE FOR RESIDENTS OF PENNSYLVANIA

Dental Insurance for a Dependent Child may be continued past the age limit if that Child is a full-time student and insurance ends due to the Child being ordered to active duty (other than active duty for training) for 30 or more consecutive days as a member of the Pennsylvania National Guard or a Reserve Component of the Armed Forces of the United States.

Insurance will continue if such Child:

- re-enrolls as a full-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located;
- re-enrolls for the first term or semester, beginning 60 or more days from the child's release from active duty;
- continues to qualify as a Child, except for the age limit; and
- submits the required Proof of the child's active duty in the National Guard or a Reserve Component of the United States Armed Forces.

Subject to the Date Insurance For Your Dependents Ends subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS, this continuation will continue until the earliest of the date:

- the insurance has been continued for a period of time equal to the duration of the child's service on active duty; or
- the child is no longer a full-time student.

NOTICE FOR RESIDENTS OF UTAH

Notice of Protection Provided by Utah Life and Health Insurance Guaranty Association

This notice provides a brief summary of the Utah Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Utah law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, health, or annuity insurance company becomes financially unable to meet its obligations and is taken over by its insurance regulatory agency. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Utah law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

- Life Insurance
 - o \$500,000 in death benefits
 - o \$200,000 in cash surrender or withdrawal values
- Health Insurance
 - o \$500,000 in hospital, medical and surgical insurance benefits
 - o \$500,000 in long-term care insurance benefits
 - o \$500,000 in disability income insurance benefits
 - o \$500,000 in other types of health insurance benefits
- Annuities
 - o \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$500,000. Special rules may apply with regard to hospital, medical and surgical insurance benefits.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. Coverage is conditioned on residency in this state and there are substantial limitations and exclusions. For a complete description of coverage, consult Utah Code, Title 3 IA, Chapter 28.

Insurance companies and agents are prohibited by Utah law to use the existence of the Association or its coverage to encourage you to purchase insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between Utah law and this notice, Utah law will control.

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website at www.utlifega.org or contact:

Utah Life and Health Insurance Guaranty Assoc.
60 East South Temple, Suite 500
Salt Lake City UT 84111
(801) 320-9955

Utah Insurance Department
3110 State Office Building
Salt Lake City UT 84114-6901
(801) 538-3800

A written complaint about misuse of this Notice or the improper use of the existence of the Association may be filed with the Utah Insurance Department at the above address.

CIVIL UNION NOTICE FOR RESIDENTS OF VERMONT

Vermont law provides that the following definitions apply to your certificate:

- Terms that mean or refer to a marital relationship, or that may be construed to mean or refer to a marital relationship, such as "marriage," "spouse," "husband," "wife," "dependent," "next of kin," "relative," "beneficiary," "survivor," "immediate family" and any other such terms include the relationship created by a Civil Union established according to Vermont law.
- Terms that mean or refer to the inception or dissolution of a marriage, such as "date of marriage," "divorce decree," "termination of marriage" and any other such terms include the inception or dissolution of a Civil Union established according to Vermont law.
- Terms that mean or refer to family relationships arising from a marriage, such as "family," "immediate family," "dependent," "children," "next of kin," "relative," "beneficiary," "survivor" and any other such terms include family relationships created by a Civil Union established according to Vermont law.
- "Dependent" includes a spouse, a party to a Civil Union established according to Vermont law, and a child or children (natural, step-child, legally adopted or a minor or disabled child who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a Civil Union established according to Vermont law.
- "Child" includes a child (natural, stepchild, legally adopted or a minor or disabled child who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a Civil Union established according to Vermont law.
- "'Civil Union'" means a civil union established pursuant to Act 91 of the 2000 Vermont Legislative Session, entitled "'Act Relating to Civil Unions'".

All references in this notice to Civil Unions are limited to Civil Unions in which the parties are residents of Vermont.

If dependent insurance for a spouse and/or child is not provided under your certificate, such insurance is not added by virtue of this notice.

For purposes of dependent insurance, any person who meets the definition of "'dependent'" as set forth in this notice is required to meet all other applicable requirements in order to qualify for such insurance.

This notice does not limit any definitions or terms included in your certificate. It broadens definitions and terms only to the extent required by Vermont law.

DISCLOSURE:

Vermont law grants parties to a Civil Union the same benefits, protections and responsibilities that flow from marriage under state law. However, some or all of the benefits, protections and responsibilities related to life and health insurance that are available to married persons under federal law may not be available to parties to a Civil Union. For example, a federal law, the Employee Retirement Income Security Act of 1974 known as "'ERISA'", controls the employer/employee relationship with regard to determining eligibility for enrollment in private employer benefit plans. Because of ERISA, Act 91 does not state requirements pertaining to a private employer's enrollment of a party to a Civil Union in an ERISA employee benefit plan. However, governmental employers (not federal government) are required to provide life and health benefits to the dependents of a party to a Civil Union if the public employer provides such benefits to dependents of married persons. Federal law also controls group health insurance continuation rights under "'COBRA'" for employers with 20 or more employees as well as the Internal Revenue Code treatment of insurance premiums. As a result, parties to a Civil Union and their families may or may not have access to certain benefits under this notice and the certificate to which it is attached that derive from federal law. You are advised to seek expert advice to determine your rights under this notice and the certificate to which it is attached.

NOTICE FOR RESIDENTS OF VIRGINIA

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

In the event You need to contact someone about this insurance for any reason please contact Your agent. If no agent was involved in the sale of this insurance, or if You have additional questions You may contact the insurance company issuing this insurance at the following address and telephone number:

MetLife
200 Park Avenue
New York, New York 10166
Attn: Corporate Consumer Relations Department

To phone in a claim related question, You may call Claims Customer Service at:
1-800-275-4638

If You have been unable to contact or obtain satisfaction from the company or the agent, You may contact the Virginia State Corporation Commission's Bureau of Insurance at:

The Office of the Managed Care Ombudsman
Bureau of Insurance
P.O. Box 1157
Richmond, VA 23209
1-877-310-6560 - toll-free
1-804-371-9032 - locally
www.scc.virginia.gov - web address
ombudsman@scc.virginia.gov - email

Or:

The Virginia Department of Health (The Center for Quality Health Care Services and Consumer Protection)
3600 West Broad St
Suite 216
Richmond, VA 23230
1-800-955-1819

Written correspondence is preferable so that a record of Your inquiry is maintained. When contacting Your agent, company or the Bureau of Insurance, have Your policy number available.

NOTICE FOR RESIDENTS OF VIRGINIA

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

If You have any questions regarding an appeal or grievance concerning the dental services that You have been provided that have not been satisfactorily addressed by this Dental Insurance, You may contact the Virginia Office of the Managed Care Ombudsman for assistance.

You may contact the Virginia Office of the Managed Care Ombudsman either by dialing toll free at (877) 310-6560, or locally at (804) 371-9032, via the internet at Web address www.scc.virginia.gov, email at ombudsman@scc.virginia.gov, or mail to:

The Office of the Managed Care Ombudsman
Bureau of Insurance, P.O. Box 1157
Richmond, VA 23218

NOTICE FOR RESIDENTS OF THE STATE OF WASHINGTON

Washington law provides that the following apply to Your certificate:

Wherever the term "**Spouse**" appears in this certificate it shall, unless otherwise specified, be read to include Your Domestic Partner.

Domestic Partner means each of two people, one of whom is an Employee of the Employer, who have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a government agency where such registration is available.

Wherever the term "step-child" appears in this certificate it shall be read to include the children of Your Domestic Partner.

NOTICE FOR RESIDENTS OF WEST VIRGINIA

FREE LOOK PERIOD:

If You are not satisfied with Your certificate, You may return it to Us within 10 days after You receive it, unless a claim has previously been received by Us under Your certificate. We will refund within 10 days of our receipt of the returned certificate any Premium that has been paid and the certificate will then be considered to have never been issued. You should be aware that, if You elect to return the certificate for a refund of premiums, losses which otherwise would have been covered under Your certificate will not be covered.

NOTICE FOR RESIDENTS OF WISCONSIN

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE? - If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

MetLife
Attn: Corporate Consumer Relations Department
200 Park Avenue
New York, NY 10166-0188
1-800-638-5433

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by contacting:

Office of the Commissioner of Insurance
Complaints Department
P.O. Box 7873
Madison, WI 53707-7873
1-800-236-8517 outside of Madison or 608-266-0103 in Madison.

NOTICE FOR RESIDENTS OF LOUISIANA, MINNESOTA, MONTANA, NEW MEXICO, TEXAS, UTAH AND WASHINGTON

The Definition of Child In The Definitions Section Of This Certificate Is Modified For The Coverage Listed Below:

For Louisiana Residents (Dental Insurance):

The term also includes Your grandchildren residing with You. The age limit for children and grandchildren will not be less than 26, regardless of the child's or grandchild's marital status, student status or full-time employment status. Your natural child, adopted child, stepchild or grandchild under age 26 will not need to be supported by You to qualify as a Child under this insurance. In addition, marital status will not prevent or cease the continuation of insurance for a mentally or physically handicapped child or grandchild past the age limit.

For Minnesota Residents (Dental Insurance):

The term also includes Your grandchildren who are financially dependent upon You and reside with You continuously from birth. The age limit for children and grandchildren will not be less than 25 regardless of the child's or grandchild's student status or full-time employment status. Your natural child, adopted child or stepchild under age 25 will not need to be supported by You to qualify as a Child under this insurance.

For Montana Residents (Dental Insurance):

The term also includes newborn infants of any person insured under this certificate. The age limit for children will not be less than 25, regardless of the child's student status or full-time employment status. Your natural child, adopted child or stepchild under age 25 will not need to be supported by You to qualify as a child under this insurance.

For New Mexico Residents (Dental Insurance):

The age limit for children will not be less than 25, regardless of the child's student status or full-time employment status. Your natural child, adopted child or stepchild will not be denied dental insurance coverage under this certificate because:

- that child was born out of wedlock;
- that child is not claimed as Your dependent on Your federal income tax return; or
- that child does not reside with You.

For Texas Residents (Dental Insurance):

The term also includes Your grandchildren. The age limit for children and grandchildren will not be less than 25, regardless of the child's or grandchild's student status, full-time employment status or military service status. Your natural child, adopted child or stepchild under age 25 will not need to be supported by You to qualify as a Child under this insurance. In addition, grandchildren must be able to be claimed by You as a dependent for Federal Income Tax purposes at the time You applied for Insurance.

For Utah Residents (Dental Insurance):

The age limit for children will not be less than 26, regardless of the child's student status or full-time employment status. Your natural child, adopted child or stepchild under age 26 will not need to be supported by You to qualify as a Child under this insurance.

For Washington Residents Dental Insurance:

The age limit for children will not be less than 26, regardless of the child's marital status, student status, or full-time employment status. Your natural child, adopted child or stepchild under age 26 will not need to be supported by You to qualify as a Child under this insurance.

NOTICE FOR RESIDENTS OF ALL STATES WHO ARE INSURED FOR DENTAL INSURANCE

Notice Regarding Your Rights and Responsibilities

Rights:

- We will treat communications, financial records and records pertaining to your care in accordance with all applicable laws relating to privacy.
- Decisions with respect to dental treatment are the responsibility of You and the dentist. We neither require nor prohibit any specified treatment. However, only certain specified services are covered for benefits. Please see the Dental Insurance sections of this certificate for more details.
- You may request a pre-treatment estimate of benefits for the dental services to be provided. However, actual benefits will be determined after treatment has been performed.
- You may request a written response from MetLife to any written concern or complaint.
- You have the right to receive an explanation of benefits which describes the benefit determinations for your dental insurance.

Responsibilities:

- You are responsible for the prompt payment of any charges for services performed by the dentist. If the dentist agrees to accept part of the payment directly from MetLife, you are responsible for prompt payment of the remaining part of the dentist's charge.
- You should consult with the dentist about treatment options, proposed and potential procedures, anticipated outcomes, potential risks, anticipated benefits and alternatives. You should share with the dentist the most current, complete and accurate information about your medical and dental history and current conditions and medications.
- You should follow the treatment plans and health care recommendations agreed upon by You and the dentist.

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SCHEDULE OF BENEFITS

This schedule shows the benefits that are available under the Group Policy. You and Your Dependents will only be insured for the benefits:

- for which You and Your Dependents become and remain eligible, and
- which You elect, if subject to election; and
- which are in effect.

BENEFIT

BENEFIT AMOUNT AND HIGHLIGHTS

Dental Insurance For You and Your Dependents

For All Active Full-Time Non-Union Employees who elect the High Option Dental Plan

Covered Percentage for:	In-Network based on the Maximum Allowed Charge	Out-of-Network based on the Reasonable and Customary Charge
Type A Services	100%	100%
Type B Services	80%	80%
Type C Services	50%	50%
Type D Services (Orthodontic)	50%	50%
Deductibles for:	In-Network	Out-of-Network
Yearly Individual Deductible	\$50 for the following Covered Services Combined: Type B & Type C	\$50 for the following Covered Services Combined: Type B & Type C
Yearly Family Deductible	\$150 for the following Covered Services Combined: Type B & Type C	\$150 for the following Covered Services Combined: Type B & Type C
Maximum Benefit:	In-Network	Out-of-Network
Yearly Individual Maximum	\$1,500 for the following Covered Services: Type A, Type B & Type C	\$1,500 for the following Covered Services: Type A, Type B & Type C
Lifetime Individual Maximum for Type D Covered Services (Orthodontic)	\$1,000	\$1,000

DEFINITIONS

As used in this certificate, the terms listed below will have the meanings set forth below. When defined terms are used in this certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

Actively at Work or Active Work means that You are performing all of the usual and customary duties of Your job on a Full-Time basis. This must be done at:

- the Employer's place of business;
- an alternate place approved by the Employer; or
- a location to which the Employer's business requires You to travel.

You will be deemed to be Actively at Work during weekends or Employer-approved vacations, holidays or business closures if You were Actively at Work on the last scheduled work day preceding such time off.

Cast Restoration means an inlay, onlay, or crown.

Child means the following: (for residents of Louisiana, Minnesota, Montana, New Mexico, Texas, Utah and Washington, the Child Definition is modified as explained in the Notice pages of this certificate; please consult the Notice)

- Your natural, adopted, or stepchild who is under age 26, supported by and living with You. The term also includes Your natural, adopted or stepchild under age 26 who is:
 - supported by You; and
 - a full-time or part-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located.

The definition of Child includes newborns, adopted children from the time of placement in Your home; adopted newborns if an agreement to adopt is entered into prior to birth, and the child is placed in Your home; and children placed in Your home pursuant to a court order including foster children.

The term does not include any person who:

- is in the military of any country or subdivision of any country; or
- is insured under the Group Policy as an employee.

Contributory Insurance means insurance for which the Employer requires You to pay any part of the premium.

Contributory Insurance includes: Personal and Dependent Dental Insurance.

Covered Percentage means:

- for a Covered Service performed by an In-Network Dentist, the percentage of the Maximum Allowed Charge that We will pay for such services after any required Deductible is satisfied; and
- for a Covered Service performed by an Out-of-Network Dentist, the percentage of the Reasonable and Customary Charge that We will pay for such services after any required Deductible is satisfied.

Covered Service means a dental service used to treat Your or Your Dependent's dental condition which is:

- prescribed or performed by a Dentist while such person is insured for Dental Insurance;
- Dentally Necessary to treat the condition; and
- described in the SCHEDULE OF BENEFITS or DENTAL INSURANCE sections of this certificate.

Deductible means the amount You or Your Dependents must pay before We will pay for Covered Services.

Dental Hygienist means a person trained to:

- remove calcareous deposits and stains from the surfaces of teeth; and
- provide information on the prevention of oral disease.

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DEFINITIONS

Dentally Necessary means that a dental service or treatment is performed in accordance with generally accepted dental standards as determined by Us and is:

- necessary to treat decay, disease or injury of the teeth; or
- essential for the care of the teeth and supporting tissues of the teeth.

Dentist means:

- a person licensed to practice dentistry in the jurisdiction where such services are performed; or
- any other person whose services, according to applicable law, must be treated as Dentist's services for purposes of the Group Policy. Each such person must be licensed in the jurisdiction where the services are performed and must act within the scope of that license. The person must also be certified and/or registered if required by such jurisdiction.

Dentures means fixed partial dentures (bridgework), removable partial dentures and removable full dentures.

Dependent(s) means Your Spouse and/or Child.

Full-Time means Active Work on the Employer's regular work schedule for the class of employees to which You belong. The work schedule must be at least 30 hours a week. Full-Time does not include temporary or seasonal employees.

In-Network Dentist means a Dentist who participates in the Preferred Dentist Program and has a contractual agreement with Us to accept the Maximum Allowed Charge as payment in full for a dental service.

Maximum Allowed Charge means the lesser of:

- the amount charged by the Dentist; or
- the maximum amount which the In-Network Dentist has agreed with Us to accept as payment in full for the dental service.

Noncontributory Insurance means insurance for which the Employer does not require You to pay any part of the premium.

Out-of-Network Dentist means a Dentist who does not participate in the Preferred Dentist Program.

Physician means:

- a person licensed to practice medicine in the jurisdiction where such services are performed; or
- any other person whose services, according to applicable law, must be treated as Physician's services for purposes of the Group Policy. Each such person must be licensed in the jurisdiction where the service is performed and must act within the scope of that license. Such person must also be certified and/or registered if required by such jurisdiction.

Proof means Written evidence satisfactory to Us that a person has satisfied the conditions and requirements for any benefit described in this certificate. When a claim is made for any benefit described in this certificate, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant's right to receive payment.

Proof must be provided at the claimant's expense.

DEFINITIONS

Reasonable and Customary Charge is the lowest of:

- the Dentist's actual charge for the services or supplies (or, if the provider of the service or supplies is not a Dentist, such other provider's actual charge for the services or supplies) (the 'Actual Charge'); or
- the usual charge by the Dentist or other provider of the services or supplies for the same or similar services or supplies (the 'Usual Charge'); or
- the usual charge of other Dentists or other providers in the same geographic area equal to the 80th percentile of charges as determined by MetLife based on charge information for the same or similar services or supplies maintained in MetLife's Reasonable and Customary Charge records (the 'Customary Charge'). Where MetLife determines that there is inadequate charge information maintained in MetLife's Reasonable and Customary Charge records for the geographic area in question, the Customary Charge will be determined based on actuarially sound principles.

An example of how the 80th percentile is calculated is to assume one hundred (100) charges for the same service are contained in MetLife's Reasonable and Customary charge records. These 100 hundred (100) charges would be sorted from lowest to highest charged amount and numbered 1 through 100. The 80th percentile of charges is the charge that is equal to the charge numbered 80.

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record, which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

Spouse means Your lawful Spouse.

The term does not include any person who:

- is in the military of any country or subdivision of any country; or
- is insured under the Group Policy as an employee.

We, Us and Our mean MetLife.

Written or Writing means a record which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

Year or Yearly means the 12 month period that begins January 1.

You and Your mean an employee who is insured under the Group Policy for the insurance described in this certificate.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU

ELIGIBLE CLASS(ES)

All Active Full-Time Non-Union Employees who elect the High Option Dental Plan

DATE YOU ARE ELIGIBLE FOR INSURANCE

You may only become eligible for the insurance available for Your class as shown in the SCHEDULE OF BENEFITS.

For All Active Full-Time Non-Union Employees who elect the High Option Dental Plan

You will be eligible for insurance on the later of:

1. January 01, 2015; and
2. the first day of the month coincident with or next following the date You complete the Waiting Period of 60 days.

Waiting Period means the period of continuous membership in an eligible class that You must wait before You become eligible for insurance. This period begins on the date You enter an eligible class and ends on the date You complete the period(s) specified.

ENROLLMENT PROCESS FOR DENTAL INSURANCE

If You are eligible for insurance, You may enroll for such insurance by completing the required form in Writing. If You enroll for Contributory Insurance, You must also give the Employer Written permission to deduct premiums from Your pay for such insurance. You will be notified by the Employer how much You will be required to contribute.

The Dental Insurance has a regular enrollment period established by the Employer. Subject to the rules of the Group Policy, You may enroll for Dental Insurance only when You are first eligible or during an annual enrollment period or If You have a Qualifying Event. You should contact the Employer for more information regarding the annual enrollment period.

DATE YOUR INSURANCE TAKES EFFECT

Enrollment When First Eligible

If You complete the enrollment process within 31 days of becoming eligible for insurance you are a timely entrant, such insurance will take effect on the date You become eligible, provided You are Actively at Work on that date.

If You are not Actively at Work on the date the insurance would otherwise take effect, the benefit will take effect on the day You resume Active Work.

Enrollment During First Annual Enrollment Period Following the Date You Became Eligible

You will be able to enroll for insurance during the first annual enrollment period. When You complete the enrollment process during the first annual enrollment period, such insurance will take effect on the first day of the month coincident with or next following the enrollment period, if You are actively at Work on that date.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU (CONTINUED)

Enrollment During Any Subsequent Dental Enrollment Period

During any subsequent annual enrollment period for dental insurance as determined by the Employer, You may enroll for insurance for which You are eligible or choose a different option than the one for which You are currently enrolled. If You are not currently enrolled for Dental Insurance but You enroll or make changes to Your insurance during a subsequent enrollment period, the Dental Insurance takes effect on the first day of the month following the enrollment period, if You are Actively at Work on that day.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

Enrollment Due to a Qualifying Event

You may enroll for insurance for which You are eligible or change the amount of Your insurance between annual enrollment periods only if You have a Qualifying Event.

If You have a Qualifying Event, You will have 31 days from the date of that change to make a request. This request must be consistent with the nature of the Qualifying Event. The insurance enrolled for or changes to Your insurance made as a result of a Qualifying Event will take effect on the first day of the month coincident with or next following the date of Your request, if You are Actively at Work on that date.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

Qualifying Event includes:

- marriage; or
- the birth, adoption or placement for adoption of a dependent child; or
- divorce, legal separation or annulment; or
- the death of a dependent; or
- You previously did not enroll for dental coverage for You or Your dependent because You had other group coverage, but that coverage has ceased due to loss of eligibility for the other group coverage; or
- Your dependent's ceasing to qualify as a dependent under this insurance or under other group coverage.

DATE YOUR INSURANCE ENDS

Your insurance will end on the earliest of:

1. the date the Group Policy ends;
2. the date insurance ends for Your class;
3. the end of the period for which the last premium has been paid for You;
4. the last day of the calendar month in which Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT; or
5. the last day of the calendar month in which You retire in accordance with the Employer's retirement plan.

In certain cases insurance may be continued as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS

ELIGIBLE CLASS(ES) FOR DEPENDENT INSURANCE

All Active Full-Time Non-Union Employees who elect the High Option Dental Plan

DATE YOU ARE ELIGIBLE FOR DEPENDENT INSURANCE

You may only become eligible for the Dependent insurance available for Your eligible class as shown in the SCHEDULE OF BENEFITS.

For All Active Full-Time Non-Union Employees who elect the High Option Dental Plan

You will be eligible for Dependent insurance on the later of:

1. January 01, 2015; and
2. the first day of the month coincident with or next following the date You complete the Waiting Period of 60 days.

Waiting Period means the period of continuous membership in an eligible class that You must wait before You become eligible for Dependent insurance. This period begins on the date You enter an eligible class and ends on the date You complete the period(s) specified.

No person may be insured as a Dependent of more than one employee.

ENROLLMENT PROCESS FOR DEPENDENT DENTAL INSURANCE

If You are eligible for Dependent Insurance, You may enroll for such insurance by completing the required form in Writing for each Dependent to be insured. If You enroll for Contributory Insurance, You must also give the Employer Written permission to deduct premiums from Your pay for such insurance. You will be notified by the Employer how much You will be required to contribute.

In order to enroll for Dental Insurance for Your Dependents, You must either (a) already be enrolled for Dental Insurance for You or (b) enroll at the same time for Dental Insurance for You.

The Dental Insurance has a regular enrollment period established by the Employer. Subject to the rules of the Group Policy, You may enroll for Dependent Dental Insurance only when You are first eligible or during an annual enrollment period or If You have a Qualifying Event. You should contact the Employer for more information regarding the annual enrollment period.

DATE YOUR INSURANCE TAKES EFFECT FOR YOUR DEPENDENTS

Enrollment When First Eligible

If You complete the enrollment process for Dependent Dental Insurance within 31 days of becoming eligible for Dependent Insurance you are a timely entrant, such insurance will take effect on the later of:

- the date You become eligible for such insurance; and
- the date You enroll

provided You are Actively at Work on that date. If You are not Actively at Work on that date, it will take effect on the day You return to Active Work.

Enrollment During First Annual Enrollment Period Following the Date You Became Eligible

ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS (CONTINUED)

You will be able to enroll for Dependent Insurance during the first annual enrollment period. When You complete the enrollment process during the first annual enrollment period, such insurance will take effect on the first day of the month coincident with or next following the enrollment period, if You are actively at Work on that date.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

Enrollment During Any Subsequent Dental Enrollment Period

During any subsequent annual enrollment period for dental insurance as determined by the Employer, You may enroll for insurance for which You are eligible or choose a different option than the one for which You are currently enrolled. If You are not currently enrolled for Dependent Dental Insurance but You enroll or make changes to Your insurance during a subsequent enrollment period, the Dependent Dental Insurance takes effect on the first day of the month following the enrollment period, if You are Actively at Work on that day.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

Enrollment Due to a Qualifying Event

You may enroll for Dependent Insurance for which You are eligible or change the amount of Your Dependent Insurance between annual enrollment periods only if You have a Qualifying Event.

If You have a Qualifying Event, You will have 31 days from the date of that change to make a request. This request must be consistent with the nature of the Qualifying Event. The insurance enrolled for or changes to Your insurance made as a result of a Qualifying Event will take effect on the first day of the month coincident with or next following the date of Your request, if You are Actively at Work on that date.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

Qualifying Event includes:

- marriage; or
- the birth, adoption or placement for adoption of a dependent child; or
- divorce, legal separation or annulment; or
- the death of a dependent; or
- You previously did not enroll for dental coverage for You or Your dependent because You had other group coverage, but that coverage has ceased due to loss of eligibility for the other group coverage; or
- Your dependent's ceasing to qualify as a dependent under this insurance or under other group coverage.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS (CONTINUED)

DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS

A Dependent's insurance will end on the earliest of:

1. the date Your Dental Insurance ends;
2. the date You die;
3. the date the Group Policy ends;
4. the date Insurance for Your Dependents ends under the Group Policy;
5. the date Insurance for Your Dependents ends for Your class;
6. the last day of the calendar month in which Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.
7. the end of the period for which the last premium has been paid;
8. the date the person ceases to be a Dependent;
9. for Utah residents, the last day of the calendar month the person ceases to be a Dependent;
10. the last day of the calendar month in which You retire in accordance with the Employer's retirement plan.

In certain cases insurance may be continued as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

SPECIAL RULES FOR GROUPS PREVIOUSLY COVERED UNDER OTHER GROUP DENTAL COVERAGE

The following rules will apply if this Dental Insurance replaces other group dental coverage provided to You by the Employer.

Prior Plan means the group dental coverage provided to You by the Employer on the day before the Replacement Date.

Replacement Date means the effective date of this Dental Insurance under the Group Policy.

Rules if You and Your Dependents were Covered Under the Prior Plan on the Day Before the Replacement Date:

1. if You and Your Dependents were covered under the Prior Plan on the day before the Replacement Date, You will be eligible for this Dental Insurance on the Replacement Date if You are in an eligible class on such date;
2. if any of the following conditions occurred while coverage was in effect under the Prior Plan, We will treat such conditions as though they occurred while this Dental Insurance is in effect:
 - the loss of a tooth; and
 - the accumulation of amounts toward:
 - a) Annual Deductibles;
 - b) Annual Maximum Benefits;
 - c) Lifetime Maximum Benefits;
3. if a dental service was received while the Prior Plan was in effect and such service would be a Covered Service subject to frequency and/or time limitations if performed while this Dental Insurance is in effect, the receipt of such prior service will be counted toward the time and frequency limitations under this Dental Insurance;
4. if a government mandated continuation of coverage under the Prior Plan was in effect on the Replacement Date, such coverage may be continued under this Dental Insurance if the required payment is made for the cost of such coverage. In such case, benefits will be available under this Dental Insurance until the earlier of:
 - the date the continued coverage ends as set forth in the provisions of the government-mandated requirements; or
 - the date this Dental Insurance ends.

Rules if You and Your Dependents were NOT covered under the Prior Plan on the Day Before the Replacement Date:

1. You will be eligible for this Dental Insurance when You meet the eligibility requirements for such insurance as described in ELIGIBILITY PROVISIONS: INSURANCE FOR YOU;
2. Your Dependents will be eligible for this Dental Insurance when they meet the eligibility requirements for such insurance as described in ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS; and
3. We will credit any time accumulated toward any eligibility waiting period under the Prior Plan to the satisfaction of any eligibility waiting period required to be met under this Dental Insurance.

CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT

FOR MENTALLY OR PHYSICALLY HANDICAPPED CHILDREN

Insurance for a Dependent Child may be continued past the age limit if the child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of such handicap must be sent to Us within 31 days after the date the Child attains the age limit and at reasonable intervals after such date.

Subject to the DATE INSURANCE FOR YOUR DEPENDENTS ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS, insurance will continue while such Child:

- remains incapable of self-sustaining employment because of a mental or physical handicap; and
- continues to qualify as a Child, except for the age limit.

FOR FAMILY AND MEDICAL LEAVE

Certain leaves of absence may qualify for continuation of insurance under the Family and Medical Leave Act of 1993 (FMLA), or other legally mandated leave of absence or similar laws. Please contact the Employer for information regarding such legally mandated leave of absence laws.

COBRA CONTINUATION FOR DENTAL INSURANCE

The following applies to employers with 20 or more employees that are not church or government plans:

If Dental Insurance for You or a Dependent ends, You or Your Dependent may qualify for continuation of such insurance under the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended (COBRA). Please refer to the COBRA section of Your summary plan description or contact the Employer for information regarding continuation of insurance under COBRA.

AT THE EMPLOYER'S OPTION

The Employer has elected to continue insurance by paying premiums for employees who cease Active Work in an eligible class for any of the reasons specified below. If Your insurance is continued, insurance for Your Dependents may also be continued. You will be notified by the Employer how much You will be required to contribute.

Insurance will continue for the following periods:

1. for the period You cease Active Work in an eligible class due to layoff up to 2 months.
2. for the period You cease Active Work in an eligible class due to injury or sickness up to 9 months.
3. for the period You cease Active Work in an eligible class due to any other Employer approved leave of absence up to 2 months.

At the end of any of the continuation periods listed above, Your insurance will be affected as follows:

- if You resume Active Work in an eligible class at this time, You will continue to be insured under the Group Policy;
- if You do not resume Active Work in an eligible class at this time, Your employment will be considered to end and Your insurance will end in accordance with the DATE YOUR INSURANCE ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOU.

If Your insurance ends, Your Dependents' insurance will also end in accordance with the DATE INSURANCE FOR YOUR DEPENDENTS ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS.

EVIDENCE OF INSURABILITY

No evidence of insurability is required for the insurance described in this certificate.

DENTAL INSURANCE

If You or a Dependent incur a charge for a Covered Service, Proof of such service must be sent to Us. When We receive such Proof, We will review the claim and if We approve it, will pay the insurance in effect on the date that service was completed.

This Dental Insurance gives You access to Dentists through the MetLife Preferred Dentist Program (PDP). Dentists participating in the PDP have agreed to limit their charge for a dental service to the Maximum Allowed Charge for such service. Under the PDP, We pay benefits for Covered Services performed by either In-Network Dentists or Out-of-Network Dentists. However, You may be able to reduce Your out-of-pocket costs by using an In-Network Dentist because Out-of-Network Dentists have not entered into an agreement with Us to limit their charges. You are always free to receive services from any Dentist. You do not need any authorization from Us to choose a Dentist.

The PDP does not provide dental services. Whether or not benefits are available for a particular service, does not mean You should or should not receive the service. You and Your Dentist have the right and are responsible at all times for choosing the course of treatment and services to be performed. After services have been performed, We will determine the extent to which benefits, if any, are payable.

When requesting a Covered Service from an In-Network Dentist, We recommend that You:

- identify Yourself as an insured in the Preferred Dentist Program; and
- confirm that the Dentist is currently an In-Network Dentist at the time that the Covered Service is performed.

The amount of the benefit will not be affected by whether or not You identify Yourself as a member in the Preferred Dentist Program.

You can obtain a customized listing of MetLife's In-Network Dentists either by calling 1-800-275-4638 or by visiting Our website at www.metlife.com/dental.

BENEFIT AMOUNTS

We will pay benefits in an amount equal to the Covered Percentage for charges incurred by You or a Dependent for a Covered Service as shown in the SCHEDULE OF BENEFITS, subject to the conditions set forth in this certificate.

In-Network

If a Covered Service is performed by an In-Network Dentist, We will base the benefit on the Covered Percentage of the Maximum Allowed Charge.

If an In-Network Dentist performs a Covered Service, You will be responsible for paying:

- the Deductible; and
- any other part of the Maximum Allowed Charge for which We do not pay benefits.

Out-of-Network

If a Covered Service is performed by an Out-of-Network Dentist, We will base the benefit on the Covered Percentage of the Reasonable and Customary Charge.

Out-of-Network Dentists may charge You more than the Reasonable and Customary Charge. If an Out-of-Network Dentist performs a Covered Service, You will be responsible for paying:

- the Deductible;
- any other part of the Reasonable and Customary Charge for which We do not pay benefits; and
- any amount in excess of the Reasonable and Customary Charge charged by the Out-of-Network Dentist.

DENTAL INSURANCE (CONTINUED)

Maximum Benefit Amounts

The Schedule of Benefits sets forth Maximum Benefit Amounts We will pay for Covered Services received In-Network and Out-of-Network. We will never pay more than the greater of the In-Network Maximum Benefit Amount or the Out-of-Network Maximum Benefit Amount.

For example, if a Covered Service is received Out-of-Network and We pay \$300 in benefits for such service, \$300 will be applied toward both the In-Network and the Out-of-Network Maximum Benefit Amounts applicable to such service.

Deductibles

The Deductible amounts are shown in the Schedule of Benefits.

The Yearly Individual Deductible is the amount that You and each Dependent must pay for Covered Services to which such Deductible applies each Year before We will pay benefits for such Covered Services.

We apply amounts used to satisfy Yearly Individual Deductibles to the Yearly Family Deductible. Once the Yearly Family Deductible is satisfied, no further Yearly Individual Deductibles are required to be met.

The amount We apply toward satisfaction of a Deductible for a Covered Service is the amount We use to determine benefits for such service. The Deductible Amount will be applied based on when Dental insurance claims for Covered Services are processed by Us. The Deductible Amount will be applied to Covered Services in the order that Dental Insurance claims for Covered Services are processed by Us regardless of when a Covered Service is "incurred". When several Covered Services are incurred on the same date and Dental Insurance benefits are claimed as part of the same claim, the Deductible Amount is applied based on the Covered Percentage applicable to each Covered Service. The Deductible Amount will be applied in the order of highest Covered Percentage to lowest Covered Percentage.

Alternate Benefit

If We determine that a service, less costly than the Covered Service the Dentist performed, could have been performed to treat a dental condition, We will pay benefits based upon the less costly service if such service:

- would produce a professionally acceptable result under generally accepted dental standards; and
- would qualify as a Covered Service.

For example:

- when an amalgam filling and a composite filling are both professionally acceptable methods for filling a molar, We may base Our benefit determination upon the amalgam filling which is the less costly service;
- when a filling and an inlay are both professionally acceptable methods for treating tooth decay or breakdown, We may base Our benefit determination upon the filling which is the less costly service;
- when a filling and a crown are both professionally acceptable methods for treating tooth decay or breakdown, We may base Our benefit determination upon the filling which is the less costly service; and
- when a partial denture and fixed bridgework are both professionally acceptable methods for replacing multiple missing teeth in an arch, We may base Our benefit determination upon the partial denture which is the less costly service.

If We pay benefits based upon a less costly service in accordance with this subsection, the Dentist may charge You or Your Dependent for the difference between the service that was performed and the less costly service. This is the case even if the service is performed by an In-Network Dentist.

DENTAL INSURANCE (CONTINUED)

Certain comprehensive dental services have multiple steps associated with them. These steps can be completed at one time or during multiple sessions. For benefit purposes under this certificate, these separate steps of one service are considered to be part of the more comprehensive service. Even if the dentist submits separate bills, the total benefit payable for all related charges will be limited by the maximum benefit payable for the more comprehensive service. For example, root canal therapy includes x-rays, opening of the pulp chamber, additional x-rays, and filling of the chamber. Although these services may be performed in multiple sessions, they all constitute root canal therapy. Therefore, we will only pay benefits for the root canal therapy.

Orthodontic Covered Services

Orthodontic treatment generally consists of initial placement of an appliance and periodic follow-up visits.

The benefit payable for the initial placement will not exceed 20% of the Maximum Benefit Amount for Orthodontia.

The benefit payable for the periodic follow-up visits will be based on the lower of:

- the amount charged by the Dentist; and
- the Maximum Benefit Amount for Orthodontia.

The benefit payable for the periodic follow-up visits will be payable on a monthly basis during the scheduled course of the orthodontic treatment if:

- Dental Insurance is in effect for the person receiving the orthodontic treatment; and
- proof is given to Us that the orthodontic treatment is continuing.

Benefits for Orthodontic Services Begun Prior to this Dental Insurance

If the initial placement was made prior to this Dental Insurance being in effect, the benefit payable will be reduced by the portion attributable to the initial placement.

If the periodic follow-up visits commenced prior to this Dental Insurance being in effect:

- the number of months for which benefits are payable will be reduced by the number of months of treatment performed before this Dental Insurance was in effect; and
- the total amount of the benefit payable for the periodic visits will be reduced proportionately.

Pretreatment Estimate of Benefits

If a planned dental service is expected to cost more than \$300, You have the option of requesting a pretreatment estimate of benefits. The Dentist should submit a claim detailing the services to be performed and the amount to be charged. After We receive this information, We will provide You with an estimate of the Dental Insurance benefits available for the service. The estimate is not a guarantee of the amount We will pay. Under the Alternate Benefit provision, benefits may be based on the cost of a service other than the service that You choose. You are required to submit Proof on or after the date the dental service is completed in order for Us to pay a benefit for such service.

The pretreatment estimate of benefits is only an estimate of benefits available for proposed dental services. You are not required to obtain a pretreatment estimate of benefits. As always, You or Your Dependent and the Dentist are responsible for choosing the services to be performed.

Benefits We Will Pay After Insurance Ends

We will pay benefits for a 90 day period after Your Insurance ends for Covered Services other than routine examinations, prophylaxis, x-rays, sealants, orthodontic services, if:

- the Covered Service was recommended in Writing by a Dentist or Physician;
- the Covered Service was begun prior to the date Your Dental Insurance ended; and
- You did not voluntarily end this Dental Insurance.

We will not pay for benefits for Covered Services after the date You are insured for similar benefits by a plan that replaces this Dental Insurance, unless an elimination period under that plan prevents You from receiving benefits for Covered Services.

DENTAL INSURANCE: DESCRIPTION OF COVERED SERVICES

Type A Covered Services

1. Oral exams are limited to twice every calendar year less the number of problem-focused examinations received during such calendar year.
2. Screenings, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis, are limited to twice every calendar year.
3. 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), are limited to twice every calendar year.
4. Problem-focused examinations are limited to twice every calendar year less the number of oral exams received during such calendar year.
5. Bitewing x-rays but not more than 2 sets every calendar year.
6. Cleaning of teeth (oral prophylaxis) twice every calendar year.
7. Pulp vitality, diagnostic photographs, and bacteriological studies for determination of bacteriologic agents.
8. Genetic test for susceptibility to oral diseases.
9. Diagnostic casts.
10. Topical fluoride treatment for a Child under age 14, but not more than twice in a calendar year.

Type B Covered Services

1. Full mouth or panoramic x-rays once every 60 months.
2. Intraoral-periapical x-rays.
3. Dental x-rays except as mentioned elsewhere in this certificate.
4. Sealants for a Child under age 16, which are applied to non-restored, non-decayed first and second permanent molars, but not more than once per tooth every 60 months.
5. Space maintainers for a Child under age 14, once per lifetime per tooth area.
6. Protective (sedative) fillings.
7. Initial placement of amalgam fillings.
8. 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.
9. Initial placement of resin fillings.
10. Replacement of an existing resin 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.

DENTAL INSURANCE: DESCRIPTION OF COVERED SERVICES (CONTINUED)

11. Emergency palliative treatment to relieve tooth pain.
12. Simple extractions.
13. Pulp capping (excluding final restoration).
14. Pulp therapy.
15. Therapeutic pulpotomy (excluding final restoration).
16. 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 two times in any calendar year less the number of teeth cleanings received during such calendar year.
17. Periodontal, non-surgical treatment such as scaling and root planing, but not more than once per quadrant in any 24 month period.
18. Local chemotherapeutic agents.
19. Injections of therapeutic drugs.
20. Application of desensitizing medicaments where periodontal treatment (including scaling, root planing, and periodontal surgery such as osseous surgery) has been performed.

Type C Covered Services

1. Consultations for interpretation of diagnostic image by a Dentist not associated with the capture of the image, but not more than twice in a 12 month period.
2. Other consultations, but not more than twice in a 12 month period.
3. 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.
4. Surgical extractions.
5. Oral surgery except as mentioned elsewhere in this certificate.
6. Apexification/recalcification.
7. Root canal treatment, but not more than once for the same tooth.
8. Periodontal surgery not mentioned elsewhere, including gingivectomy, gingivoplasty and osseous surgery, but no more than one surgical procedure per quadrant in any 36 month period.
9. Periodontal soft & connective tissue grafts, but no more than one surgical procedure per quadrant in any 36 month period.
10. Tissue Conditioning, but not more than once in a 36 month period.
11. Prefabricated crown, but no more than one replacement for the same tooth surface within 84 months.
12. Initial installation of Cast Restorations.

DENTAL INSURANCE: DESCRIPTION OF COVERED SERVICES (CONTINUED)

13. Replacement of any Cast Restorations with the same or a different type of Cast Restoration but no more than one replacement for the same tooth surface within 84 months of a prior replacement.
14. Simple Repairs of Cast Restorations but not more than once in a 12 month period.
15. Core buildup, but no more than once per tooth in a period of 84 months.
16. Labial veneers, but no more than once per tooth in a period of 84 months.
17. Post and cores, but no more than once per tooth in a period of 84 months.
18. Initial installation of fixed and permanent Denture:
 - when needed to replace congenitally missing teeth; or
 - when needed to replace natural teeth that are lost while the person receiving such benefits was insured for Dental Insurance under this certificate.
19. Replacement of a non-serviceable fixed and permanent Denture if such Denture was installed more than 84 months prior to replacement.
20. Initial installation of full or removable Dentures:
 - when needed to replace congenitally missing teeth; or
 - when needed to replace natural teeth that are lost while the person receiving such benefits was insured for Dental Insurance under this certificate.
21. 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.
22. Replacement of a non-serviceable full or removable Denture if such Denture was installed more than 84 months prior to replacement.
23. Adjustments of Dentures:
 - if at least 6 months have passed since the installation of the existing removable Denture; and
 - not more than once in any 12 month period.
24. 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.
25. Repair of Dentures but not more than once in a 12 month period.
26. Addition of teeth to fixed and permanent Denture to replace natural teeth removed while this Dental Insurance was in effect for the person receiving such services.
27. Addition of teeth to a partial removable Denture to replace natural teeth removed while this Dental Insurance was in effect for the person receiving such services.
28. Re-cementing of Cast Restorations or Dentures but not more than once in a 12 month period.

DENTAL INSURANCE: DESCRIPTION OF COVERED SERVICES (CONTINUED)

29. Implant services (including sinus augmentation and bone replacement and graft for ridge preservation), but no more than once for the same tooth position in a 60 month period:
- when needed to replace congenitally missing teeth; or
 - when needed to replace natural teeth that are lost while the person receiving such benefits was insured for Dental Insurance under this certificate.
30. Repair of implants, but not more than once in a 60 month period.
31. Implant supported prosthetics, but no more than once for the same tooth position in a 60 month period:
- when needed to replace congenitally missing teeth; or
 - when needed to replace natural teeth that are lost while the person receiving such benefits was insured for Dental Insurance under this certificate.
32. Repair of implant supported prosthetics but not more than once in a 12 month period.
33. Occlusal adjustments, but not more than once in a 12 month period.
34. With respect to residents of Minnesota, surgical and non-surgical treatment of temporomandibular joint disorders. This includes cone beam imaging but cone beam imaging for this treatment will not be covered more than once for the same tooth position in a 60 month period.

Type D Covered Services

Orthodontia, up to age 19, if the orthodontic appliance is initially installed while Dental Insurance is in effect for such Child.

The Lifetime Individual Maximum Benefit Amount for orthodontia is shown in the SCHEDULE OF BENEFITS.

DENTAL INSURANCE: EXCLUSIONS

We will not pay Dental Insurance benefits for charges incurred for:

1. 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;
2. Services for which You would not be required to pay in the absence of Dental Insurance;
3. Services or supplies received by You or Your Dependent before the Dental Insurance starts for that person;
4. 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.

5. 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.
6. Services or appliances which restore or alter occlusion or vertical dimension.
7. Restoration of tooth structure damaged by attrition, abrasion or erosion, unless caused by disease.
8. Restorations or appliances used for the purpose of periodontal splinting.
9. Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
10. Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.
11. Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work.
12. Missed appointments.
13. Services:
 - paid under any workers' compensation or occupational disease law;
 - paid under any employer liability law;
 - for which You are not required to pay; or
 - received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
14. Services covered under other coverage provided by the Employer.
15. Temporary or provisional restorations.
16. Temporary or provisional appliances.
17. Prescription drugs.

DENTAL INSURANCE: EXCLUSIONS (CONTINUED)

18. Services for which the submitted documentation indicates a poor prognosis.
19. 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.

Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government.

The term does not include:

- any plan, program or coverage provided by a government as an employer; or
- Medicare.

20. 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.
21. 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.
22. Caries susceptibility tests.
23. Initial installation of a fixed and permanent Denture to replace teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
24. Other fixed Denture prosthetic services not described elsewhere in this certificate.
25. Precision attachments, except when the precision attachment is related to implant prosthetics.
26. Initial installation or replacement of a full or removable Denture to replace teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
27. Addition of teeth to a partial removable Denture to replace teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
28. Addition of teeth to a fixed and permanent Denture to replace teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
29. Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it.
30. Implants to replace teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
31. Implants supported prosthetics to replace teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
32. Fixed and removable appliances for correction of harmful habits.
33. Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.

DENTAL INSURANCE: EXCLUSIONS (CONTINUED)

34. Diagnosis and treatment of temporomandibular joint (TMJ) disorders and cone beam imaging. This exclusion does not apply to residents of Minnesota.
35. Repair or replacement of an orthodontic device.
36. Duplicate prosthetic devices or appliances.
37. Replacement of a lost or stolen appliance, Cast Restoration, or Denture.
38. Intra and extraoral photographic images.

DENTAL INSURANCE: COORDINATION OF BENEFITS

When You or a Dependent incur charges for Covered Services, there may be other Plans, as defined below, that also provide benefits for those same charges. In that case, We may reduce what We pay based on what the other Plans pay. This Coordination of Benefits section explains how and when We do this.

DEFINITIONS

In this section, the terms set forth below have the following meanings:

Allowable Expense means a necessary dental expense for which both of the following are true:

- a Covered Person must pay it, and
- it is at least partly covered by one or more of the Plans that provide benefits to the Covered Person.

If a Plan provides fixed benefits for specified events or conditions (instead of benefits based on expenses incurred) such benefits are Allowable Expenses.

If a Plan provides benefits in the form of services, We treat the reasonable cash value of each service performed as both an Allowable Expense and a benefit paid by that Plan.

The term does not include:

- expenses for services performed because of a Job-Related Injury or Sickness;
- any amount of expenses in excess of the higher reasonable and customary fee for a service, if two or more Plans compute their benefit payments on the basis of reasonable and customary fees;
- any amount of expenses in excess of the higher negotiated fee for a service, if two or more Plans compute their benefit payments on the basis of negotiated fees; and
- any amount of benefits that a Primary Plan does not pay because the covered person fails to comply with the Primary Plan's managed care or utilization review provisions, these include provisions requiring:
 - second surgical opinions;
 - pre-certification of services;
 - use of providers in a Plan's network of providers; or
 - any other similar provisions.

We won't use this provision to refuse to pay benefits because an HMO member has elected to have dental services provided by a non-HMO provider and the HMO's contract does not require the HMO to pay for providing those services.

Claim Determination Period means a period that starts on any January 1 and ends on the next December 31. A Claim Determination Period for any covered person will not include periods of time during which that person is not covered under This Plan.

Custodial Parent means a Parent awarded custody, other than joint custody, by a court decree. In the absence of a court decree, it means the Parent with whom the child resides more than half of the Year without regard to any temporary visitation.

HMO means a Health Maintenance Organization or Dental Health Maintenance Organization.

DENTAL INSURANCE: COORDINATION OF BENEFITS (CONTINUED)

Job-Related Injury or Sickness means any injury or sickness:

- for which You are entitled to benefits under a workers' compensation or similar law, or any arrangement that provides for similar compensation; or
- arising out of employment for wage or profit.

Parent means a person who covers a child as a dependent under a Plan.

Plan means any of the following if it provides benefits or services for an Allowable Expense:

- a group insurance plan;
- an HMO;
- a blanket plan;
- uninsured arrangements of group or group type coverage;
- a group practice plan;
- a group service plan;
- a group prepayment plan;
- any other plan that covers people as a group;
- motor vehicle No Fault coverage if the coverage is required by law; and
- any other coverage required or provided by any law or any governmental program.

The term does not include any of the following:

- individual or family insurance or subscriber contracts;
- individual or family coverage through closed panel Plans or other prepayment, group practice or individual practice Plans;
- hospital indemnity coverage;
- a school blanket plan that only provides accident-type coverage on a 24 hour basis, or a "to and from school basis," to students in a grammar school, high school or college;
- disability income protection coverage;
- accident only coverage;
- specified disease or specified accident coverage;
- nursing home or long term care coverage; or
- any government program or coverage if, by state or Federal law, its benefits are excess to those of any private insurance plan or other non-government plan.

The provisions of This Plan which limit benefits based on benefits or services provided under;

- Government Plans; or
- Plans which the employer, Policyholder (or an affiliate) contributes to or sponsors;

will not be affected by these Coordination of Benefits provisions.

Each policy, contract or other arrangement for benefits is a separate Plan. If part of a Plan reserves the right to reduce what it pays based on benefits or services provided by other Plans, that part will be treated separately from any parts which do not.

DENTAL INSURANCE: COORDINATION OF BENEFITS (CONTINUED)

This Plan means the dental benefits described in this certificate, except for any provisions in this certificate that limit insurance based on benefits for services provided under government plans, or plans which the employer (or an affiliate) contributes to or sponsors.

Primary Plan means a Plan that pays its benefits first under the “Rules to Decide Which Plan Is Primary” section. A Primary Plan pays benefits as if the Secondary Plans do not exist.

Secondary Plan means a Plan that is not a Primary Plan. A Secondary Plan may reduce its benefits by amounts payable by the Primary Plan. If there are more than two Plans that provide coverage, a Plan may be Primary to some plans, and Secondary to others.

RULES TO DECIDE WHICH PLAN IS PRIMARY

When more than one Plan covers the person for whom Allowable Expenses were incurred, We determine which plan is primary by applying the rules in this section.

When there is a basis for claim under This Plan and another Plan, This Plan is Secondary unless:

- the other Plan has rules coordinating its benefits with those of This Plan; and
- this Plan is primary under This Plan’s rules.

The first rule below which will allow Us to determine which Plan is Primary is the rule that We will use.

Dependent or Non-Dependent: A Plan that covers a person other than as a dependent (for example, as an employee, member, subscriber, or retiree) is Primary and shall pay its benefits before a Plan that covers the person as a dependent; except that if the person is a Medicare beneficiary and, as a result of federal law or regulations, Medicare is:

- Secondary to the Plan covering the person as a dependent; and
- Primary to the Plan covering the person as other than a dependent (e.g., a retired employee),

then the order of benefits between the two Plans is reversed and the Plan that covers the person as a dependent is Primary.

Child Covered Under More Than One Plan – Court Decree: When This Plan and another Plan cover the same Child as the Dependent of two or more Parents, and the specific terms of a court decree state that one of the Parents must provide health coverage or pay for the Child’s health care expenses, that Parent’s Plan is Primary if the Plan has actual knowledge of those terms. This rule applies to Claim Determination Periods that start after the Plan is given notice of the court decree.

Child Covered Under More Than One Plan – The Birthday Rule: When This Plan and another Plan cover the same Child as the Dependent of two or more Parents, the Primary Plan is the Plan of the Parent whose birthday falls earlier in the Year if:

- the Parents are married; or
- the Parents are not separated (whether or not they have ever married); or
- a court decree awards joint custody without specifying which Parent must provide health coverage.

If both Parents have the same birthday, the Plan that covered either of the Parents longer is the Primary Plan.

DENTAL INSURANCE: COORDINATION OF BENEFITS (CONTINUED)

However, if the other Plan does not have this rule, but instead has a rule based on the gender of the parent, and if as a result the Plans do not agree on the order of benefits, the rule in the other Plan will determine the order of benefits.

Child Covered Under More than One Plan – Custodial Parent: When This Plan and another Plan cover the same Child as the Dependent of two or more Parents, if the Parents are not married, or are separated (whether or not they ever married), or are divorced, the Primary Plan is:

- the Plan of the Custodial Parent; then
- the Plan of the spouse of the Custodial Parent; then
- the Plan of the non-custodial Parent; and then
- the Plan of the spouse of the non-custodial Parent.

Active or Inactive Employee: A Plan that covers a person as an employee who is neither laid off nor retired is Primary to a Plan that covers the person as a laid-off or retired employee (or as that person's Dependent). If the other Plan does not have this rule and, if as a result, the Plans do not agree on the order of benefits, this rule is ignored.

Continuation Coverage: The Plan that covers a person as an active employee, member or subscriber (or as that employee's Dependent) is Primary to a Plan that covers that person under a right of continuation pursuant to federal law (e.g., COBRA) or state law. If the Plan that covers the person has not adopted this rule, and if, as a result, the Plans do not agree on the order of benefits, this rule shall not apply.

Longer/Shorter Time Covered: If none of the above rules determine which Plan is Primary, the Plan that has covered the person for the longer time shall be Primary to a Plan that has covered the person for a shorter time.

No Rules Apply: If none of the above rules determine which Plan is Primary, the Allowable Expenses shall be shared equally between all the Plans. In no event will This Plan pay more than it would if it were Primary.

EFFECT ON BENEFITS OF THIS PLAN

If This Plan is Secondary, when the total Allowable Expenses incurred by a covered person in any Claim Determination Period are less than the sum of:

- the benefits that would be payable under This Plan without applying this Coordination of Benefits provision; and
- the benefits that would be payable under all other Plans without applying Coordination of Benefits or similar provisions;

then We will reduce the benefits that would otherwise be payable under This Plan. The sum of these reduced benefits plus all benefits payable for such Allowable Expenses under all other Plans will not exceed the total of the Allowable Expenses. Benefits payable under all other Plans include all benefits that would be payable if the proper claims had been made on time.

DENTAL INSURANCE: COORDINATION OF BENEFITS (CONTINUED)

RIGHT TO RECEIVE AND RELEASE NEEDED INFORMATION

We need certain information to apply the Coordination of Benefits rules. We have the right to decide which facts We need. We may get facts from or give them to any other organization or person. We do not need to tell, or get the consent of, any person or organization to do this. To obtain all benefits available, a covered person who incurs Allowable Expenses should file a claim under each Plan which covers the person. Each person claiming benefits under This Plan must give us any facts We need to pay the claim.

FACILITY OF PAYMENT

A payment made under another Plan may include an amount which should have been paid under This Plan. If it does, We may pay that amount to the organization which made that payment. That amount will then be treated as though it were a benefit paid under This Plan. We will not have to pay that amount again. The term "payment made" includes benefits provided in the form of services, in which case We may pay the reasonable cash value of the benefits provided in the form of services.

RIGHT OF RECOVERY

If the amount We pay is more than We should have paid under this Coordination of Benefits provision, We may recover the excess from one or more of:

- the person We have paid or for whom We have paid;
- insurance companies; or
- other organizations.

The amount of the payment includes the reasonable cash value of any benefits provided in the form of services.

FILING A CLAIM

For Dental Insurance, all claim forms needed to file for benefits under the group insurance program can be obtained by calling MetLife at 1-800-275-4638. Dental claim forms can also be downloaded from www.metlife.com/dental. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim.

When We receive the claim form and Proof, We will review the claim and, if We approve it, We will pay benefits subject to the terms and provisions of this certificate and the Group Policy.

CLAIMS FOR DENTAL INSURANCE BENEFITS

When a claimant files a claim for Dental Insurance benefits described in this certificate, both the notice of claim and the required Proof should be sent to Us within 90 days of the date of a loss.

Claim and Proof may be given to Us by following the steps set forth below:

Step 1

A claimant can request a claim form by calling Us at 1-800-275-4638.

Step 2

We will send a claim form to the claimant within 15 days of the request. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim.

Step 3

When the claimant receives the claim form the claimant should fill it out as instructed and return it with the required Proof described in the claim form.

Step 4

The claimant must give Us Proof not later than 90 days after the date of the loss.

If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and Proof are given as soon as is reasonably possible.

Time Limit on Legal Actions. A legal action on a claim for Dental Insurance benefits may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends 5 years after the date such Proof is required.

DENTAL INSURANCE: PROCEDURES FOR DENTAL CLAIMS

Claim Submission

For claims for Dental Insurance benefits, the claimant must complete the appropriate claim form and submit the required Proof as described in the FILING A CLAIM section of the certificate.

Claim forms must be submitted in accordance with the instructions on the claim form.

Routine Questions on Dental Insurance Claims

If there is any question about a claim payment, an explanation may be requested from MetLife by dialing 1-800-275-4638.

Initial Determination

After You submit a claim for Dental Insurance benefits to MetLife, MetLife will review Your claim and notify You of its decision to approve or deny Your claim.

Such notification will be provided to You within a 30 day period from the date You submitted Your claim; except for situations requiring an extension of time of up to 15 days because of matters beyond the control of the Plan. If MetLife needs such an extension, MetLife will notify You prior to the expiration of the initial 30 day period, state the reason why the extension is needed, and state when it will make its determination. If an extension is needed because You did not provide sufficient information or filed an incomplete claim, the time from the date of MetLife's notice requesting further information and an extension until MetLife receives the requested information does not count toward the time period MetLife is allowed to notify You as to its claim decision. You will have 45 days to provide the requested information from the date You receive the notice requesting further information from MetLife.

If MetLife denies Your claim in whole or in part, the notification of the claims decision will state the reason why Your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because MetLife did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. Further, if an internal rule, protocol, guideline or other criterion was relied upon in making the denial, the claims decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that You may request a copy free of charge.

Appealing the Initial Determination

If MetLife denies Your claim, You may take two appeals of the initial determination. Upon Your written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim. You must submit Your appeal to MetLife at the address indicated on the claim form within 180 days of receiving MetLife's decision. Appeals must be in writing and must include at least the following information:

- Name of Employee
- Name of the Plan
- Reference to the initial decision
- Whether the appeal is the first or second appeal of the initial determination
- An explanation why You are appealing the initial determination.

As part of each appeal, You may submit any written comments, documents, records, or other information relating to Your claim.

DENTAL INSURANCE: PROCEDURES FOR DENTAL CLAIMS (CONTINUED)

After MetLife receives Your written request appealing the initial determination or determination on the first appeal, MetLife will conduct a full and fair review of Your claim. Deference will not be given to initial denials, and MetLife's review will look at the claim anew. The review on appeal will take into account all comments, documents, records, and other information that You submit relating to Your claim without regard to whether such information was submitted or considered in the initial determination. The person who will review Your appeal will not be the same person as the person who made the initial decision to deny Your claim. In addition, the person who is reviewing the appeal will not be a subordinate of the person who made the initial decision to deny Your claim. If the initial denial is based in whole or in part on a medical judgment, MetLife will consult with a health care professional with appropriate training and experience in the field of dentistry involved in the judgment. This health care professional will not have consulted on the initial determination, and will not be a subordinate of any person who was consulted on the initial determination.

MetLife will notify You in writing of its final decision within 30 days after MetLife's receipt of Your written request for review, except that under special circumstances MetLife may have up to an additional 30 days to provide written notification of the final decision. If such an extension is required, MetLife will notify You prior to the expiration of the initial 30 day period, state the reason(s) why such an extension is needed, and state when it will make its determination.

If MetLife denies the claim on appeal, MetLife will send You a final written decision that states the reason(s) why the claim You appealed is being denied and references any specific Plan provision(s) on which the denial is based. If an internal rule, protocol, guideline or other criterion was relied upon in denying the claim on appeal, the final written decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that You may request a copy free of charge. Upon written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim.

GENERAL PROVISIONS

Assignment

The rights and benefits under the Group Policy are not assignable prior to a claim for benefits, except as required by law.

Upon receipt of a Covered Service, You may assign Dental Insurance benefits to the Dentist providing such service.

Dental Insurance: Who We Will Pay

If You assign payment of Dental Insurance benefits to Your or Your Dependent's Dentist, We will pay benefits directly to the Dentist. Otherwise, We will pay Dental Insurance benefits to You.

Entire Contract

Your insurance is provided under a contract of group insurance with the Employer. The entire contract with the Employer is made up of the following:

1. the Group Policy and its Exhibits, which include the certificate(s);
2. the Employer's application; and
3. any amendments and/or endorsements to the Group Policy.

Incontestability: Statements Made by You

Any statement made by You will be considered a representation and not a warranty. We will not use such statement to avoid insurance, reduce benefits or defend a claim unless the following requirements are met:

1. the statement is in a Written application or enrollment form;
2. You have Signed the application or enrollment form; and
3. a copy of the application or enrollment form has been given to You or Your Beneficiary.

Misstatement of Age

If Your age is misstated, the correct age will be used to determine if insurance is in effect and, as appropriate, We will adjust the benefits and/or premiums.

Conformity with Law

If the terms and provisions of this certificate do not conform to any applicable law, this certificate shall be interpreted to so conform.

Autopsy

We have the right to make a reasonable request for an autopsy where permitted by law. Any such request will set forth the reasons We are requesting the autopsy.

Overpayments

Recovery of Dental Insurance Overpayments

We have the right to recover any amount that We determine to be an overpayment, whether for services received by You or Your Dependents.

An overpayment occurs if We determine that:

- the total amount paid by Us on a claim for Dental Insurance is more than the total of the benefits due to You under this certificate; or

GENERAL PROVISIONS (CONTINUED)

- payment We made should have been made by another group plan.

If such overpayment occurs, You have an obligation to reimburse Us.

How We Recover Overpayments

We may recover the overpayment from You by:

- stopping or reducing any future benefits payable for Dental Insurance;
- demanding an immediate refund of the overpayment from You; and
- taking legal action.

We may recover such overpayment in accordance with that agreement.

If the overpayment results from Our having made a payment to You that should have been made under another group plan, We may recover such overpayment from one or more of the following:

- any other insurance company;
- any other organization; or
- any person to or for whom payment was made.

"THIS IS THE END OF THE CERTIFICATE. THE FOLLOWING IS ADDITIONAL INFORMATION"

Privacy Notice to Our Customers

This Privacy Notice is given to you on behalf of **METROPOLITAN LIFE INSURANCE COMPANY**.

TO PLAN SPONSORS AND GROUP INSURANCE CONTRACTHOLDERS: THIS NOTICE EXPLAINS HOW WE TREAT INFORMATION ABOUT ANYONE WHO APPLIES FOR OR OBTAINS OUR PRODUCTS AND SERVICES UNDER EMPLOYEE BENEFIT PLANS THAT WE INSURE OR GROUP INSURANCE CONTRACTS THAT WE ISSUE. PLEASE NOTE THAT WE REFER TO THESE INDIVIDUALS IN THIS NOTICE BY USING THE TERM “YOU”, AS IF THIS NOTICE WERE BEING ADDRESSED TO THESE INDIVIDUALS.

Why We Need to Know about You: We need to know about you (and anyone else to be insured) so that we can provide the insurance and other products and services you've asked for. We may also need information from you and others to help us verify identities in order to prevent money laundering and terrorism. What we need to know includes address, age and other basic information. But we may need more information, including finances, employment, health, hobbies or business conducted with us, with other MetLife companies (our “**affiliates**”) or with other companies.

How We Learn about You: What we know about you (and anyone else to be insured) we get mostly from you. But we may also have to find out more from other sources in order to make sure that what we know is correct and complete. Those sources may include adult relatives, employers, consumer reporting agencies, health care providers and others. Some of our sources may give us reports and may disclose what they know to others.

How We Protect What We Know About You: We treat what we know about you confidentially. Our employees are told to take care in handling your information. They may get information about you only when there is a good reason to do so. We take steps to make our computer data bases secure and to safeguard the information we have.

How We Use and Disclose What We Know About You: We may use anything we know about you to help us serve you better. We may use it, and disclose it to our affiliates and others, for any purpose allowed by law. For instance, we may use your information, and disclose it to others, in order to:

- Help us evaluate your request for a product or service
- Help us process claims and other transactions
- Confirm or correct what we know about you
- Help us prevent fraud, money laundering, terrorism and other crimes by verifying what we know about you
- Help us comply with the law
- Help us run our business
- Process data for us
- Perform research for us
- Audit our business

Other reasons we may disclose what we know about you include:

- Doing what a court or government agency requires us to do; for example, complying with a search warrant or subpoena
- Telling another company what we know about you, if we are or maybe selling all or any part of our business or merging with another company
- Giving information to the government so that it can decide whether you may get benefits that it will have to pay for
- Telling a group customer about its members' claims or cooperating in a group customer's audit of our service
- Telling your health care provider about a medical problem that you have but may not be aware of
- Giving your information to a peer review organization if you have health insurance with us
- Giving your information to someone who has a legal interest in your insurance, such as someone who lent you money and holds a lien on your insurance or benefits

Generally, we will disclose only the information we consider reasonably necessary to disclose.

We may use what we know about you in order to offer you our other products and services. We may share your information with other companies to help us. Here are our other rules on using your information to market products and services:

- We will not share information about you with any of our affiliates for use in marketing its products to you, unless we first notify you. You will then have an opportunity to tell us not to share your information by “opting out.”
- Before we share what we know about you with another financial services company to offer you products or services through a joint marketing arrangement, we will let you “opt-out.”
- We will not disclose information to unaffiliated companies for use in selling their products to you, except through such joint marketing arrangements.
- We will not share your health information with any other company, even one of our affiliates, to permit it to market its products and services to you.

How You Can See and Correct Your Information: Generally, we will let you review what we know about you if you ask us in writing. (Because of its legal sensitivity, we will not show you anything that we learned in connection with a claim or lawsuit.) If you tell us that what we know about you is incorrect, we will review it. If we agree with you, we will correct our records. If we do not agree with you, you may tell us in writing, and we will include your statement when we give your information to anyone outside MetLife.

You Can Get Other Material from Us: In addition to any other privacy notice we may give you, we must give you a summary of our privacy policy once each year. You may have other rights under the law. If you want to know more about our privacy policy, please contact us at our website, www.metlife.com, or write to Metropolitan Life Insurance Company, c/o MetLife Privacy Office - Inst, P.O. Box 489, Warwick, RI 02887-9954. Please identify the specific product or service you are writing about.

Uniformed Services Employment And Reemployment Rights Act

This section describes the right that you may have to continue coverage for yourself and your covered dependents under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA).

Continuation of Group Dental Insurance:

If you take a leave from employment for “service in the uniformed services,” as that term is defined in USERRA, and as a consequence your dental insurance coverage under your employer’s group dental insurance policy ends, you may elect to continue dental insurance for yourself and your covered dependents, for a limited period of time, as described below.

The law requires that your employer notify you of your rights, benefits and obligations under USERRA including instructions on how to elect to continue insurance, the amount and procedure for payment of premium. If permitted by USERRA, your employer may require that you elect to continue coverage within a period of time specified by your employer.

You may be responsible for payment of the required premium to continue insurance. If your leave from employment for service in the uniformed services lasts less than 31 days, your required premium will be no more than the amount you were required to pay for dental insurance before the leave began; for a leave lasting 31 or more days, you may be required to pay up to 102% of the total dental insurance premium, including any amount that your employer was paying before the leave began.

You and your covered dependents insurance that is continued pursuant to USERRA will end on the earliest of the following:

- the end of 24 consecutive months from the date your leave from employment for service in the uniformed services begins; or
- the day after the date on which you fail to apply for, or return to employment, in accordance with USERRA.

You and your covered dependent may become entitled to continuation of coverage under the Consolidated Omnibus Budget Reconciliation Act (“COBRA”) while you have dental insurance coverage under your employer’s group dental insurance policy pursuant to USERRA. Contact your employer for more information.



CENTRAL FLORIDA REGIONAL TRANSPORTATION AUTHORITY

CONTRACT # _____

For

DENTAL INSURANCE SERVICES

THIS CONTRACT (the “**Contract**”) is made as of the _____ day of _____
20__ (the “**Effective Date**”) by and between:

CENTRAL FLORIDA REGIONAL TRANSPORTATION AUTHORITY
d/b/a LYNX, a body politic and corporate, created by Part III, Chapter 343, Florida
Statutes (“**LYNX**”), having an address of 455 North Garland Avenue, Suite 500,
Orlando, Florida 32801;

and

_____, a _____
(the “**Contractor**”), having an address of _____ of
_____, and having a Federal Employer
Identification Number of _____.

W I T N E S S E T H:

WHEREAS, LYNX was created by the above-stated charter to perform functions
necessary for the achievement of an integrated, efficient and well-balanced public
transportation system, and to take all steps and actions necessary or convenient for the
conduct of its business;

WHEREAS, LYNX desires to obtain goods and/or services (collectively, the
“**Services**”), according to the requirements in Request for Proposal 21-R14 Dental
Insurance Services (the “**Solicitation**”) and as further described herein;

WHEREAS, the Contractor has submitted a proposal or response in connection
with the Solicitation, which has been selected by LYNX (the “**Response**”);

WHEREAS, the Contractor represents and warrants to LYNX that it is qualified and duly licensed to furnish the Services in Florida and meet the obligations set forth in the Solicitation, the Response, and the documents detailing the scope of services attached hereto as **Exhibit “A”** (the “**Scope of Services**”), and as hereinafter stated; and

WHEREAS, the Contractor warrants that the representations made by it in its Response to the Solicitation remain valid, accurate and binding upon it.

NOW, THEREFORE, in consideration of the premises herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto hereby agree as follows:

1. **RECITALS.** The Recitals set forth above are incorporated herein by this reference.

2. **DEFINITIONS.** Terms not defined herein shall have the meanings as set forth in the Contract Documents in the order of precedence set forth in **Section 3 (CONTRACT DOCUMENTS)** hereof. Terms not defined in the Contract Documents shall have the meanings ascribed to such terms in applicable state, local or federal regulations, including but not limited to LYNX’s Administrative Rules as the same may be amended and restated from time to time and which are available at www.golynx.com (the “**Administrative Rules**”). If there is a conflict between any defined terms, the reasonable interpretation of said term by LYNX shall govern.

3. **CONTRACT DOCUMENTS.** For the purposes of this Contract, the following documents are collectively referred to herein as the “**Contract Documents**”:

- (a) This Contract together with all Exhibits hereto;
- (b) The General Provisions Document, as set forth in Exhibit E of the Solicitation (the “**General Provisions**”);
- (c) The Solicitation; and
- (d) The Response.

The terms of the Contract Documents are incorporated herein by this reference. In the event of conflict between the terms of the Contract Documents, the order of precedence is as set forth above (thus, if there is a conflict between the terms of the Solicitation and the terms of the Response, the terms of the Solicitation shall govern). In addition, to the extent any of the terms of the Response conflict or in the reasonable opinion of LYNX are not relevant to the remaining Contract Documents, then, in that event, the provisions contained in the Response will not be applicable nor a part of the Contract Documents.

Contract Documents shall further include any later amendments or change orders.

4. **FURNISHING OF SERVICES.** In regard to the Services to be furnished by the Contractor:

(a) **Furnishing of Services.** The Contractor shall furnish to LYNX the Services in compliance with the Contract Documents.

(b) **Required Notice to Proceed.** The Contractor shall not proceed with any work required under this Contract without a written notice to proceed from LYNX (hereinafter referred to as a “**Notice to Proceed**”). Any work performed or expenses incurred by the Contractor prior to receipt of a Notice to Proceed shall be entirely at the Contractor’s risk.

5. **TERM.**

(a) **Initial Term.** Subject to the further provisions set forth in this Section (TERM) and the termination rights set forth below, the initial term of this Contract shall be for a period of three (3) years commencing on the date the Notice to Proceed is delivered and ending three (3) years after said Notice to Proceed is given. Unless otherwise agreed, the term shall commence on the date of the Notice to Proceed.

(b) **Options.** LYNX shall have the option to extend this Contract for two (2) renewal terms of one (1) year each under the terms and conditions set forth in the Contract Documents. Unless otherwise specified to the contrary in the Contract Documents, LYNX may exercise its option with respect to any particular option year by delivering written notice to the Contractor of its intent to exercise the option.

6. **CONSIDERATION.**

(a) **Payment.** LYNX agrees to pay the Contractor for the Services the amount provided in the Schedule of Fees attached hereto as **Exhibit “B”**.

(b) **Maximum Contract Amount.** In any event, the total amount to be paid by LYNX pursuant to this Contract for the Services shall not exceed the Not To Exceed Amount without the further written agreement of LYNX.

(c) **Procedure for Invoicing.** Invoicing for Services must be rendered in accordance with LYNX policies and procedures on a monthly basis, or as otherwise provided in the Contract Documents. The invoice must be sent to Central Florida Regional Transportation Authority, Accounts Payable, 455 North Garland Avenue, Orlando, Florida 32801, or such other address as may be specified by LYNX from time to time. The invoice must contain the following information: (i) invoice number; (ii) purchase order number; (iii) item description; (iv) quantity of item delivered; (v) unit price; (vi) extended price; (vii) contact person and phone number; and (viii) payment remit address.

(d) **Time of Payment by LYNX.** Subject to the terms and conditions provided herein, LYNX will pay undisputed invoices within thirty (30) days after receipt and approval by LYNX of the Contractor's invoice.

(e) **Additional Information.** LYNX may request additional documentation from the Contractor prior to payment of any invoice or bill from the Contractor. LYNX may disallow and deduct any cost for which proper documentation is not provided.

(f) **Receipt of Payment by Contractor as Waiver Against LYNX.** The acceptance by the Contractor, its successors, or assigns, of any progress or final payment due pursuant to this Contract, shall constitute a full and complete release of LYNX from any and all claims, demands, or causes of action whatsoever that the Contractor, its successors, or assigns may have against LYNX or in connection with the Services performed hereunder, through the date that the Services are rendered and for which such payment is made.

(g) **Subcontractors.** In the event the Contractor is utilizing any subcontractors for the furnishing of Services (which would only be as permitted in the Contract Documents), then, upon request by LYNX, the Contractor shall further provide to LYNX copies of billings and other invoices which may be received from any such subcontractors and, in addition, the Contractor will obtain releases from time to time in favor of LYNX from any subcontractor(s) for work so performed by that subcontractor. LYNX shall have the right from time to time to directly contact and discuss with the subcontractor any work performed by that subcontractor under the Contract Documents, but LYNX will not have any liability or obligation to said Subcontract to said subcontractor(s).

(h) **Withholding 5% in the Event of Default.** If the Contractor defaults in the performance of any of its obligations under this Contract, LYNX may withhold five percent (5%) of any amounts then owed or that become owed to the Contractor under this Contract (in addition to any retainage); **provided, however,** that this withholding option may only be exercised by LYNX after providing the Contractor with ten (10) days written notice of the Contractor's default and the Contractor has failed to cure such default within said ten (10) days. Any amounts withheld hereunder will be paid by LYNX to the Contractor within a reasonable time following the date that the Contractor's default has been cured. In the event that the Contractor fails to cure its default prior to the termination or expiration of this Contract, LYNX shall not be obligated to pay the Contractor the withheld amount and LYNX may keep said amount. The withholding option herein shall be in addition to any damages and remedies available to LYNX as set forth elsewhere in this Contract or which are otherwise available to LYNX under applicable law. The exercise by LYNX

of its withholding option shall in no way constitute a waiver of LYNX's ability to seek or exercise any other damages or remedies available under this Contract, the other Contract Documents or otherwise available to it at law or in equity.

7. **CONTRACTOR'S OBLIGATIONS.**

(a) **Furnishing of Materials and Labor.** The Contractor shall, for the consideration set forth herein, and at its sole cost and expense, as an independent contractor, provide all labor, materials, equipment, tools, supplies and incidentals necessary to perform this Contract in the manner and to the full extent as set forth in the Contract Documents.

(b) **Standard of Care.** The Contractor shall furnish, provide or fulfill its obligations under this Contract in a professional manner to the satisfaction of the duly authorized representatives of LYNX, who shall have, at all times, full opportunity to monitor the services performed under this Contract. The Contractor's performance shall be considered acceptable when:

(i) The Contractor's performance has been inspected and approved by LYNX and, if applicable, all punchlist items have been properly corrected to LYNX's satisfaction; and

(ii) The Contractor has delivered to LYNX the Contractor's final affidavit in form acceptable to LYNX (which would incorporate a full and general release to LYNX), if any, as well as a final affidavit and release from any subcontractor; and

(iii) All the other duties and obligations to be performed by the Contractor under the Contract Documents have been satisfactorily met or performed, including the delivery to LYNX of any materials or documentation relating to the Services, including any warranty materials.

(c) **Compliance with Applicable Requirements.** The Contractor shall conform to all applicable governmental requirements and regulations, whether or not such requirements and regulations are specifically set forth in the Contract Documents. The Contractor in this regard understands that LYNX is a public agency which receives both federal and state funding and, if applicable, the Contract Documents and the performance by the Contractor shall be subject to any applicable rules and regulations promulgated by the Federal Transit Administration (FTA) and/or the Florida Department of Transportation (FDOT).

(d) **Payment of Taxes and Fees.** The Contractor shall pay license fees and all sales, consumer, use and other similar taxes relating to the Contract, and the matters to be performed thereunder. LYNX is exempt from payment of Florida sales and use taxes. LYNX will sign an exemption certificate submitted by the Contractor. The Contractor shall not be exempted from paying sales tax to its suppliers for materials used to fulfill contractual obligations with LYNX, nor is the Contractor authorized to use LYNX's tax exemption number in securing such materials. LYNX reserves the right to "direct buy" any materials to be furnished by the Contractor under the Contract Documents and, if LYNX so submits, then the parties will enter into an appropriate agreement reflecting said direct purchase, the effect of which will be for LYNX to directly purchase those materials, for the contract amount to be reduced by the amount of the purchase price paid by LYNX for said materials, for those materials to be physically acquired and/or delivered to the Contractor, who will install them or deliver them as provided in the Contract Documents, with full warranties regarding those materials as if those materials were purchased from the Contractor. Any bonds furnished by the Contractor will apply to those materials.

(e) **FICA.** The Contractor shall be responsible for payment of its employee(s)' Federal Insurance Contributions Act benefits with respect to this Contract.

(f) **Permits and Approvals.** Unless otherwise expressly set forth in the Contract Documents, the Contractor shall be responsible to secure, at the Contractor's expense, all necessary permits and approvals. The Contractor shall promptly furnish copies of all such permits and approvals to LYNX as and when obtained.

(g) **Tests and Inspections.** The Contractor shall be responsible to coordinate all tests and inspections necessary for the proper execution and timely completion of this Contract.

(h) **Indemnification.** The Contractor understands that in performing the Services hereunder it will be responsible for the consequences of its own actions. Therefore, the Contractor agrees that it will indemnify, defend and hold harmless LYNX as well as LYNX's officers, directors, employees, agents and representatives and each of the heirs, executors, successors and assigns of each of the foregoing from, against and in respect of all claims, liabilities, obligations, losses, costs, expenses, penalties, fines and judgments (at equity or at law) and damages whenever arising or accruing (including, without limitation, amounts paid in settlement, costs of investigation and reasonable attorneys' fees and expenses) arising out of or related to the Contractor's performance of the Services hereunder, including, without limitation, any acts or omissions with respect thereto.

(i) **Insurance.** During the term of this Contract (as well as during all option terms), the Contractor shall procure and maintain, at its sole expense, the following types of insurance protecting the interests of LYNX and the Contractor with coverages and limits of liability not less than those specified below. All insurance coverage provided by the contractor shall be primary and non-contributory to any insurance or self-insurance program of LYNX that is applicable to the Work provided for in this contract. If any part of the work is sublet, the Contractor shall require any and all subcontractors performing Work under the contract to carry insurance of the type and limits of liability as the Contractor shall deem appropriate and adequate. In the event a subcontractor is unable to furnish adequate limits as provided below, the Contractor shall endorse the subcontractor as an Additional Insured on their policies. The Contractor shall obtain and furnish to LYNX certificates of insurance evidencing subcontractor's insurance coverage.

(i) *Worker's Compensation Insurance:* Providing statutory benefits as provided under the Workers' Compensation Act of the State of Florida and/or any other state or Federal law or laws applicable to the Contractor's employees performing Services under the Contract.

(ii) *Employers Liability Insurance:* With limits of liability not less than \$100,000 each accident, \$100,000 each employee for disease, and \$500,000 policy limit for disease. This insurance must include a Waiver of Subrogation Endorsement, waiving the insurance carrier, Contractor, or subcontractor's right of recovery under subrogation or otherwise from LYNX.

(iii) *Commercial General Liability:* In the following amounts: Bodily Injury and Property Damage \$1,000,000 each accident/\$2,000,000each occurrence; \$2,000,000 products/completed operations aggregate. There shall not be any policy exclusions or limitations for the following coverages: Contractual Liability covering the Contractor's obligations herein; Personal Injury - Medical Payments; Broad Form - Property Damage; Fire Damage; Legal Liability; Liability for Independent Contractors.

(iv) *Comprehensive Automobile Liability:* Insurance covering all owned or hired and non-owned vehicles used in the performance of the work under the Contract with combined single limits of liability not less than \$1,000,000 each accident and \$2,000,000 per occurrence.

Errors and Omissions (E&O), Technology/Cyber E&O), Technology Products E&O: With minimum limits of \$5,000,000 and \$5,000,000 in the annual aggregate, inclusive of defense costs.

(v) *Network Security/Privacy Liability:* Insurance coverage to include computer or network system attacks, denial or loss of service, introduction, implantation or spread of malicious software code, unauthorized access or use of computer systems, privacy liability and breach of response.

(vi) *Crime Insurance:* Insurance covering Third Party Crime/Employee Dishonesty with limits not less than \$1,000,000. This insurance shall name LYNX as a loss payee.

(vii) *Professional Liability Insurance:* Coverage shall apply to damages resulting from any claim arising out of or related to the performance of the professional services or any error or omission of the Contractor arising out of the work governed by the Contract. Minimum limits shall be \$1,000,000 per claim and \$2,000,000 per occurrence. If the coverage is provided on a claims made basis, the Contractor agrees to maintain such Professional Liability Insurance, as described herein, for a period of at least three (3) years following the expiration of this contract.

Before commencing any work under the Contract, the Contractor shall provide LYNX certificates of insurance satisfactory to LYNX from each insurance company evidencing the insurance as require above is in force, stating policy number(s), dates of expiration and limits of liability thereunder. All insurance, except the workers' compensation policy, shall be endorsed to name LYNX, its officers, directors, employees and assigns as an Additional Insured as respects operations for work performed by or on behalf of the Contractor in performance of the Contract. All policies of insurance that are related in any way to the Work required by the Contract shall be endorsed to LYNX, waiving the insurance company's right of recovery against LYNX, whether by way of subrogation or otherwise. Commercial general liability and auto insurance policies shall provide (unless prohibited by applicable statute) that written notice of cancellation or modification shall be given to LYNX at least thirty (30) days prior to such cancellation or modification. All insurance should be provided by insurance

companies licensed to do business in Florida with an A.M Best Rating of A-IX or better. To the extent that the Scope of Services or the Contract Documents require additional types of insurance, greater coverage amounts or additional requirements pertaining to insurance, the requirements contained in the Scope of Services or the Contract Documents shall supplement the requirements contained herein.

(j) **Environmental Principles.** To the extent practicable, the Contractor shall assist LYNX in achieving the principles set forth in the LYNX Environmental Policy, a copy of which is available at <https://www.golynx.com/corporate-info/administrative-rules-policies.stml>.

(k) **Public Funding/Additional Terms or Conditions.** In the event that LYNX obtains funding, in whole or in part, from a public entity (e.g., Federal Transit Administration, Florida Department of Transportation, Department of Homeland Security, etc.) for the Services, there may be additional conditions imposed by said funding agency, including for example, a requirement that the Contractor comply with any rules and regulations promulgated by that funding agency. LYNX has attempted to identify in the Solicitation and this Contract the source of funding available to LYNX as well as any requirements of any such funding agency, but, in any event, the Contractor will be required to comply with any requirements imposed by the funding agency. The Contractor specifically agrees to so comply with said requirements, without any adjustments or increase in the amount to be paid to the Contractor, **provided, however,** if said requirement is not contained in the Solicitation or this Contract and said requirement is both material and would impose on the Contractor a material burden, then the Contractor would be entitled to submit to LYNX a change order for any additional cost of compliance by the Contractor.

(l) **E-Verify.**

(i) The Contractor shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Contractor on or after the Effective Date of this Contract and thereafter during the remaining term of the Contract, including subcontractors. Any subcontract entered into by Contractor with any subcontractor performing work under this Contract shall include the following language: "The Subcontractor shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Contractor on or after the effective date of this contract and thereafter during the remaining term of the contract." The Contractor covenants and agrees that if it is found in

violation of this Section (E-Verify) or Executive Order 11-116, signed May 27, 2011, by the Governor of Florida, such violation shall be a material breach of this Contract and, in addition to other remedies available to LYNX for such breach, Contractor shall indemnify, defend and hold harmless LYNX from any fines or penalties levied by a government agency against LYNX, including the loss or repayment of grant funds by LYNX.

(ii) The Contractor further agrees to maintain records of its participation and compliance with the provisions of the E-Verify program, including participation by its subcontractors as provided above, and to make such records available to LYNX or other authorized state entity consistent with the terms of the Contractor's enrollment in the program. This includes maintaining a copy of proof of the Contractor's and subcontractors' enrollment in the E-Verify Program (which can be accessed from the "Edit Company Profile" link on the left navigation menu of the E-Verify employer's homepage).

(m) **Audits and Inspections.** In addition to any other audit or inspection rights contained in the Contract Documents, the Contractor agrees to maintain books, records, documents, and other evidence directly pertinent to performance of the Services under the Contract in accordance with generally accepted accounting principles and practices consistently applied. The Contractor shall also maintain the financial information and data used by the Contractor in the preparation or support of the cost submissions required for the Contract, or any change order or claim, and a copy of the cost summary submitted to LYNX. LYNX shall have access during normal business hours to such books, records, documents, and other evidence for the purpose of inspection, audit, and copying. The rights granted LYNX under this provision shall remain in full force and effect for the longer of: (i) three (3) years after termination of the Contract for whatever reason, or (ii) the date on which all litigation, appeals, claims or exceptions related to any litigation or settlement of claims arising from the performance of the Contract are resolved or otherwise terminated.

8. **DATA SECURITY**

(a) **Privacy and Data Security.**

(i) Contractor acknowledges and agrees that the LYNX is engaged in businesses that are subject to laws and/or industry standards regarding the protection of (i) data related to its operations; [and] (ii) personally identifiable information and related data[; and (iii) credit card

information and related data, as further defined pursuant to the Payment Card Industry Data Security Standards (“**PCI DSS**”, and together with personally identifiable information] “**Privacy Information**”).

(ii) [Contractor shall at all times remain in compliance with the PCI DSS requirements, including remaining aware at all times of changes to the PCI DSS and promptly implementing all procedures and practices as may be necessary to remain in compliance with the PCI DSS, at Contractor's sole cost and expense. Contractor agrees and acknowledges that failure to protect Privacy Information pursuant to the terms and conditions hereof constitute a material breach of this Contract and in such event, LYNX may, without prejudice to any other remedies, terminate this Contract immediately without penalty.]

(iii) When receiving or having access to Privacy Information, Contractor agrees to (i) collect, receive, transmit, store, dispose, use and disclose such Privacy Information in accordance with all privacy and data protection laws, as well as all other applicable regulations, (ii) keep and maintain such Privacy Information in strict confidence, using such degree of care as Contractor manages its own privacy information and is appropriate to avoid unauthorized access, use or disclosure and (iii) use and disclose such Privacy Information solely and exclusively for the purposes for which the Privacy Information, or access to it, is provided pursuant to the terms and conditions of the Contractor's Privacy Policy, which each end-user supplying Privacy Information must accept prior to providing such Privacy Information, provided that Contractor's treatment, use, storage, and protection of all Privacy Information shall conform to all requirements of this Section (DATA SECURITY). Contractor shall be responsible for, and remain liable to, LYNX for the actions and omissions of all employees, agents, contractors or other representatives who are engaged by Contractor concerning the treatment of Privacy Information as if they were Contractor's own actions and omission.

(iv) Contractor shall notify LYNX of any act or omission that compromises either the security, confidentiality or integrity of Privacy Information collected from end users in connection with this Contract or the physical, technical, administrative or organizational safeguards put in place by Contractor that relate to the

protection of the security, confidentiality or integrity of Privacy Information collected from end users in connection with this Contract, or (ii) receipt of a complaint in relation to the privacy practices of Contractor or a breach or alleged breach of this Contract relating to such privacy practices no later than twenty-four (24) hours after Contractor becomes aware of it. Contractor shall cooperate with LYNX as reasonably requested to investigate such security breach, and Contractor shall use best efforts to remedy any security breach as soon as commercially possible and prevent any further security breach at Contractor's expense in accordance with applicable privacy rights, laws, regulations and standards.

(v) In the event of any unauthorized access to and acquisition of Privacy Information by a third party while in the possession of Contractor or in transit to/from Contractor, which materially compromised the security, confidentiality or integrity of such Privacy Information (“**Data Security Breach**”), Contractor shall promptly investigate the cause of such Data Security Breach and shall at its sole expense take all reasonable steps to: (i) mitigate any harm caused to affected individuals; (ii) prevent any future reoccurrence; and (iii) comply at its sole expense with applicable data breach notification laws including the provision of credit monitoring and other fraud prevention measures. Contractor shall further reimburse LYNX for the costs associated with providing two (2) years of credit monitoring and identity theft protection to any data subjects affected by a Data Security Breach.

(vi) Contractor agrees that no LYNX data at any time will be processed on or transferred to any portable or laptop computing device or any storage medium, unless that device or storage medium is in use as part of the Receiving Party’s designated backup and recovery process and encrypted as stated below.

(vii) Contractor agrees that any and all electronic transmission or exchange of system and application data with LYNX and/or any other parties expressly designated by LYNX shall take place via secure means (using HTTPS or SFTP or equivalent).

(viii) Contractor agrees to store all LYNX back up data as part of its designated backup and recovery process in encrypted form, using commercially supported encryption

solution. Receiving Party further agrees that any and all LYNX data defined as personally identifiable information under current legislation or regulations stored on any portable storage medium be likewise encrypted. Encryption solutions will be deployed with no less than a 128-bit key for symmetric encryption and a 1024 (or larger) bit key length for asymmetric encryption.

(b) **No Data Re-Use.**

(i) Contractor agrees that any and all data exchanged shall be used expressly and solely for the purposes enumerated in this Contract. Data shall not be distributed, repurposed or shared across other applications, environments, or business units of Contractor.

(ii) Contractor further agrees that no LYNX data of any kind shall be transmitted, exchanged or otherwise passed to other vendors or interested parties except on a case-by-case basis as specifically agreed to in writing by an agent of LYNX.

(c) **End of Agreement Data Handling.** Contractor agrees that upon termination of this Contract or termination of the pertinent records retention period, whichever is later, it shall return in a usable format, if requested, erase, destroy, and render unreadable all LYNX data according to LYNX standards and certify in writing that these actions have been completed at a mutually predetermined date.

(d) **Data Breach.** Contractor agrees to comply with all applicable laws that require the notification of individuals in the event of unauthorized release of personally-identifiable information or other event requiring notification. In the event of a breach of any of Contractor's security obligations or other event requiring notification under applicable law ("**Notification Event**"), Contractor agrees to assume responsibility for informing all such individuals in accordance with applicable law and to indemnify, hold harmless and defend LYNX and its Board of Directors, officers, and employees from and against any claims, damages, or other harm related to such Notification Event.

9. **NO DISCRIMINATION/DBE REQUIREMENTS.**

(a) **No Discrimination.** Neither the Contractor nor any of its subcontractors shall discriminate on the basis of race, color, national origin, or sex in the performance of this Contract. The Contractor shall carry out applicable requirements of 49 CFR, Part 26 in the award and administration of DOT-assisted contracts. Failure by the Contractor to carry out these

requirements is a material breach of this Contract, which may result in the termination of this Contract or such other remedy as LYNX deems appropriate.

(b) **DBE Requirements.** In the event that a Disadvantaged Business Enterprise (“**DBE**”) goal has been established by the Solicitation, the Contractor covenants and agrees to comply with the requirements set forth in **Exhibit “C”** attached hereto and incorporated herein by this reference (the “**DBE Addendum**”). In the event that the Contractor is in breach of the DBE Addendum, in addition to any other damages and remedies available to LYNX in accordance with applicable law, the Contracting Officer (as hereinafter defined) may issue a termination for default proceeding pursuant to **Section 13** (TERMINATION) hereof.

10. **PUBLIC RECORDS.**

(i) **IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR’S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT 407-254-6170, PUBLIC RECORDS@GOLYNX.COM OR PUBLIC RECORDS CUSTODIAN C/O LYNX 455 NORTH GARLAND AVENUE, ORLANDO, FL 32801.**

(ii) The Contractor understands that by virtue of this Agreement all of its documents, records and materials of any kind, relating to the relationship created hereby, shall be open to the public for inspection in accordance with Florida law. If the Contractor will act on behalf of LYNX, as provided under section 119.011(2), Florida Statutes, the Contractor, subject to the terms of section 287.058(1)(c), Florida Statutes, and any other applicable legal and equitable remedies, shall:

(iii) Keep and maintain public records required by LYNX to perform the service.

(iv) Upon request from LYNX’s custodian of public records, provide LYNX with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law.

(v) Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the Contract term and following completion of the Contract if the Contractor does not transfer the records to LYNX.

(vi) Upon completion of the Contract, transfer, at no cost, to LYNX all public records in possession of the Contractor or keep and maintain public records required by LYNX to perform the Services. If the Contractor transfers all public records to LYNX upon completion of the Contract, the Contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Contractor keeps and maintains public records upon completion of the Contract, the Contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to LYNX, upon request from LYNX's custodian of public records, in a format that is compatible with the information technology systems of LYNX.

(vii) If the Contractor does not comply with a public records request LYNX shall enforce the contract provisions in accordance with the Agreement.

IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE LYNX CUSTODIAN OF PUBLIC RECORDS AT 407-254-6170, PUBLICRECORDS@GOLYNX.COM OR PUBLIC RECORDS CUSTODIAN C/O LYNX 455 NORTH GARLAND AVENUE, ORLANDO, FL 32801.

11. **LYNX PROPRIETARY INFORMATION**. The Contractor may, by virtue of this Contract, come into possession of certain non-publicly available information relating to LYNX, which information may or may not be proprietary to LYNX (the "**Information**"). In any event, the Contractor agrees that any such Information is solely for the purpose of enabling the Contractor to fulfill its duties and obligations under this Contract, and the Contractor may not use any such Information for any other purpose whatsoever without the express, written permission of LYNX. By way of illustration and not limitation, any such Information may not be used by the Contractor in submitting a Request for Proposal for any other purpose, whether to LYNX or to any other third party. Upon the expiration or termination of the Contract, the Contractor will return to LYNX any proprietary Information and will not, without LYNX's prior written approval, keep or

maintain any copies or transcripts thereof. The Contractor shall not be held criminally or civilly liable under any Federal or State trade secret law for the disclosure of any Information constituting a trade secret that: (a) is made in confidence to a federal, state, or local government official, either directly or indirectly, or to an attorney, and made solely for the purpose of reporting or investigation a suspected violation of law; or (b) is made under a complaint or other document filed in a lawsuit or other proceeding, if such filing is made under seal. Should the Contractor file a lawsuit against LYNX for retaliation for reporting a suspected violation of law, Contractor may disclose the trade secret to the Contractor's attorney and use the trade secret information in the court proceeding, if the Contractor: (1) files any document containing the trade secret under seal; and (2) does not disclose the trade secret, except pursuant to court order.

12. **TERMINATION.**

(a) **Default by Contractor.** LYNX may, in its sole and absolute discretion, by written notice of default to the Contractor, terminate all or any part of this Contract if (i) the Contractor fails to perform the Services described herein, within the time specified herein or any extension hereof; or (ii) if the Contractor fails to satisfy any of the other provisions of the Contract, or so fails to make progress as to endanger performance of this Contract in accordance with its terms; and in either of these two circumstances does not cure such failure within a period of ten (10) days (or such longer period as LYNX may in its sole discretion authorize in a writing signed by the LYNX Procurement/Contracts Manager) after receipt of notice from LYNX specifying such failure. In the event that LYNX elects to waive its remedies for any breach by the Contractor of any covenant, term or condition of this Contract, such waiver by LYNX shall not limit LYNX's remedies for any succeeding breach of that or of any other term, covenant, or condition of this Contract.

(b) **Termination by LYNX for Convenience.** This Contract may be terminated by LYNX in its absolute discretion, in whole or in part, whenever LYNX shall determine that such termination is in its best interest. Any such termination shall be effected by delivery of a notice of termination by LYNX to the Contractor, signed by the LYNX Procurement/Contracts Manager, specifying the extent to which performance of work under the Contract is terminated, and the date upon which such termination becomes effective. The Contractor shall be paid its costs, including contract closeout costs, and profit on Services performed by the Contractor up to the effective date of Contract termination. The Contractor shall promptly submit its claim for final payment to LYNX. Settlement of claims by the Contractor under this Subsection (Termination by LYNX for Convenience) shall be in accordance with the provisions set forth in Part 49 of Title 48 - Federal Acquisition Regulations (48 C.F.R. 49), except that wherever the word "Government" appears it shall be deleted and the word "LYNX" shall be substituted in lieu thereof.

(c) **Default by LYNX.** In the event LYNX is in default under this Contract, the Contractor shall first provide written notice to LYNX of said condition alleged by the Contractor to be a default, and LYNX shall have a reasonable period of time, not to exceed 60 days, within which to cure said default. During said period, the Contractor shall continue to provide the services to LYNX. In the event LYNX continues to be in default under this Contract upon the expiration of the time period set forth above for curing its default, this Contract may be terminated by the Contractor upon providing a notice of termination to LYNX.

(d) **Remedies for Default by Contractor.** If this Contract is terminated by LYNX for default by the Contractor, LYNX shall, except as otherwise expressly set forth in the Contract Documents, retain any and all remedies available for it against the Contractor, including the withholding remedy set forth in **Section 7(h)** (Withholding 5% in the Event of Default), all of which remedies shall be cumulative. By way of illustration and not limitation, LYNX may proceed to obtain the remaining Services from another third party and thereby recover from the Contractor any “excess costs” incurred by LYNX in so doing.

13. **DISPUTE RESOLUTION.** If there is any controversy or claim arising out of or relating to this Contract, or the breach thereof (collectively, a “**Legal Dispute**”), the parties agree that if the Legal Dispute cannot be resolved informally by LYNX and the Contractor, then the parties shall resolve such dispute in accordance with the following provisions:

(a) **Mediation.** The parties shall first attempt to resolve the Legal Dispute by mediation, which mediation shall follow the practices and procedures as set forth by the Circuit Court of Orange County Florida, and conducted by a Florida Supreme Court Certified Mediator. Any such mediation shall be held in Orange County, Florida.

(b) **Court of Law.** If the parties fail to resolve the Legal Dispute through mediation, then the Legal Dispute should be resolved in a court of law. Any action, suit or proceeding arising in conjunction with the Legal Dispute shall be brought exclusively in the Ninth Judicial Circuit of the State of Florida or the United States District Court for the Middle District of Florida, Orlando Division.

(c) **Arbitration.** In lieu of resolving a Legal Dispute in a court of law as described in **Subsection (b)** (Court of Law), the parties may choose to resolve the Legal Dispute by arbitration upon mutual agreement. If the parties agree to resolve the Legal Dispute by arbitration, such arbitration shall be administered by the American Arbitration Association in accordance with its Commercial Arbitration rules, and judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. Any such arbitration shall be held in Orange County, Florida. Nothing in this **Subsection (c)** (Arbitration) is intended to require that the parties submit to arbitration (absent agreement) or to solicit an

agreement prior to pursuing resolution in a court of law pursuant to **Subsection (b)** (Court of Law).

14. **NOTICES**. All notices shall be made to the addresses listed in the preamble to this Contract, unless otherwise provided below:

(a) The Contractor's primary point of contact for daily operations of the Services pursuant to this Contract is: _____; _____; Telephone: _____; Facsimile: _____.

(b) The Contractor's primary point of contact for legal notice and authority to modify or act under this Contract is: _____; _____; Telephone: _____; Facsimile: _____.

(c) The Contractor may appoint other individuals upon written notice to, and approval by, LYNX. The Contractor shall provide written notice to LYNX promptly with respect to any changes to the aforesaid contact information.

(d) As of the date hereof, LYNX designates **Brian Anderson** (the "**Project Manager**") with respect to the Contractor's performance of this Contract, and who will also serve as the primary point of contact for operational issues. LYNX may change such designation upon written notice to the Contractor.

(e) As of the date hereof, LYNX designates **Maurice A. Jones** (the "**Contracts Administrator**") as the primary point of contact for issues pertaining to contractual changes, modifications and overall Contractor performance. LYNX may change such designation upon written notice to the Contractor.

(f) The Project Manager, Contracts Administrator, and all other officers, employees, executives, agents and representatives of LYNX have only such authority to act on behalf of and bind LYNX to the extent granted to such individuals by the LYNX Governing Board, and no apparent authority of any such individuals shall be binding upon LYNX. No individual shall have the authority to act pursuant to this Contract or to modify or amend this Contract except in accordance with the LYNX Administrative Rules and such other policies and procedures that may be adopted by LYNX pursuant thereto. No such action, modification or amendment shall be valid or binding upon LYNX, if the authorizing representative of LYNX has exceeded the authority actually granted to such individual by the LYNX Governing Board.

15. **MISCELLANEOUS.**

(a) **Governing Law.** The parties mutually acknowledge and agree that this Contract shall be construed in accordance with the laws of the State of Florida, without regard to the internal law of Florida regarding conflicts of law.

(b) **No Waiver of Sovereign Immunity.** The Contractor is aware and understands that LYNX is entitled to the benefit of sovereign immunity under the laws of the State of Florida. Under the principles of sovereign immunity, LYNX is not permitted to agree to indemnify another party to a contract or alter the state's waiver of sovereign immunity such that its liability for torts is extended beyond the limits established in Section 768.28, Florida Statutes. Nothing contained in this Contract or in any Contract Document shall be interpreted to constitute a waiver by LYNX of its sovereign immunity and, for the avoidance of doubt, no provision of the Contract Documents shall be interpreted to require that LYNX indemnify the Contractor.

(c) **Attorneys' Fees.** Subject to the terms of **Subsection (b)** (No Waiver of Sovereign Immunity) above, if any legal action or other proceeding is brought for the enforcement of this Contract, or because of an alleged dispute, breach, default, claim, or misrepresentation arising out of or in connection with any of the provisions of this Contract, the prevailing party or parties shall be entitled to recover its or their reasonable attorneys' fees (including paralegals' fees), court costs, expenses, and costs of experts and investigation, whether at trial, upon appeal, or during investigation by such prevailing party or parties in prosecuting or defending such legal action or other proceeding.

(d) **Waiver Of Jury Trial.** **EACH PARTY HEREBY AGREES NOT TO ELECT A TRIAL BY JURY OF ANY ISSUE TRIABLE OF RIGHT BY JURY, AND WAIVES ANY RIGHT TO TRIAL BY JURY FULLY TO THE EXTENT THAT ANY SUCH RIGHT SHALL NOW OR HEREAFTER EXIST WITH REGARD TO THE CONTRACT DOCUMENTS, OR ANY CLAIM, COUNTERCLAIM OR OTHER ACTION ARISING IN CONNECTION THEREWITH. THIS WAIVER OF RIGHT TO TRIAL BY JURY IS GIVEN KNOWINGLY AND VOLUNTARILY BY EACH PARTY, AND IS INTENDED TO ENCOMPASS INDIVIDUALLY EACH INSTANCE AND EACH ISSUE AS TO WHICH THE RIGHT TO A TRIAL BY JURY WOULD OTHERWISE ACCRUE.**

(e) **Assignment by Contractor.** LYNX has selected the Contractor to render the Services based in substantial part on the personal qualifications of the Contractor; as such, the Contractor may not assign or

transfer any right or obligation of this Contract in whole or in part, without the prior written consent of LYNX, which consent may be granted or withheld in the sole discretion of LYNX. Any direct or indirect change in the ownership (legal or equitable) of a controlling and/or a majority interest of the Contractor, whether such change in ownership occurs at one time or as a result of sequential incremental changes, and whether said change is by sale, assignment, hypothecation, bequest, inheritance, operation of law, merger, consolidation, reorganization or otherwise, shall be deemed an assignment of this Contract subject to the consent of LYNX. The Contractor may utilize subcontractors as otherwise permitted and provided in the Contract Documents. Any assignment or transfer of any obligation under this Contract without the prior written consent of LYNX shall be void, *ab initio*, and shall not release the Contractor from any liability or obligation under the Contract, or cause any such liability or obligation to be reduced to a secondary liability or obligation.

(f) **Captions and Headings.** The captions and headings provided herein are for convenience of reference only and are not intended to be used in construing the terms and provisions hereof.

(g) **Number And Gender.** Whenever herein the singular or plural is used the same shall include the other where appropriate. Words of any gender shall include other genders when the context so permits.

(h) **Multiple Counterparts.** This Contract may be executed in a number of identical counterparts each of which is an original and all of which constitute collectively one agreement. In making proof of this Contract in any legal action, it shall not be necessary to produce or account for more than one such counterpart.

(i) **Survival.** Should any provision of this Contract be determined to be illegal or in conflict with any law of the State of Florida, the validity of the remaining provisions shall not be impaired.

(j) **No Third-Party Beneficiary.** It is specifically agreed that this Contract is not intended by any of the provisions of any part of this Contract to establish in favor of any other party, the public or any member thereof, the rights of a third-party beneficiary hereunder, or to create or authorize any private right of action by any person or entity not a signatory to this Contract to enforce this Contract or any rights or liabilities arising out of the terms of this Contract.

16. **AMENDMENT OF CONTRACT.** This Contract may not be modified or amended without the prior written consent of the party to be charged by said amendment or modification. This provision may not itself be changed orally. The Contractor

specifically is aware and understands that any material or substantial change to this Contract may require approval of LYNX's Governing Board for any such change to be valid.

17. **ENTIRE CONTRACT.** This Contract, including the Contract Documents referenced above, together with any Exhibits or attachments hereto constitutes the entire agreement between the parties.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the authorized signatories named below have executed this Contract on behalf of the parties as of the Effective Date.

“CONTRACTOR”

“LYNX”

**CENTRAL FLORIDA REGIONAL
TRANSPORTATION AUTHORITY**

By: _____

By: _____

Name:

Name: James E. Harrison, Esq., P.E. _____

Title:

Title: Chief Executive Officer _____

Date:

Date: _____

Reviewed as to Form:

This Contract has been reviewed as to form by LYNX Senior Staff Attorney. This confirmation is not to be relied upon by any person other than LYNX or for any other purpose.

By: _____

Name: Carrie L. Sarver, Esq., B.C.S. _____

Title: Senior Staff Attorney _____

Date: _____

Exhibit “A”

SCOPE OF SERVICES

[See attached]

Exhibit "B"
SCHEDULE OF FEES

[See attached]

Exhibit “C”

DBE ADDENDUM

In the event that a DBE goal has been established by the Solicitation the Contractor covenants and agrees as follows:

(a) The Contractor will comply with the DBE goal established by the Solicitation and make good faith efforts to replace any DBE subcontractor that is terminated or has otherwise failed to complete its work on a contract with another certified DBE, to the extent needed to meet such DBE goal. The Contractor shall notify Desna Hunte, 455 N. Garland Avenue, Orlando, Florida 32801; 407-254-6117 (telephone); 407-254-6379 (facsimile) (hereinafter, the “**DBE Liaison Officer**”) immediately of any termination of a DBE or any DBE’s inability or unwillingness to perform and provide reasonable documentation of same.

(b) Any disputes between the Contractor and any DBE subcontractor, which could reasonable result in a termination or relate to the DBE subcontractor’s inability or unwillingness to perform shall be first submitted to the DBE Liaison Officer for consideration. The DBE Liaison Officer may refer the matter to non-binding mediation in his or her sole and absolute discretion.

(c) The Contractor shall provide the DBE Liaison Officer with at least thirty (30) days written notice prior to instituting any legal action against a DBE subcontractor.

(d) If any DBE subcontractor is unable or unwilling to perform, the Contractor must obtain prior approval from the DBE Liaison Officer of the substitute DBE and provide copies of new or amended subcontracts, or documentation of good faith efforts.

(e) The Contractor will provide the DBE Liaison Officer with monthly updates as to the Contractor’s continuing compliance with the DBE requirements set forth in the Solicitation.

(f) Contracts between the Contractor and any DBE subcontractor shall contain a valid and enforceable waiver of the DBE subcontractor’s right to trial by jury.

(g) The Contractor must submit with each invoice a report of DBE expenditures (the “**DBE Expenditure Report**”), if applicable. Such report must show each DBE, the amount of such DBE’s subcontract, the amount earned to date, the amount earned with respect to that invoice and the amount remaining to be earned. A legible copy of each invoice, along with the DBE Expenditure Report, must be submitted directly to the DBE Liaison Officer, c/o Central Florida Regional Transportation Authority, 455 North Garland Avenue, Orlando, Florida 32801, or such other address as may be specified by LYNX from time to time.

(h) The Contractor shall make prompt and full payment to any DBE subcontractor (including the payment of any retainage) within the later of: (x) thirty (30)

days after the DBE subcontractor's work is satisfactorily completed or (y) thirty (30) days after the Contractor receives payment from LYNX for satisfactory completion of the accepted work. For purposes of this DBE Addendum, a DBE subcontractor's work is satisfactorily completed when all the tasks called for in the subcontract have been accomplished and documented as required by LYNX. When LYNX has made an incremental acceptance of a portion of the Services, the work of a DBE subcontractor covered by that acceptance is deemed to be satisfactorily completed. The Contractor may not withhold payment to any DBE subcontractor as a result of the exercise of LYNX's withholding rights described below.

(i) In order to enforce the DBE requirements set forth in this Contract (inclusive of those set forth in this DBE Addendum), and in addition to any damages and remedies available to LYNX as set forth elsewhere in this Contract or which are otherwise available to LYNX under applicable law, LYNX reserves the right to withhold five percent (5%) of any amounts owed to the Contractor pursuant to and in accordance with the terms set forth in the Contract (the "**withholding rights**").

EXHIBIT N
NON-COLLUSION AFFADAVIT

Contract Description:

By submission of this Proposal, the Offeror _____, certifies
Name of Offeror
that (s)he is _____ of _____ and,
Title Name of Firm
under penalty of perjury, affirms:

1. The prices in this Proposal have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other Offeror or with any competitor;
2. Unless otherwise required by law, the prices which have been quoted in this Proposal have not been knowingly disclosed by the Offeror and shall not knowingly be disclosed by the Offeror prior to opening, directly or indirectly, to any other Offeror or to any competitor; and
3. No attempt has been made or shall be made by the Offeror to induce any other person, partnership or corporation to submit or not submit a Proposal for the purpose of restricting competition.
4. The Proposal was not made in the interest of or on behalf of any undisclosed person, partnership, company, organization or corporation.
5. Each person signing the Proposal certifies that:
 - a. He/She is the person in the Offeror's organization responsible within that organization for the decision as to prices being offered in the Proposal and that he/she has not participated and shall not participate in any action contrary to (1-4) above; or
 - b. He/She is not the person in the Offeror's organization responsible within that organization for the decision as to prices being offered in the Proposal but that he/she has been authorized in writing to act as agent for the persons responsible for such decisions in certifying that such persons have not participated, and shall not participate, in any action contrary to (1-4) above, and that as their agent, does hereby so certify; and that he has not participated, and shall not participate in any action contrary to (1- 4) above.

**** NOTE: THIS EXHIBIT MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL ****
PROVIDE ALL REQUESTED INFORMATION - DO NOT MODIFY FORM



EXHIBIT O No-Bid Form

If for any reason, your business is not submitting a Proposal on this solicitation, please check one or more reasons below and return to the LYNX staff contact listed on the Proposal Cover Page to help LYNX develop future proposal packages which shall elicit your response to our solicitation.

We hereby submit a "No Bid" because:

- 1. We are not interested in selling through the proposal process.
- 2. We are unable to prepare the proposal form in time to meet the due date.
- 3. We do not wish to proposal under the terms and conditions of the Request for Proposal document. OBJECTIONS:

- 4. We do not feel we can be competitive.
- 5. We cannot submit a proposal because of the marketing or franchising policies of the manufacturing company.
- 6. We do not wish to sell to a State agency.

OBJECTIONS:

- 7. We do not sell the items on which proposals are requested.
- 8. Other:

FUTURE SOLICITATIONS

- We wish to remain on the list of Bidders
- Be deleted from Bidder's List

Firm _____

Signed _____

**“THIS EXHIBIT SHALL BE COMPLETED AND RETURNED ONLY IF NOT SUBMITTING A PROPOSAL.
PLEASE PROVIDE ALL REQUESTED INFORMATION - DO NOT MODIFY FORMAT”**



EXHIBIT P
FEDERAL E-VERIFY COMPLIANCE CERTIFICATION

In accordance with Executive Order Number 11-116 from the office of the Governor of the State of Florida, Proposer hereby certifies that the U.S. Department of Homeland Security's E-Verify system will be used to verify the employment eligibility of all new employees hired by the Proposer during the contract term, and shall expressly require any subcontractors performing work or providing services pursuant to the contact to likewise utilize the U.S. Department of Homeland Securities E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term; and shall provide documentation such verification to LYNX upon request.

As the person authorized to sign this statement, I certify that this company complies/will comply fully with the above requirements.

COMPANY: _____ NAME: _____

TITLE: _____ PHONE NO.: _____

SIGNATURE: _____ DATE: _____

E-MAIL: _____

CORPORATE ADDRESS: _____

**** NOTE: THIS EXHIBIT MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL**
PROVIDE ALL REQUESTED INFORMATION - DO NOT MODIFY FORM**

LYNX
EXHIBIT Q - LYNX Dental Plan Network Comparison

Company Name:

Instructions: Please see the list of providers below. Insert YES if the provider is in your network and NO if they are not in your network.

TIN	First Name	Last Name	Address	City	ST	Zip	HMO Network Dentist	PPO Network Dentist
							YES or NO	YES or NO
2814502766	KIRK	SOLBERG	SOLBERG & MILLER LLC;201 MAITLAND AVE STE 1013	ALTAMONTE SPRINGS	FL	32701		
2834253715	JOSEPH	ATA	ATA DENTAL KISSIMMEE LLC;3192 S JOHN YOUNG PK	KISSIMMEE	FL	34746		
2273933702	MICHAEL	SALAZAR	DR MICHAEL SALAZAR DDS;4755 CONWAY RD	ORLANDO	FL	32812		
2261302023	SONIA	SIMMONDS	SONIA SIMMONDS DDS PA;1601 PARK CENTER DR STI	ORLANDO	FL	32835		
2200185918	TOMMY	DORSEY	COMFORTABLE CARE DENTAL HEALTH P;10169 W CO	OCOEEE	FL	34761		
2263103347	LUIS	GAUD	3823 N ECONLOCKHATCHEE TRL;	ORLANDO	FL	32817		
2822275751	JESSICA	WILLIAMS	JESSICA C MCMANN PA;2100 ALOMA AVE STE 200	WINTER PARK	FL	32792		
2263975070	MONICA	VARELA	1096 CYPRESS PKWY;	KISSIMMEE	FL	34759		
2461024085	AMEER	ZUFARI	AMEER DENTAL;5480 CURRY FORD RD	ORLANDO	FL	32812		
2593208966	JASON	BREWER	LEONEL TORRES DDS;1000 KEVSTIN DR	KISSIMMEE	FL	34744		
2272191904	AMAURY	VALLE	AMAURY O VALLE DMD PA;2116 EDGEWATER DR	ORLANDO	FL	32804		
2800022681	SUSANNE	BAAQEE	CLASSIC SMILES LLC;2677 MAGUIRE RD	OCOEEE	FL	34761		
2263883870	MOHAMED	ZAMAN	MOHAMED M ZAMAN DDS;11 W DAKIN AVE	KISSIMMEE	FL	34741		
2262309712	PHILIP	PHILIP	PARKWAY DENTAL CARE LLC;1064 E OSCEOLA PKWY	KISSIMMEE	FL	34744		
2263975070	ERICK	NUNEZ	1379 E VINE ST;	KISSIMMEE	FL	34744		
2462043210	MARK	SPERLING	SPERLING DENTAL PA;905 E MICHIGAN ST	ORLANDO	FL	32806		
2593418054	RANDALL	BROWN	RANDALL C BROWN DMD PA;902 W 25TH ST	SANFORD	FL	32771		
2202638581	JUAN	PINZON	HALLMARK DENTAL LLC;1014 BUENAVENTURA BLVD	KISSIMMEE	FL	34743		
2264371338	RICHARD	ROGERS	RICHARD S ROGERS DDS;709 DOUGLAS AVE	ALTAMONTE SPRINGS	FL	32714		
2454893123	KATHRYN	MILLER	JORGE ANDULO DDS;1200 E ROBINSON ST	ORLANDO	FL	32801		
2592312823	ENRIQUE	ROVIRA	ENRIQUE R ROVIRA DMD;5110 CURRY FORD RD	ORLANDO	FL	32812		
2592871006	RAYMOND	LEE	RAYMOND LEE DMD;385 ALEXANDRIA BLVD	OVIDEO	FL	32765		
2592977900	ALAN	HEAP	ALAN R HEAP DMD;149 E 13TH ST	SAINT CLOUD	FL	34769		
2593053803	NAGHMAN	QURESHI	CONWAY DENTAL CARE PA;3862 CURRY FORD RD	ORLANDO	FL	32806		
2593356849	ANGEL	RIVERACASTRO	785 N ALAFAYA TRL;	ORLANDO	FL	32828		
2593449519	ANA	O'FARRILL-JIMENEZ	1031 PLAZA DR;	KISSIMMEE	FL	34743		
2200185918	SHWAN	SHAWKAT	COMFORTABLE CARE DENTAL HEALTH P;13816 NARC	ORLANDO	FL	32832		
2261390806	SIRIN	THANASASAVAT	SIRIN THANASASAVAT DMD;8010 SUNPORT DR STE 1	ORLANDO	FL	32809		
2263975070	HOANG	NGUYEN	2216 E SEMORAN BLVD;	APOPKA	FL	32703		
2455043961	MARY	HUNTER	1231 BLACKWOOD AVE;	OCOEEE	FL	34761		
2593163423	SUE	ROLANDO	DRS DALE & SUR ROLANDO DMD P;4396 LAKE UNDER	ORLANDO	FL	32803		
2593262283	ALFREDO	GAPUZ	AESTHETIC & GENERAL DENTISTR;14009 EGRET TOW	ORLANDO	FL	32837		
2832637214	SARA	NIKFAR	NIKFAR FAMILY DENTAL PLLC;1650 SAND LAKE RD ST	ORLANDO	FL	32809		
2261219149	TEDDY	BLAND	MID FLORIDA PEDIATRIC DENTISTRY;2714 DORA AVE	TAVARES	FL	32778		
2263508847	JASON	SOTTO	JASON J SOTTO DMD PEDIATRIC;3650 WINTER GARDI	WINTER GARDEN	FL	34787		
2812582662	AMAL	HAMDI	PRIMERA DENTAL;1045 PRIMERA BLVD STE 1001	LAKE MARY	FL	32746		
2200185918	YOAN	GARCIA	COMFORTABLE CARE DENTAL HEALTH P;3311 DANIEI	WINTER GARDEN	FL	34787		
2200185918	GIRIJA	NAIDU	1620 AVALON RD;	WINTER GARDEN	FL	34787		
2263975070	QUYEN	PHAM	926 GREAT POND DR STE 1000;	ALTAMONTE SPRINGS	FL	32714		
2461485703	JOSEPH	ATA	ATA DENTAL DESIGN LLC;13512 S JOHN YOUNG PKW	ORLANDO	FL	32837		
2464408970	OSCAR	ROSARIO PEREZ	OSCAR D ROSARIO PEREZ DMD;659 W JUNIATA ST	CLERMONT	FL	34711		
2593175171	SUZANNE	DAVIDSON	2199 E SEMORAN BLVD;	APOPKA	FL	32703		
2820885757	MARC	CHAPKIS	MRC DENTAL GROUP INC;425 AVALON PARK SOUTH	ORLANDO	FL	32828		
2825389728	MICHELLE	ALIOTTI	ALAFAYA PEDIATRIC DENTISTRY;448 S ALAFAYA TRL	ORLANDO	FL	32828		
2460796483	DEAN	WHITMAN	775 PRIMERA BLVD STE 1001;	LAKE MARY	FL	32746		
2593365515	CAROLINE	BASTA	4401 S ORANGE AVE STE 106;	ORLANDO	FL	32806		
2822470016	ELLIOTT	TIRZAH	410 E ALTAMONTE DR STE 1040;	ALTAMONTE SPRINGS	FL	32701		
2843147630	NICHOLAS	HOEPFNER	MDD DENTAL INC.;3207 S FLORIDA AVE	LAKELAND	FL	33803		

CENTRAL FLORIDA REGIONAL TRANSPORT. AUTHORITY DBA LYNX
5985918

Exhibit R - Experience Report

Date	Premium (\$)	Lives - Employee	Total Claims (\$)
12/01/2018	\$14,613.55	346	\$15,207.78
01/01/2019	\$16,562.08	346	\$12,666.82
02/01/2019	\$16,881.74	347	\$10,413.42
03/01/2019	\$17,483.33	372	\$10,703.66
04/01/2019	\$16,636.67	370	\$14,118.12
05/01/2019	\$16,176.67	366	\$12,416.32
06/01/2019	\$16,078.81	356	\$11,490.00
07/01/2019	\$16,359.15	260	\$12,139.56
08/01/2019	\$16,169.40	359	\$10,849.80
09/01/2019	\$16,020.45	358	\$8,990.86
10/01/2019	\$15,556.34	350	\$9,550.84
11/01/2019	\$16,018.08	352	\$11,140.27
12/01/2019	\$15,791.15	349	\$12,389.73
01/01/2020	\$15,950.99	348	\$11,912.30
02/01/2020	\$16,059.46	351	\$7,843.26
03/01/2020	\$17,214.67	351	\$11,852.40
04/01/2020	\$17,615.75	369	\$3,418.12
05/01/2020	\$15,454.58	356	\$5,526.30
06/01/2020	\$16,228.87	358	\$10,833.70
07/01/2020	\$15,554.05	355	\$12,909.52
08/01/2020	\$16,482.00	365	\$13,899.06
09/01/2020	\$17,014.04	378	\$7,725.12
10/01/2020	\$16,928.15	376	\$11,016.54
11/01/2020	\$16,960.30	377	\$12,276.06

CENTRAL FLORIDA REGIONAL TRANSPORT. AUTHORITY DBA LYNX
05985918

Date	Premium (\$)	Lives - Employee	Total Claims (\$)
12/01/2018	\$10,511.48	345	\$7,235.84
01/01/2019	\$10,529.43	344	\$7,237.60
02/01/2019	\$10,460.79	343	\$4,984.54
03/01/2019	\$10,433.36	353	\$6,699.10
04/01/2019	\$10,397.46	353	\$12,156.80
05/01/2019	\$10,317.37	352	\$8,523.90
06/01/2019	\$10,427.86	359	\$5,963.02
07/01/2019	\$10,309.33	270	\$7,341.80
08/01/2019	\$10,254.57	350	\$7,428.82
09/01/2019	\$10,325.27	352	\$5,653.78
10/01/2019	\$10,062.47	345	\$7,695.63
11/01/2019	\$10,254.31	348	\$6,358.06
12/01/2019	\$10,064.21	345	\$8,875.66
01/01/2020	\$10,133.66	346	\$5,102.30
02/01/2020	\$10,167.59	347	\$9,539.16
03/01/2020	\$9,835.82	347	\$9,111.64
04/01/2020	\$9,695.72	344	\$2,727.94
05/01/2020	\$9,776.32	338	\$2,447.90
06/01/2020	\$10,011.29	344	\$8,397.46
07/01/2020	\$9,481.80	338	\$7,306.26
08/01/2020	\$9,825.89	338	\$6,724.51
09/01/2020	\$8,460.30	340	\$3,054.74
10/01/2020	\$8,455.58	342	\$6,309.10
11/01/2020	\$9,909.66	340	\$7,062.30

CENTRAL FLORIDA REGIONAL TRAN

5985918

Date	Premium (\$)	Lives - Subscriber
12/1/2018	\$3,589.19	204
1/1/2019	\$2,188.99	205
2/1/2019	\$3,637.77	206
3/1/2019	\$3,487.47	211
4/1/2019	\$3,672.41	215
5/1/2019	\$3,615.03	214
6/1/2019	\$3,693.01	213
7/1/2019	\$3,706.81	214
8/1/2019	\$3,566.67	212
9/1/2019	\$3,616.81	223
10/1/2019	\$4,004.12	224
11/1/2019	\$3,832.20	224
12/1/2019	\$3,814.23	221
1/1/2020	\$3,783.58	231
2/1/2020	\$3,783.58	223
3/1/2020	\$3,719.63	223
4/1/2020	\$3,686.27	222
5/1/2020	\$2,011.90	223
6/1/2020	\$3,681.54	222
7/1/2020	\$2,364.73	225
8/1/2020	\$2,364.73	225
9/1/2020	\$3,707.92	224
10/1/2020	\$3,616.01	221
11/1/2020	\$3,707.92	223