



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

**CERTIFICATE RIDER**

**Group Policy No.:** 100225-G

**Employer:** Mesquite Independent School District

**Effective Date:** September 1, 2011

The certificate is changed as follows:

Applicable to Dental Expense Benefits Low Plan

1. In the **SCHEDULE OF BENEFITS**, replace ANNUAL DEDUCTIBLE AMOUNT under **BENEFITS (EMPLOYEE AND DEPENDENT) DENTAL EXPENSE BENEFITS** with the following:

“ANNUAL DEDUCTIBLE AMOUNT  
(For Type B and Type C Expenses Combined)

	<u>In-Network</u>	<u>Out-of-Network</u>
Individual .....	\$50	\$50”

2. In the **SCHEDULE OF BENEFITS**, add the following to **NOTE(S)** under **BENEFITS (EMPLOYEE AND DEPENDENT) DENTAL EXPENSE BENEFITS**:

“Expenses for orthodontia, including any procedures necessary for such treatment, will be considered Covered Dental Expenses only if the Dependent child has not reached age 26.”

3. In **DEFINITIONS OF CERTAIN TERMS USED HEREIN**, replace “**Dependent**” with the following:

**“For residents of Louisiana, Minnesota, Montana, New Mexico and Utah, the Dependent definition with respect to child is modified as explained in the Notice pages of this certificate; please consult the Notice.**

‘**Dependent**’ means your lawful spouse or your unmarried natural child or your grandchild except for:

1. a person who is on active duty in the military of any country or international authority; however, active duty for this purpose does not include weekend or summer training for the reserve forces of the United States, including the National Guard; or
2. a person who is eligible under This Plan as an Employee; and
3. a child who is 26 years of age or older; or
4. a grandchild:
  - a. who is 26 years of age or older; or
  - b. who was not able to be claimed by you as a dependent for Federal Income Tax purposes at the time you applied for Dependent Dental Expense Benefits.

If a Dependent child is a Covered Person on the day before that child has reached the applicable age limit, that child will continue to be a Dependent after the age limit as long as:

- a. that child is and remains unable to work in self-sustaining employment because of:
  - i. physical handicap; or
  - ii. mental retardation; and
- b. that child is and remains chiefly dependent upon you for support; and
- c. that child is and remains a Dependent, as defined, except for the age limit; and
- d. you give us proof, when we ask for it, that the child is and remains so unable to work and dependent upon you since the age limit. We will not ask for proof more than once a year. The proof must be satisfactory to us; and
- e. you make any payment which is required by the Employer.

Subject to the same conditions which apply to a natural child, child also includes:

- a. a child who resides with you and is supported solely by you; and
- b. a child who is legally adopted; and
- c. a stepchild who lives in your home; and
- d. a child for whom benefits must be provided by court order, that we have been notified of (as set forth in a divorce decree).

No person may be covered as a Dependent of more than one Employee.”

- 4. By adding the attached form entitled **NOTICE FOR RESIDENTS OF LOUISIANA, MINNESOTA, MONTANA, NEW MEXICO AND UTAH** to the Certificate as a part thereof.
- 5. In **DENTAL EXPENSE BENEFITS**, replace “**Dental Expense Period**” in **A. DEFINITIONS**, with the following:

“**Dental Expense Period**” means a twelve month period beginning with September 1 and ending on the day before the next following September 1.”
- 6. In **DENTAL EXPENSE BENEFITS**, replace **e.** in **C. DENTAL SERVICES WHICH MAY BE COVERED DENTAL EXPENSES, 1. Type A Expenses**, with the following:

“**e.** Topical fluoride treatment once in a calendar year for a Dependent child up to 26 years of age.”
- 7. In **DENTAL EXPENSE BENEFITS**, replace **c.** in **C. DENTAL SERVICES WHICH MAY BE COVERED DENTAL EXPENSES, 2. Type B Expenses**, with the following:

“**c.** Space maintainers for Dependent child up to 26 years of age.”

8. In **DENTAL EXPENSE BENEFITS**, replace **a.** in **C. DENTAL SERVICES WHICH MAY BE COVERED DENTAL EXPENSES, 3. Type C Expenses** with the following:
- “**a.** Prefabricated stainless steel crown or prefabricated resin crown but not more than once in a 10 year period.”
9. In **DENTAL EXPENSE BENEFITS**, replace **e.** in **C. DENTAL SERVICES WHICH MAY BE COVERED DENTAL EXPENSES, 2. Type B Expenses** with the following:
- “**e.** Replacement of an existing amalgam or resin fillings but only if:
- i.** at least 24 months have passed since the existing filling was placed; or
  - ii.** a new surface of decay is identified on that tooth.”
10. In **DENTAL EXPENSE BENEFITS**, replace **f.** in **C. DENTAL SERVICES WHICH MAY BE COVERED DENTAL EXPENSES, 3. Type C Expenses** with the following:
- “**f.** Replacement of any Cast Restorations with the same or a different type of Cast Restoration but not more than one such replacement for the same tooth within 10 years.”
11. In **DENTAL EXPENSE BENEFITS**, replace **r.** in **C. DENTAL SERVICES WHICH MAY BE COVERED DENTAL EXPENSES, 3. Type C Expenses** with the following:
- “**r.** Core buildup, labial veneers and post and cores but not more than one of each service for a tooth in a 10 year period.”
12. In **DENTAL EXPENSE BENEFITS**, replace **v. and w.** in **C. DENTAL SERVICES WHICH MAY BE COVERED DENTAL EXPENSES, 3. Type C Expenses**, with the following:
- “**v.** Implants but no more than once for the same tooth position in a 10 year period.
- w.** Implant support prosthetics but no more than once for the same tooth position in a 10 year period.”
13. In **DENTAL EXPENSE BENEFITS**, replace **4. Type D Expenses** in **C. DENTAL SERVICES WHICH MAY BE COVERED DENTAL EXPENSES**, with the following:
- “Orthodontia, including appliance therapy for a Dependent child under age 26.
- The Aggregate Maximum Benefit for orthodontia is shown in the SCHEDULE OF BENEFITS.”
14. In **WHEN BENEFITS END**, replace **C. 1.** with the following:
- “**1.** the date that the Dependent ceases to be your Dependent, except that in the case of a Dependent who has attained the maximum age benefits will end on the last day of the calendar month; or”

**This rider is to be attached to and made part of the certificate.**

## **NOTICE FOR RESIDENTS OF LOUISIANA, MINNESOTA, MONTANA, NEW MEXICO AND UTAH**

### **The Definition Of Dependent Is Modified For The Coverages Listed Below:**

#### **For Louisiana Residents (Dental Expense Benefits):**

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. 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 Expense Benefits):**

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

#### **For Montana Residents (Dental Expense Benefits):**

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.

#### **For New Mexico Residents (Dental Expense Benefits):**

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 coverage for Dental Expense Benefits 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 Utah Residents (Dental Expense Benefits):**

The age limit for children will not be less than 26, regardless of the child's student status or full-time employment status.