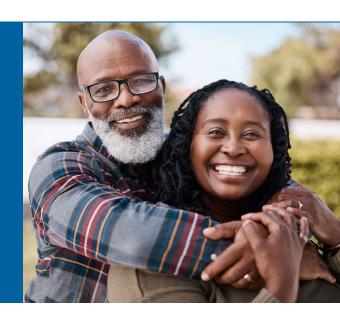
Let your retirement years begin with a healthy smile.

Dental insurance helps keep your oral health in check at a savings to you.¹



Dental Benefits that last through retirement

Retirement doesn't mean you have to lose the benefits you've enjoyed during your working years. Once you become eligible for retirement benefits, you will automatically receive an enrollment package for the **MetLife Retirement Dental Benefits Program**.

Unlike some temporary plans, we offer a long-term solution that helps your family's future health. Please refer to the chart on the back to help you determine your coverage needs and pricing plan that is the best fit for your future.

Upon retirement, look for your enrollment package in the mail.

See the next page for details and plan costs.

Benefit Summary

	Plan Opti	on 1	Plan Option 2		
Coverage Type	In Network Plan pays percent of negotiated fee for covered services ²	Out of Network Percent of Reasonable & Customary fee ³	In Network Plan pays percent of negotiated fee for covered services ²	Out of Network Percent of Reasonable & Customary fee ³	
Plan Year Maximum per person	\$750	\$750	\$1,500	\$1,500	
Plan Year Deductibles Applies only to Basic and Major Services	\$75 self \$150 self +1 \$225 self +2 or more	\$75 self \$150 self +1 \$225 self +2 or more	\$75 self \$150 self +1 \$225 self +2 or more	\$75 self \$150 self +1 \$225 self +2 or more	
Preventive Cleanings, oral examination and X-rays	100%	100%	100%	100%	
Basic Fillings and periodontal maintenance	70%	70%	70%	70%	
Major Crowns, bridges, root canal treatment and dentures	0%	0%	50%	50%	

The County of Saratoga

Dental Insurance

To get an idea of your monthly rate:

- 1. Locate your state and then your ZIP Code (first three digits) to determine your Area.
- 2. Then match your Area to the enrollment option you are interested in.

State	First 3 Digits of ZIP Code	Area	State	First 3 Digits of ZIP Code	Area	State	First 3 Digits of ZIP Code	Area
Alabama	350-354, 362-364, 367-369 355-361, 365-366	1	Kentucky	400-404, 406-409, 411-419, 425-427 405, 410, 420-424	1	North Dakota Ohio	entire state 430-435, 437-459 436	3 2 3
Alaska	entire state	6	Louisiana	entire state	7	Oklahoma	731, 735-749	2
Arizona	850-857	2	Maine	042-044, 046-047, 049	3		730, 734	3
	859-865	3		039-041, 045, 048	4	Oregon	entire state	3
Arkansas	entire state	2	Maryland	215	1	Pennsylvania	150-156, 159-161, 163-	1
California	923-925 900, 905-922, 926-938,	2	•	206, 210-214, 216-219 207-209	2	•	164, 171-172, 185, 187 157-158, 162, 165-168,	2
	952-953, 955-961 901-904, 939, 945-946,	4	Massachu- setts	010, 012-013 011, 014-027	3 4		170, 173-176, 180-184, 186, 188, 190-192	
	948, 950-951		Michigan	486	2		169, 177-179, 189,	3
	940-944, 947, 949, 954	5		480-485, 487-499	3		193-196	
Colorado	entire state	3	Minnesota	entire state	3	Puerto Rico	entire state	1
Connecticut		4	Mississippi	entire state	2	Rhode Island	entire state	3
Delaware	197, 199	4	Missouri	645	1	South	entire state	3
	198	5		630-644, 646-651,	2	Carolina		
D.C.	entire state	3		653-659		South Dakota	570, 572-577	2
Florida	320-322, 325-329,	2		652	3	_	571	3
	334-338, 342-349		Montana	entire state	3	Tennessee	entire state	2
	323-324, 333, 339-341	3	Nebraska	680-684, 689-690	1	Texas	782	1
	330-332	4		685-688, 691-693	2		754-759, 764-769, 773-	2
Georgia	306-310, 312, 319	2	Nevada	889-891	2		774, 776-781, 783-785,	
	300-305, 311, 313-318,	3		893-898	4		788-789, 794-799	•
	398	0	New	030, 032, 034-038	4		750-753, 760-763, 770-	3
Hawaii	entire state	3	Hampshire	031, 033	5		772, 775, 786-787, 790-	
Idaho	entire state	2	New Jersey	071-072	2	l Itala	793, 885	4
Illinois	624, 628-629	1		070, 073, 077, 080-087	3 4	Utah Vermont	entire state entire state	1
	609-623, 625-627 600-608	2 3		074-076, 078-079, 088-089	4	Virginia	230-246	2
Indiana	471. 475	1	New Mexico	entire state	3	virginia	201. 220-229	3
IIIulalia	460-462, 465-470,	2	New York	104, 124-129, 133-136, 142	2	Virgin Islands	entire state	3
	472-474, 476-479	2	New TOIK	103, 109-110, 115, 117-123,	3	Washington	990-992. 994	3
	463-464	3		130-132, 137-141, 143-149	3	wasiiiigtoii	985-989, 993	4
Iowa	508-510, 512-516	1		063, 105-108, 111-114, 116	4		980-984	5
10444	500-507, 520-528	2		100-102	6	West Virginia	entire state	2
	511	3	North	270-281, 283-289	3	Wisconsin	entire state	3
Kansas	entire state	2	Carolina	282	4	Wyoming	entire state	2
. willow	S. I.I. S State	_	Jaionna	202	-	,9	3.13 010	_

	Plan Option 1		Plan Option 2			
	Self	Self + 1	Self + 2 or more	Self	Self + 1	Self + 2 or more
Area 1	\$24.50	\$45.75	\$69.25	\$43.75	\$86.75	\$116.75
Area 2	\$26.50	\$50.00	\$77.50	\$48.75	\$100.75	\$139.00
Area 3	\$29.75	\$59.25	\$84.75	\$59.25	\$115.75	\$158.00
Area 4	\$31.75	\$63.75	\$92.25	\$63.75	\$124.25	\$173.00
Area 5	\$32.75	\$65.75	\$98.75	\$67.00	\$132.50	\$183.50
Area 6	\$34.75	\$70.25	\$106.00	\$72.25	\$144.25	\$198.25
Area 7	\$26.50	\$50.00	\$77.50	\$48.75	\$100.75	\$139.00

Rates are provided for informational purposes only. only. These sample rates are effective from01/01/2023 –12/31/2023 and are subject to change.

Please be sure to read the entire enrollment materials, which will be mailed to you once you become eligible for enrollment, for actual rates.

- 1. Savings from enrolling in a dental benefits plan will depend on various factors including the cost of the plan, how often participants visit the dentist and the cost of services rendered.
- 2. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.
- 3. The Reasonable and Customary fee is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.
- 4. The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category but is not a complete description of the plan.

This document is intended for your general knowledge only and is NOT intended to provide complete enrollment information. When you become eligible for enrollment, you will receive an enrollment package with complete plan coverage, rate specific to your geographical area and exclusions and limitations applicable to coverage. Only upon review of the entire enrollment materials should you decide whether to enroll in the Retirement Dental Benefits.

Like most group benefits programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions of benefits, limitations and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details. Policy Form # GPNP9

