



The one Texans trust.

More than 90% medical illnesses are detectable in the mouth.* Untreated oral diseases can have a big impact on the quality of life and medical care cost, and a dentist may be the first health care provider to diagnose a health problem. The Basic, Mid, and High dental plan options allow members complete freedom of choice to visit any dentist.

Dental Plan Options	Basic 100/50/25		Mid 100/80/50		High 100/80/70	
	Preferred Dental Provider ²	Out of Network ³	Preferred Dental Provider ²	Out of Network ³	Preferred Dental Provider ²	Out of Network ³
	You pay...		You pay...		You pay...	
Oral exams, cleanings ¹	0%	0% of R&C	0%	0% of R&C	0%	0% of R&C
Root canals, sealants, extractions	50%	50% of R&C	20%	50% of R&C	20%	50% of R&C
Crown, bridge work, dentures	75%	75% of R&C	50%	75% of R&C	30%	75% of R&C
Child Orthodontia	Not covered		Not covered		\$500 annual benefit	
Annual maximum benefit	\$500 per person		\$750 per person		\$1,000 per person	

Employer Paid Basic Life/AD&D

Basic Option	Employee life AD&D; \$25,000, Spouse Life; \$5,000, Child Life; \$1,000 or \$2,000
Enhanced Option	Employee life AD&D; \$50,000, Spouse Life; \$5,000, Child Life; \$1,000 or \$2,000
Both options feature...	<ul style="list-style-type: none"> • Available to employers with 2 or more employees. • All amounts are guaranteed issue. • Accidental death & dismemberment provides 24-hour coverage. • Waiver of premium after nine months of disability. • Conversion privilege. • Accelerated benefit of 50% of life amount in cases of 6 months or less life expectancy • Seat belt benefit; pays an additional 10% of the AD&D amount. • Common carrier benefit; pays an additional 100% of the AD&D benefit.

¹ Limited to two per year.

² **Participating Dental Providers (PDP)** have agreed to accept the PDP fee schedule as payment in full for services rendered. There is no more member responsibility

³ **R&C (Reasonable and Customary)** charges are based on the lowest of the:

- 1) dentist's actual charge,
- 2) dentist's usual charge for the same or similar services, or
- 3) usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

* The professional entity, Academy of General Dentistry, 2007.

Dental insurance products underwritten by Metropolitan Life Insurance Company.



Although prescription eye wear coverage is limited by the Scott & White Health Plan, reduced prices for additional eye wear have been negotiated by the Scott & White Health Plan at the listed locations. The providers offer members real savings, but you may wish to shop and compare prices. Be sure to identify yourself as a Scott & White Health Plan member to the participating optical suppliers in order to receive special prices.

Eyewear Plan

Plan members are entitled to one of the following every two Contract Years:

- one pair of single vision plastic lens and non-designer frames for a \$5 co-payment, or
- one pair of bifocal plastic lenses (FT 28) and non-designer frames for a \$15 co-payment.

Frames are limited to those in stock. Eye wear must be prescribed by a Group Physician or a participating optometrist.

Plan members can purchase additional single vision plastic lenses with an non-designer frame in the store for only \$63.95.* Bifocals (FT 28) plastic lenses and non-designer frames will cost only \$90.95* and Trifocals for \$135.95* (effective 5/1/04)

Available at additional cost are specialty lenses such as no-line bifocals, high-power lenses, glass lenses, tinted lenses, photo gray lenses, scratch coats, shading, and designer series frames.

Eyewear Provider Locations

Vision Source-Lincoln Village	6406 N. IH-35, Ste. 1250	Austin 78752	(512) 454-4401
Greene Eyes	725 E. Villa Maria, Ste. 1500	Bryan 77802	(979) 775-4900
Budget Opticals of America	1121 Briarcrest Dr., Ste. 302	Bryan 77802	(979) 731-1920
Burnet Eye Care	2801 S. Water	Burnet 78611	(512) 756-2131
Signature Eye Care	2071 Cypress Creek Rd., Ste M	Cedar Park 78613	(512) 250-1700
Budget Opticals of America/Patel	404 University Dr. E., Ste. B	College Station 77840	(979) 693-2891
Budget Opticals of America	211 Liberty Bell Ln., Ste. 107	Copperas Cove 76522	(254) 542-4040
Vision Concepts	113 N. Lutterloh	Gatesville 76528	(254) 865-7979
Patel Eye Care	1102 S. Austin Ave., Ste 102	Georgetown 78626	(512) 240-5862
Budget Opticals of America	900 N. Austin Ave., Ste. 605	Georgetown 78626	(512) 869-6586
Eye Fashion	4701 Williams Dr., Ste. #5	Georgetown 78633	(512) 869-0559
All About Eyes	900 N. Austin Ave	Georgetown 78626	(512) 869-6586
Eye City, LLC	300 East FM 2410, Ste. 109	Harker Heights 76548	(254) 616-2020
Hewitt Optometric Center	512 Hewitt Dr.	Hewitt 76643	(254) 666-2292
Trinity Optical	2026 S. Jackson	Jacksonville 75766	(903) 589-7040
Budget Opticals of America	620-B S. Ft. Hood Rd.	Killeen 76541	(254) 634-8338
Budget Opticals of America	1106 S. W.S. Young Dr.	Killeen 76543	(254) 690-1000
Burnet Eye Care	102 E. Young	Llano 78643	(325) 247-2020
Eye Country	1903 S. Ford, Ste. 3	Llano 78643	(325) 247-5469
20/20 Express	2512 US Hwy 281 N.	Marble Falls 78654	(830) 798-9484
Budget Opticals of America	1205 Round Rock Ave., Ste. 102	Round Rock 78681	(512) 388-7964
Optical Design Eyewear	2120 Round Rock Ave., Ste. 200	Round Rock 78681	(512) 388-1333
Advanced EyeCare	1721 Knickerbocker Rd.	San Angelo 76904	(325) 944-8531
Optical Prescription Services	401 W. Highland	San Angelo 76903	(325) 655-9998
Sunset Eye Care	4241 Southwest Blvd., Ste. 108	San Angelo 76904	(325) 949-6697
Optical Design Eyewear	601 Mallard Ln.	Taylor 76574	(512) 352-3016
Budget Opticals of America/Patel	2924 S. 31 st St.	Temple 76501	(254) 771-3937
Scott & White Optical	2401 S. 31 st St.	Temple 76508	(254) 724-2020
Temple Vision	1119 S. 31 st St.	Temple 76504	(254) 773-3248
Trinity Optical	1327 Troup Hwy	Tyler 75701	(903) 531-4733
Budget Opticals of America	612 N. New Rd.	Waco 76710	(254) 751-1311
Lone Star Family Vision	533 N. Valley Mills Dr.	Waco 76710	(254) 776-3937
The Optical Dispensary	3713 Franklin Ave	Waco 76710	(254) 752-1081

This information is subject to change without notice.

Life insurance* limitations & exclusions**Limitations****Benefit Reduction Due To Age**

Benefits will reduce at age 65 to 65% of the amount of insurance in effect on the day before age 65 and to 50% of the amount of insurance in effect on the day before age 65 at age 70.

Exclusions**For AD&D coverage only, no benefit will be paid for losses caused or contributed to by:**

- Physical or mental illness or infirmity or the diagnosis or treatment of such illness or infirmity;
- An infection, other than infection occurring in an external accidental wound;
- Suicide or attempted suicide;
- Intentionally self-inflicted injury;
- War, whether declared or undeclared; or act of war; or participation in an insurrection, rebellion, riot or terrorist act;
- Committing or trying to commit a felony;
- The voluntary intake or use by any means of:
 - any drug, medication or sedative, unless it is: taken or used as prescribed by a physician, or an “over the counter” drug, medication or sedative taken as directed; or
 - alcohol in combination with any drug, medication or sedative; or
 - poison, gas or fumes
- No benefit will be paid for any loss if the injured party is intoxicated at the time of the incident and is the operator of a vehicle or other device involved in the incident.

Accelerated Benefits will not be payable if:

- The employee or his/her legal representative has assigned all ABO Eligible Life Insurance;
- ABO Eligible Life Insurance ends;
- All ABO Eligible Life Insurance benefits have been accelerated.

No Seat Belt Benefits will be payable if:

- The loss occurs in a commercially licensed car or any private passenger car, which is being used for commercial purposes

* Dental and Life insurance underwritten by Metropolitan Life Insurance Co.

Dental Plan* Limitations & Exclusions

Coordination of Benefits - Our plans contain a coordination of benefits clause that reduces benefits paid under our plan based on benefits received from other group, employer or government sponsored plans except Medicaid. The benefits under a MetLife group dental plan and any other plan providing benefits for covered dental services cannot exceed 100% of the allowable charge.

Generally Accepted Dental Standards - MetLife determines benefit payments for dental expenses under a MetLife group dental plan. Benefits will be payable for a recommended dental service only if it is classified as "necessary," under generally accepted dental standards.

Exclusions

(The following expenses are not Covered Dental Expenses)

Services or Supplies...

- related to teeth lost before dental benefits began or for congenitally missing natural teeth;
- received by a covered person before the dental expense benefits start for that person;
- which are covered by any worker's compensation laws or occupational disease laws;
- which are covered by any employer's liability laws;
- which an employer is required by law to furnish in whole or in part;
- received through the medical department or similar facility which is maintained by the covered person's employer;
- received by a covered person for which no charge would have been made in the absence of dental expense benefits for that covered person;
- for which a covered person is not required to pay;
- which are not necessary, according to generally accepted dental standards, or which are not recommended or approved by a dentist;
- which do not meet generally accepted dental standards, including experimental treatment;
- received as a result of dental disease, defect, or injury due to an act of war, or warlike act in time of peace, which occurs while the dental expense benefits for the covered person are in effect;
- which are provided by any other plan which the employer (or an affiliate) contributes to or sponsors.
- Services not performed by a dentist except for those of a licensed dental hygienist which are supervised and billed by a dentist and which are for cleaning and scaling of teeth or fluoride treatments.
- Cosmetic surgery or supplies. However, any such surgery or supply will be covered if it otherwise is a covered dental expense and it is required for reconstructive surgery that is incidental to or follows surgery that results from a trauma, an infection or other disease of the involved part; or is required for reconstructive surgery because of a congenital disease or anomaly of a dependent child that has resulted in a functional defect.
- Replacement of a lost, missing or stolen crown, bridge or denture.
- Repair or replacement of an orthodontic appliance.
- Adjustment of a denture or a bridgework which is made within six months after it is installed by the same dentist who installed it.
- Any duplicate appliance or prosthetic device.
- Use of materials or home health aids to prevent decay, such as toothpaste or fluoride gels, other than the topical application of fluorides.
- Instruction for oral care such as hygiene or diet.
- Periodontal splinting.
- Myofunctional therapy or correction of harmful habits.
- Implantology.
- Charges by a dentist for completing dental forms.
- Charges for broken appointments.
- Treatment of temporomandibular joint disorders.
- Sterilization supplies.
- Services or supplies furnished by a family member.
- Periodontics
- Orthodontia (excluded on Low and Mid plan, included in High plan)

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