



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

CERTIFICATE RIDER

Group Policy No.: 169520-1-G

Policyholder: Effingham County Board of Education

Effective Date: January 1, 2022

The certificate is changed as follows:

Applicable to Dental Insurance for all Full-Time Employees and Retirees – Buy-Up Plan

1. In **DENTAL INSURANCE: DESCRIPTION OF COVERED SERVICES**, replace **Type A Covered Services** with the following:

“Type A Covered Services

1. Oral exams twice every 12 months.
2. Screenings, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis, twice every 12 months.
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), twice every 12 months.
4. Problem-focused exams twice in a Year.
5. Bitewing x-rays 1 set in a Year.
6. Intraoral-periapical x-rays.
7. X-rays, except as mentioned elsewhere.
8. Cleaning of teeth also referred to as oral prophylaxis (including full mouth scaling in presence of generalized moderate or severe gingival inflammation after oral evaluation) twice in 12 months.
9. Topical fluoride treatment for a Child under age 19 twice in a 12 month period.
10. Space maintainers for a Child under age 16 once every 3 years.
11. Consultations for interpretation of diagnostic image by a Dentist not associated with the capture of the image but not more than twice in a Year.
12. Other consultations but not more than twice in a Year.”

2. In **DENTAL INSURANCE: DESCRIPTION OF COVERED SERVICES**, add the following to **Type B Covered Services**:
“Sealants or sealant repairs for a Child under age 16, which are applied to non-restored, non-decayed first and second permanent molars, once per tooth every 60 months.”
3. In **DENTAL INSURANCE: DESCRIPTION OF COVERED SERVICES**, replace item 27. under **Type C Covered Services** with the following:
“27. Cleaning and inspection of a removable appliance twice every 12 months.”
4. In **DENTAL INSURANCE: DESCRIPTION OF COVERED SERVICES**, delete the following from **Type B Covered Services**:
“13. Periodontal surgery, including gingivectomy, gingivoplasty and osseous surgery, but no more than one surgical procedure per quadrant in any 24 month period.”
5. In **DENTAL INSURANCE: DESCRIPTION OF COVERED SERVICES**, add the following item to **Type C Covered Services**:
“Periodontal surgery, including gingivectomy, gingivoplasty and osseous surgery, but no more than one surgical procedure per quadrant in any 24 month period.”

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