

# Independent Drivers Guild – Black Car Fund

## Plan Summary

With the MetLife Dental Insurance plan, your acceptance is guaranteed.

- **100% coverage** for preventive, basic restorative and major restorative care for in-network<sup>1</sup>
- **Freedom to visit any dentist** you want whether they are in the MetLife network or not<sup>2</sup>
- **Savings of 100%** on covered services when you use an in-network participating dentist<sup>3</sup>

### Eligibility

Active members<sup>4</sup> of the Black Car Fund averaging at least 10 hours per week during the most recent available calendar quarter .

### Plan Benefits

Network: PDP Plus

Coverage Type	In-Network % of Negotiated Fee*	Out-of-Network Scheduled amount (% of MAC) **
<b>Type A: Preventive</b> (cleanings, exams, X-rays) No benefit waiting period	<b>100%</b>	<b>100%</b>
<b>Type B: Basic Restorative</b> (Periodontal Maintenance, Scaling & Root Planing) No benefit waiting period	<b>100%</b>	<b>80%</b>
<b>Type c: Basic Restorative</b> (bridges, dentures, Crowns) No benefit Waiting Period	<b>100%</b>	<b>80%</b>
<b>Deductible†</b>		
<b>Individual</b> (per calendar year)	<b>\$0</b>	<b>\$0</b>
<b>Annual Maximum Benefit</b>		
Individual	\$2,000	\$2,000

\*Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for certain services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

\*\*Maximum Allowable Charge: The out-of-network Maximum Allowable Charge is equal to the in-network negotiated fee. Payment for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife.



## List of Primary Covered Services & Limitations

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.

### Type A: Preventive

#### Covered Services

- Prophylaxis (cleanings) - Once every six (6) months
- Oral Examinations - Once every six (6) months
- X-rays –
  - Full mouth X-rays; one per 60 months
- Bitewings X-rays; one set per 12 months
- Amalgam Fillings; 1 replacement per surface in 24 months

### Type B: Basic Restorative


#### Covered Services

- Periodontics –
  - Periodontal scaling and root planing once per quadrant, every 24 months
  - Total number of periodontal maintenance treatments and prophylaxis cannot exceed 2 treatments in a calendar year.
- Pulpotomy
- Pulp Capping
- Pulp Therapy

### Type C: Major Restorative

#### Covered Services

- Root Canal - per tooth per lifetime
- Periodontal Surgery - per quadrant in any 36-month period
- Prefabricated crowns/crown buildups - 1 per tooth in 10 calendar years
- Repairs - 1 in 12 months
- Re-cementations – 1 in 12 months
- Dentures – 1 in 10 calendar years
- Denture Adjustments – 1 in 12 months
- Denture Rebases/Relines – 1 in 36 months
- Fixed Bridges – 1 in 10 calendar years
- Implant Services – 1 per tooth position in 10 calendar years
- Implant Repairs – 1 per tooth in 24 months

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- Tissue Conditioning – 1 in 36 months
  - Occlusal Adjustments – 1 in 12 months
  - General Anesthesia
  - Periodontal Surgery – Soft & Connective Tissue Grafts
  - Oral Surgery – Surgical Extractions

## **Exclusions**

This plan does not cover the following services, treatments and supplies:

- 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.
- Services for which covered person would not be required to pay in the absence of Dental Insurance.
- Services or supplies received by a covered person before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services or appliances which restore or alter occlusion or vertical dimension.
- Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by a disease.
- Restorations or appliances used for the purpose of periodontal splinting.
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
- Personal supplies or devices including, but not limited to water picks, toothbrushes, or dental floss.
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work.
- Missed appointments.
- Services:
  - Covered under any workers' compensation or occupational disease law.
  - Covered under any employer liability law.
  - For which the participating association of the person receiving such services is required to pay; or
  - Received at a facility maintained by the participating association, labor union, mutual benefit association, or VA hospital.
- Services covered under other coverage provided by the participating association;
- Biopsies of hard or soft oral tissue;
- Temporary or provisional restorations.
- Temporary or provisional appliances.
- Prescription drugs.
- Services for which the submitted documentation indicates a poor prognosis.
- 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.
- 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.
- Caries susceptibility tests.
- Precision attachments associated with fixed and removable prostheses attachment;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Duplicate prosthetic devices or appliances.
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images.
- Fixed and removable appliances for correction of harmful habits.
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
- Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.

## Limitations

**Alternate Benefits:** Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving certain high-cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

**Cancellation/Termination of Benefits:** Coverage is provided under a group insurance policy (Policy form GPNP15-2T / GCERT2015-DENTAL) issued by MetLife. Coverage terminates when your membership ceases, the participating association ceases to participate in the trust, insurance ceases for your class, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

1. Preventive services (Type A) are 100% covered when you visit an in-network participating dentist. Subject to frequency limitations.
2. Your out-of-pocket costs may be greater when you visit a dentist who does not participate in the MetLife network.
3. Based on MetLife data. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for certain services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Negotiated fees do not apply to non-covered services in states that prohibit limitations for services not covered under a plan. Participating providers in these states may charge their non-negotiated fees for non-covered services. Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit a dentist, and the cost of services rendered.

4. You must be a member in good standing of the Independent Drivers Guild to qualify for this insurance plan.

Coverage may not be available in all states.

Rates may be changed on the entire group plan or on a class basis and on any premium due date on which benefits are changed. A class is a group of people defined in the group policy/exhibits. Benefits are subject to change upon agreement between Metropolitan Life Insurance Company and the participating organization.

The association and/or the plan administrator incurs costs in connection with providing oversight and administrative support for this sponsored plan. To provide and maintain this valuable membership benefit, MetLife may compensate the association and/or the plan administrator for these and/or other costs.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusion-ns, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please call MetLife at 1-800-942-0854 for more information

Policy form GPNP15-2T

Certificate form GCERT2015-DENTAL

Policy number 232092-1-G

Navigating life together

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**Driver Benefits**