



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

CERTIFICATE RIDER

Group Policy No.: TM 05947159-G
Employer: First District Regional Educational Service Agency
Effective Date: January 1, 2026

The certificate is changed as follows:

The attached Schedule of Benefits replaces the Schedule of Benefits in your certificate.

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

SCHEDULE OF BENEFITS

This schedule shows the benefits that are available under the Group Policy. You and Your Dependents will only be insured for the benefits:

- for which You and Your Dependents become and remain eligible, and
- which You elect, if subject to election; and
- which are in effect.

BENEFIT

BENEFIT AMOUNT AND HIGHLIGHTS

Dental Insurance For You and Your Dependents

For All Active Full-Time Employees who elect the High Option Dental Plan

Covered Percentage for:	In-Network based on the Maximum Allowed Charge	Out-of-Network based on the Reasonable and Customary Charge
Type A Services	100%	100%
Type B Services	80%	80%
Type C Services	50%	50%
Type D Services (Orthodontic)	50%	50%
Deductibles for:	In-Network	Out-of-Network
Yearly Individual Deductible	\$25 for the following Covered Services Combined: Type B & Type C	\$25 for the following Covered Services Combined: Type B & Type C
Maximum Benefit:	In-Network	Out-of-Network
Yearly Individual Maximum	\$1,000 for the following Covered Services: Type B & Type C	\$1,000 for the following Covered Services: Type B & Type C
Lifetime Individual Maximum for Type D Covered Services (Orthodontic)	\$1,000	\$1,000