



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.**

**CR2000**

Dental Insurance

All Active Full-Time Employees who elect the Low  
Option Dental Plan  
RV 12/30/2025



## 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 Low Option Dental Plan

<b>Covered Percentage for:</b>	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	60%	60%
<b>Deductibles for:</b>	In-Network	Out-of-Network
Yearly Individual Deductible	\$25 for the following Covered Services Combined: Type B	\$25 for the following Covered Services Combined: Type B
<b>Maximum Benefit:</b>	In-Network	Out-of-Network
Yearly Individual Maximum	\$750 for the following Covered Services: Type B	\$750 for the following Covered Services: Type B