

MetLife®

Metropolitan Life Insurance Company
One Madison Avenue, New York, New York 10010-3690

Certifies that, under and subject to the terms and conditions of the Group Policy issued to the Employer, coverage is provided for each Employee as defined herein.

The date when an Employee is eligible for coverage is set forth in the form with the title Eligibility for Benefits.

The date when an Employee's Personal Benefits become effective is set forth in the form with the title Effective Dates of Personal Benefits.

The date when an Employee's Dependent Benefits become effective is set forth in the form with the title Effective Dates of Dependent Benefits.

The amounts of coverage are determined by the form with the title Schedule of Benefits.



Robert H. Benmosche
Chairman, President and Chief Executive Officer

Employer: **Ferndale Public School**

Group Policy Number:

Florida Residents: The benefits of the policy providing your coverage are governed primarily by the law of a state other than Florida.

For Maryland Residents: The group insurance policy providing coverage under this certificate was issued in a jurisdiction other than Maryland and may not provide all of the benefits required by Maryland law.

For West Virginia Residents: You have the right to return this certificate within ten days of its receipt and to have your premium refunded if, after examination of the certificate, you are not satisfied for any reason.

If any prior certificate relating to the coverage set forth herein has been given to the Employee, such certificate is void.

Form G.23000-Cert.-1

All Active Full-Time Employees
NB 07/21/2004
October 2003 version

SCHEDULE OF BENEFITS
(Also see SCHEDULE SUPPLEMENT)

The following Benefits are provided subject to the provisions below.

BENEFITS (EMPLOYEE AND DEPENDENT) **AMOUNT**
For:
All Active Full-Time Employees

DENTAL EXPENSE BENEFITS

	<u>In-Network</u>	<u>Out-of-Network</u>
ANNUAL DEDUCTIBLE AMOUNT		
Individual Type A Expenses.....	\$0	\$0
Individual Type B and C Expenses Combined.....	\$0	\$0
Family Type A Expenses.....	\$0	\$0
Family Type B and C Expenses Combined.....	\$0	\$0

	<u>In-Network</u>	<u>Out-of-Network</u>
COVERED PERCENTAGE		
Type A Expenses.....	50%	50%
Type B Expenses.....	50%	50%
Type C Expenses.....	50%	50%

MAXIMUMS

Maximum Benefit (For One Dental Expense Period)	\$1,000
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