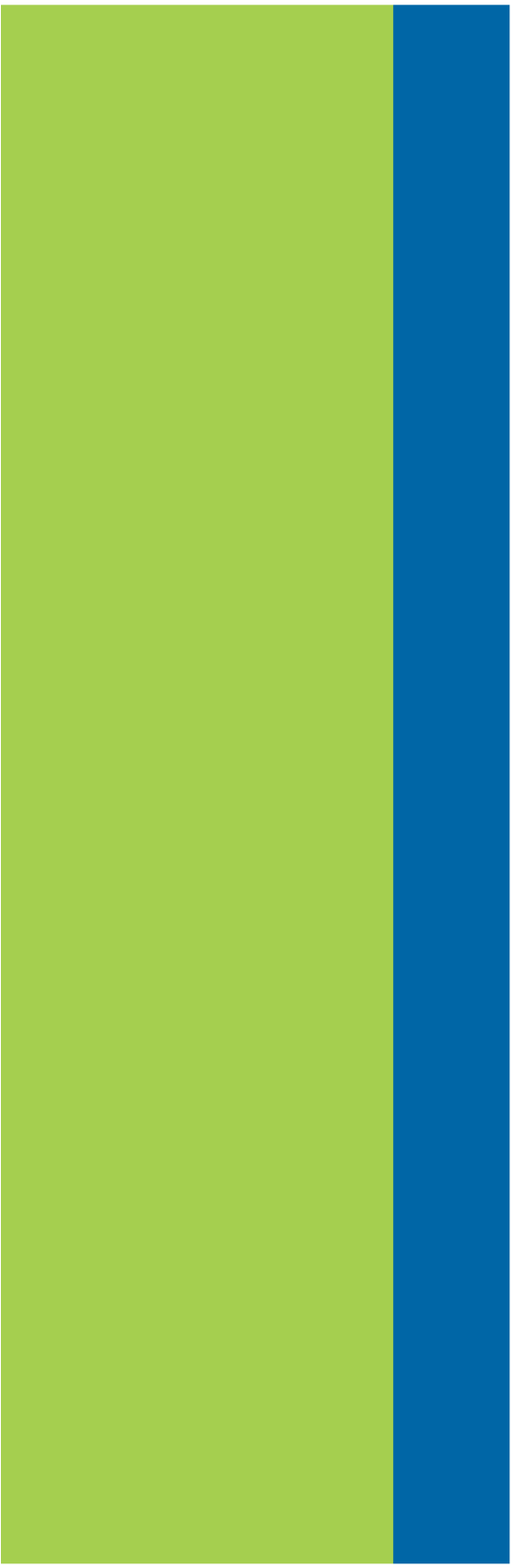
# It's time to enroll for your benefits

MetLife

SDPEBA - PPO Plan - ACTIVE Members



MetLife

Studies show links between oral health and overall health.[1] That's why staying on top of your dental care is so important. Routine exams and cleanings can save you the pain and expense of future health problems. And, having the right dental insurance can help keep these visits affordable and minimize costs for you and your family.

As a participant in SDPEBA, you're eligible to enroll in the **Preferred Dentist Program, a dental benefits plan from MetLife.** With this coverage, you'll enjoy:

- **The choice** to go to any dentist.
- **Additional savings*** on covered services when you visit an in-network dentist.
- **Educational tools and resources** to help you and your dentist make more informed choices.

For more information, visit www.metlife.com/mybenefits or call 1-800-942-0854.

**Enrolling is EASY**!

1. **Review** the Dental Benefits, PPO Plan Summary that contains details of the plan.
2. **Select** the coverage option that best meets the oral health needs for you and your family.

| | |
|---|---|
| **How to Enroll** | Active employees can enroll for coverage via the Benefits portal in SAP – no forms are required. If MetLife Dental is not listed as an enrollment option in SAP, please call SDPEBA at phone number provided below. |
| **Urgent Enrollment** | If there is an urgent need to expedite your enrollment, you will need to call SDPEBA, complete an enrollment form, and then send the completed form to SDPEBA by mail, fax, or email to:<br>**Mail**:<br>SDPEBA Benefits<br>9620 Chesapeake Dr., Suite 104<br>San Diego, CA 92123<br>**Fax**: 1-619-431-3078 **Email**: support@sdpeba.org |
| **Phone** | **To learn more about MetLife Dental plans, call SDPEBA at (888) 315-8027 or email info@SDPEBA.org** |

Sincerely,

MetLife

[1] Academy of General Dentistry. The Importance of Oral Health to Overall Health, Accessed May 2021 http://www.knowyourteeth.com/infobites/abc/article/?abc=O&iid=320&aid=1289

*Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.

Metropolitan Life Insurance Company
200 Park AvenueNew York, NY 10166

# Why dental insurance makes sense

## What does dental insurance protect?

**Dental problems can be unpredictable and expensive. For example, did you know that a crown can cost up to $1,458?[1]**

### Dental insurance not only helps you pay for your dental care, it can help prevent problems.

When your preventive care is covered, you're more likely to go for cleanings and checkups — this can help you avoid problems before they become too costly or complicated.

More to smile about

- See whatever dentist you want. Even if your dentist isn't in the network, you can go to him or her — just remember you usually save more when you stay in network.[2]
- You have a wide choice of participating dentists. Plus, dentists in the network are carefully selected.[3]
- Take advantage of negotiated fees that are typically 30–45% less than average charges in the same area.[4]
- Your dentist usually handles claims — which means less paperwork for you.
- Find out what you'll pay ahead of time. Your dentist can request a pre-treatment estimate for any service that is more than $300. This helps you manage your costs and care.[5]

**Understanding your PPO plan is as easy as 1, 2, 3:**

### 1. Understand the types of procedures

Different plans pay different percentages for these procedures. And, while they may change depending on your plan, the definitions below usually describe the standard service types.

- Preventive Care — cleanings, X-rays and exams
- Basic Care — fillings and extractions
- Major Care — bridges, crowns and dentures

### 2. Know the percentages

- Look on your Plan Summary — next to each of these categories is a percentage. That's the percentage MetLife will pay for covered services, and you'll be responsible for the rest.

### 3. Look at out-of-pocket costs

- Next, check to see if the plan has an Annual Deductible — that's the amount you'll have to pay each year before your benefits kick in.
- Also, check the Annual Maximum Benefit — that's the most MetLife will pay in a year. There's also a difference between the Individual Maximum (for each family member) and the Family Annual Maximum (which applies to the total that is paid for everyone in your family).

**Now that you know the benefits of having dental coverage, learn more and enroll today!**

1. Based on MetLife data for a crown (D2740) in ZIP code 19151. This cost reflects the 80th percentile Reasonable and Customary (R&C) fee. R&C fees are calculated based on the lowest of 1) the dentist's actual charge, 2) the dentist's usual charge for the same or similar services or 3) the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife. This example is used for informational purposes only. Fees in your area may be different.
2. Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.
3. Certain providers may participate with MetLife through an agreement that MetLife has with a vendor. Providers available through a vendor are subject to the vendor's credentialing process and requirements, not MetLife's. If you should have any questions, contact MetLife Customer Service.
4. Negotiated Fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.
5. MetLife strongly recommends that you have your dentist submit a pretreatment estimate to MetLife if the cost is expected to exceed $300. When your dentist suggests treatment, have him or her send a claim form, along with the proposed treatment plans and supporting documentation to MetLife. An explanation of benefits (EOB) will be sent to you and the dentist detailing an estimate of what services MetLife will cover and at what payment level. Actual payments may vary from the pretreatment estimate depending upon annual maximums, deductibles, plan frequency limits and other plan provisions at time of payment.



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MetLife

Navigating life together

# Understanding Your Dental Plan

MetLife dental plans featuring the Preferred Dentist Program are designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network.

The goal is to deliver affordable protection for a healthier smile and a healthier you. You also get great service and educational support to help you stay on top of your care.

**Freedom of choice to go to any dentist.**

You have the flexibility to visit any dentist — your dentist — and receive coverage under the plan. Just remember that non-participating dentists haven't agreed to accept negotiated fees[1]. That means you usually save[2] more dental dollars when you go to a participating dentist.

If you prefer to stay in the network, there are thousands of general dentists and specialists to choose from nationwide — so you are sure to find one who meets your needs. Plus, all participating dentists go through a rigorous selection and review process.[3] This way you don't need to worry about quality. You also don't need any referrals.

To check out the general dentists and specialists in the **PDP Plus network,** visit www.metlife.com/dental.

**Additional savings when you visit participating dentists.**

Your out-of-pocket costs are usually lower when you visit in-network dentists. That's because they have agreed to accept negotiated fees that are typically 30% to 45% less than average dental charges in the same community. This may help lower your final costs and stretch your plan maximum.

**Service where and when you want it.**

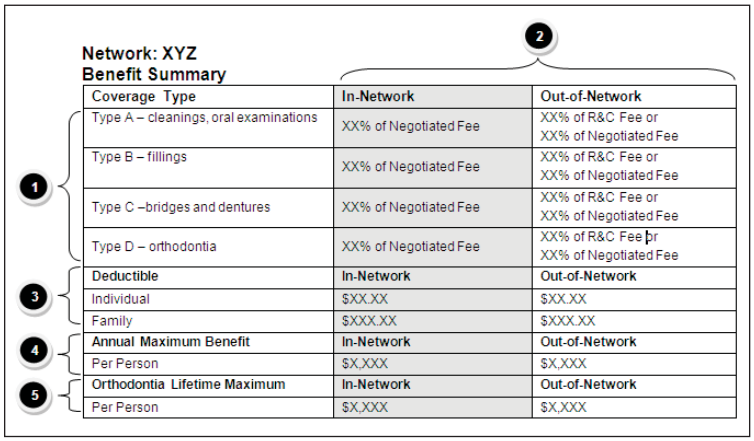
MyBenefits, your secure self-service website, is available 24/7.[4] You can use the site to get estimates on care or check coverage and claim status. Plus, if you are on the go and need to find an in-network provider, view a claim or see your ID card, there's an app for that. Search "MetLife" at the iTunes App Store or Google Play to download the app.[5]

**Educational tools and resources.**

The right dental care is an essential part of good overall health. That's why you and your dentist get resources to help make informed decisions about your oral health. You'll find a range of topics on our online dental education website, www.oralfitnesslibrary.com. Read up on the link between dental and overall health, kids' dental health and more. You can also put your oral health to the test by taking an online risk assessment.

**The information below explains certain terms to make it easier for you to understand and use your benefits.**

1. **Coverage Types.** Dental procedures are grouped into the following categories: Preventive (Type A), Basic Restorative (Type B), Major Restorative (Type C), and Orthodontia (Type D). Your group's plan determines how each procedure is categorized (Type A, B, C, D). Generally, benefits for Type A procedures pay at the highest benefits level because they prevent and diagnose dental disease.



**Network: XYZ**
**Benefit Summary**

| | Coverage Type | In-Network | Out-of-Network |
|---|---|---|---|
| 1 | Type A – cleanings, oral examinations | XX% of Negotiated Fee | XX% of R&C Fee or XX% of Negotiated Fee |
| | Type B – fillings | XX% of Negotiated Fee | XX% of R&C Fee or XX% of Negotiated Fee |
| | Type C –bridges and dentures | XX% of Negotiated Fee | XX% of R&C Fee or XX% of Negotiated Fee |
| | Type D – orthodontia | XX% of Negotiated Fee | XX% of R&C Fee or XX% of Negotiated Fee |
| 3 | **Deductible** | **In-Network** | **Out-of-Network** |
| | Individual | $XX.XX | $XX.XX |
| | Family | $XXX.XX | $XXX.XX |
| 4 | **Annual Maximum Benefit** | **In-Network** | **Out-of-Network** |
| | Per Person | $X,XXX | $X,XXX |
| 5 | **Orthodontia Lifetime Maximum** | **In-Network** | **Out-of-Network** |
| | Per Person | $X,XXX | $X,XXX |

2. **Co-insurance.** The co-insurance percentage helps determine what your out-of-pocket costs will be for each coverage type. Each Type − A, B, C, and D − has a pre-set percentage that represents what your plan will reimburse for the services in each category. Your total out-of-pocket responsibility is subject to any deductibles, benefit maximums, plan provisions, if you receive out-of-network services, and your plan's basis for reimbursement. Please see your Dental Plan Benefits Summary for more information. **Copay.** This is the fixed amount that you have to pay for covered services. Copayment amounts are listed in the Procedure Charge Schedule that you received with your Dental Benefits Plan Summary. Your total out-of-pocket responsibility is subject to any deductibles, benefit maximums, plan provisions, if you receive out-of-network services, and your plan's basis for reimbursement. Please see your Dental Plan Benefits Summary and Procedure Charge Schedule for more information.

3. **Deductible.** This is the amount you must pay out-of-pocket before benefit payments will be made by the plan. For most plans, the deductible amounts for in-network services are less than the amount for out-of-network services. Many plans do not require that a deductible be met for Type A services.

4. **Annual Maximum Benefit.** This is the total amount the plan will pay in the plan year. Once this amount is reached, no further benefits will be paid.

5. **Orthodontia Lifetime Maximum.** Not all plans cover Orthodontia Treatment. If your plan covers Orthodontia there is a Lifetime Maximum that is applicable only to Orthodontia. This does not affect your Annual Maximum Benefit for Types A, B, and C coverages. The Lifetime Maximum is the total amount the plan will pay for orthodontic services for each covered person (subject to any plan age limitations). Once this amount is reached, no further benefits will be paid.

**Putting it all together – maximizing the value of your dental benefits.**

- Make the most of your benefits — visit a participating dentist to reduce your out-of-pocket costs.
- Keep a healthy dental regimen by getting routine exams and cleanings – the cost of preventive services (Type A) is usually less than the cost for fillings, root canals, extractions, etc. – and can help to prevent the need for these higher-cost treatments.
- It is recommended that you request a pre-treatment estimate for services that cost more than $300. The estimate will give you an idea of what your out-of-pocket costs will be. To receive a benefit estimate, have your dentist submit a request online at www.metdental.com or by calling 1-877-MET-DDS9 (phone number and website for dental professionals only).
- Visit the dental education website at www.oralfitnesslibrary.com for important tools and resources to help you become more informed about dental care.

Remember, dental coverage can be an important part of protecting your health and finances. By using the educational tools and benefits made available to you through this plan, you'll be better prepared to protect your oral health and your budget.

1 Negotiated fees refers to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. The R&C fee referenced in the table in the Out-of-Network column refers to the Reasonable and Customary charge, which is based on the lowest of 1) the dentist's actual charge, 2) the dentist's usual charge for the same or similar services or 3) the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.
2 Savings from enrolling in a MetLife dental plan featuring the Preferred Dentist Program will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.
3 Certain providers may participate with MetLife through an agreement that MetLife has with a vendor. Providers available through a vendor are subject to the vendor's credentialing process and requirements, not MetLife's. If you should have any questions, contact MetLife Customer Service.
4 With the exception of scheduled or unscheduled systems maintenance or interruptions, the MyBenefits website is typically available 24 hours a day, 7 days a week.
5 To use the MetLife mobile app, employees can choose to register at metlife.com/mybenefits from a computer or directly through the app. Certain features of MetLife US Mobile App are not available for some MetLife Dental Plans.

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# Dental

Metropolitan Life Insurance Company

## **Plan Design for:** San Diego Public Employee Benefit Association
## Coverage Period: 08/01/2021-07/31/2022

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver affordable protection for a healthier smile and a healthier you.

| **Coverage Type:** | **In-Network[1]**<br>% of PDP Fee[2] | **Out-of-Network[1]**<br>% of R&C Fee[4] |
|---|---|---|
| **Type A** - Preventive | 100% | 100% |
| **Type B** - Basic Restorative | 90% | 80% |
| **Type C** - Major Restorative | 60% | 50% |
| **Type D** - Orthodontia | 50% | 50% |
| | | |
| **Deductible[3]** | | |
| Individual | $50 | $50 |
| | | |
| **Annual Maximum Benefit:** | | |
| Per Individual | $2250 | $2250 |
| | | |
| **Orthodontia Lifetime Maximum - Ortho applies to Adult and Child** | Up to dependent age limit | |
| | $2000 per Person | $2000 per Person |

1. "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.
2. Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.
3. Applies to Type B and C services only.
4. Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:
   - the dentist's actual charge (the 'Actual Charge'),
   - the dentist's usual charge for the same or similar services (the 'Usual Charge') or
   - the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). For your plan, the Customary Charge is based on the 90th percentile. Services must be necessary in terms of generally accepted dental standards.



200 Park Ave., New York, NY 10166

**Cancellation/Termination of Benefits:**
Coverage is provided under a group insurance policy (Policy form GPN99) issued by Metropolitan Life Insurance Company. Subject to the terms of the group policy, rates are effective for one year from your plan's effective date. Once coverage is issued, the terms of the group policy permit Metropolitan Life Insurance Company to change rates during the year in certain circumstances. Coverage terminates when your full-time employment ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder. The group policy may also terminate if participation requirements are not met, or on the date of the employee's death, if the Policyholder fails to perform any obligations under the policy, or at MetLife's option. The dependent's coverage terminates when a dependent ceases to be a dependent. There is a 30-day limit for the following services that are in progress: Completion of a prosthetic device, crown or root canal therapy after individual termination of coverage.

## *IMPORTANT ENROLLMENT INFORMATION*

You may only enroll for Dental Expense Benefits within 31 days of your Personal Benefits Eligibility Date, or if you have a Qualifying Event or during the Plan's Annual Open Enrollment Period.

**Qualifying Event:** Request to be covered, or to change your coverage, upon a Qualifying Event
If there is a Qualifying Event you may request to be covered, or to change your coverage, only within 31 days of a Qualifying Event. Such a request will not be a late request. Except for marriage or the birth or adoption of a child, you must give us proof of prior dental coverage under your spouse's plan if you are requesting coverage under this Plan because of a loss of the prior dental coverage. If you make a request to be covered under this Plan or request a change(s)in coverage under this Plan within thirty-one days of a Qualifying Event, your coverage or the change(s) in coverage will become effective on the first day of the month following the date of your request, subject to the Active Work Requirement, and provided that the change in coverage is consistent with your new family status.

## Selected Covered Services and Frequency Limitations*

| Type A - Preventive | How Many/How Often: |
|---|---|
| Oral Examinations | 2 in a year |
| Problem Focused Examinations | 1 in a year |
| Full Mouth X-rays | 1 in 60 months |
| Bitewing X-rays (Adult/Child) | 2 in a year |
| Prophylaxis - Cleanings | 2 in a year |
| Topical Fluoride Applications | 2 in a year - Children to age 14 |
| Space Maintainers | 1 per lifetime per tooth area - Children up to age 14 |
| Emergency Palliative Treatment | |

| Type B - Basic Restorative | How Many/How Often: |
|---|---|
| Sealants | 1 in 60 months - Children to age 16 |
| Amalgam and Composite Fillings | 1 in 24 months. All teeth |
| Endodontics Root Canal | 1 per tooth per lifetime |
| Periodontal Surgery | 1 in 36 months per quadrant |
| Periodontal Scaling & Root Planing | 1 in 24 months per quadrant |
| Periodontal Maintenance | 2 in 1 year, includes 2 cleanings |
| Oral Surgery (Simple Extractions) | |
| Oral Surgery (Surgical Extractions) | |
| Other Oral Surgery | |
| General Anesthesia | |

| Type C - Major Restorative | How Many/How Often: |
|---|---|
| Crowns/Inlays/Onlays | 1 per tooth in 60 months |
| Prefabricated Crowns | 1 per tooth in 60 months |
| Repairs | 1 in 12 months |
| Bridges | 1 in 60 months |
| Dentures | 1 in 60 months |
| Consultations | 2 in 12 months |
| Implant Services | 1 service per tooth in 60 months - 1 repair per 60 months |

**Type D – Orthodontia**

- Adult and Child Coverage. Dependent children up to age 26. Age limitations may vary by state. Please see your Plan description for complete details. In the event of a conflict with this summary, the terms of the certificate will govern.
- All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia.
- Benefits for the initial placement will not exceed 20% of the Lifetime Maximum Benefit Amount for Orthodontia. Periodic follow-up visits will be payable on a monthly basis during the scheduled course of the orthodontic treatment. Allowable expenses for the initial placement, periodic follow-up visits and procedures performed in connection with the orthodontic treatment, are all subject to the Orthodontia coinsurance level and Lifetime Maximum Benefit Amount as defined in the Plan Summary.
- Orthodontic benefits end at cancellation of coverage

***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 pretreatment 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.

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents many services within each category, but is not a complete description of the Plan. Please see your Plan description/Insurance certificate for complete details. In the event of a conflict with this summary, the terms of your insurance certificate will govern.

## We will not pay Dental Insurance benefits for charges incurred for:

1. 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;
2. Services for which You would not be required to pay in the absence of Dental Insurance;
3. Services or supplies received by You or Your Dependent before the Dental Insurance starts for that person;
4. Services which are primarily cosmetic (For residents of Texas, see notice page section in your certificate).
5. Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
   - scaling and polishing of teeth; or
   - fluoride treatments.

   **For NY Sitused Groups, this exclusion does not apply.**
6. Services or appliances which restore or alter occlusion or vertical dimension.
7. Restoration of tooth structure damaged by attrition, abrasion or erosion.
8. Restorations or appliances used for the purpose of periodontal splinting.
9. Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
10. Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.
11. Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work.
12. Missed appointments.
13. Services
    - covered under any workers' compensation or occupational disease law;
    - covered under any employer liability law;
    - for which the employer of the person receiving such services is not required to pay; or
    - received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.

    **For North Carolina and Virginia Sitused Groups, this exclusion does not apply.**
14. Services paid under any worker's compensation, occupational disease or employer liability law as follows:
    - for persons who are covered in North Carolina for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' compensation Act;
    - or for persons who are not covered in North Carolina, services paid or payable under any workers compensation or occupational disease law.

    **This exclusion only applies for North Carolina Sitused Groups.**
15. Services:
    - for which the employer of the person receiving such services is required to pay; or
    - received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.

    **This exclusion only applies for North Carolina Sitused Groups.**
16. Services covered under any workers' compensation, occupational disease or employer liability law for which the employee/or Dependent received benefits under that law.

    **This exclusion only applies for Virginia Sitused Groups.**
17. Services:
    - for which the employer of the person receiving such services is not required to pay; or
    - received at a facility maintained by the policyholder, labor union, mutual benefit association, or VA hospital.

    **This exclusion only applies for Virginia Sitused Groups.**
18. Services covered under other coverage provided by the Employer.
19. Temporary or provisional restorations.
20. Temporary or provisional appliances.
21. Prescription drugs.
22. Services for which the submitted documentation indicates a poor prognosis.
23. 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.
24. 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.

    **For NY Sitused Groups, this exclusion does not apply.**
25. Caries susceptibility tests.
26. Other fixed Denture prosthetic services not described elsewhere in this certificate.
27. Precision attachments, except when the precision attachment is related to implant prosthetics.
28. Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it.
29. Fixed and removable appliances for correction of harmful habits.[1]
30. Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.[1]
31. Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of Minnesota.[1]
32. Repair or replacement of an orthodontic device.[1]
33. Duplicate prosthetic devices or appliances.
34. Replacement of a lost or stolen appliance, Cast Restoration, or Denture.
35. Intra and extraoral photographic images.

36. Services or supplies furnished as a result of a referral prohibited by Section 1-302 of the Maryland Health Occupations Article. A prohibited referral is one in which a Health Care Practitioner refers You to a Health Care Entity in which the Health Care Practitioner or Health Care Practitioner's immediate family or both own a Beneficial Interest or have a Compensation Agreement. For the purposes of this exclusion, the terms "Referral", "Health Care Practitioner" , "Health Care Entity", "Beneficial Interest" and Compensation Agreement have the same meaning as provided in Section 1-301 of the Maryland Health Occupations Article.
**This exclusion only applies <u>for Maryland Sitused Groups</u>**

[1]Some of these exclusions may not apply. Please see your Certificate of Insurance.

## Common Questions … Important Answers

### Who is a participating dentist?

A participating, or network, dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members, subject to any deductibles, copayments, cost sharing and benefit maximums. Negotiated fees typically range from 30-45% below the average fees charged in a dentist's community for the same or substantially similar services.*

In addition to the standard MetLife network, your employer may provide you with access to a select network of dental providers that may be unique to your employer's dental program. When visiting these providers, you may receive a better benefit, have lower out-of-pocket costs and/or have access to care at facilities at your worksite. Please sign into MyBenefits for more details.

* Based on internal analysis by MetLife. Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often members visit a dentist and the cost of services rendered. Negotiated fees are subject to change.

### How do I find a participating dentist?

There are thousands of general dentists and specialists to choose from --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at www.metlife.com/dental or call 1-800-275-4638 to have a list faxed or mailed to you.

### What services are covered by my plan?

Please see your Certificate of Insurance for a list of covered services.*

### May I choose a non-participating dentist?

Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating (out-of-network) dentist, your out-of-pocket costs may be greater than your out-of-pocket costs when visiting an in-network dentist.

### Can my dentist apply for participation in the network?

Yes. If your current dentist does not participate in the network and you would like to encourage him or her to apply, ask your dentist to visit www.metdental.com, or call 1-866-PDP-NTWK for an application.* The website and phone number are for use by dental professionals only.

* Due to contractual requirements, MetLife is prevented from soliciting certain providers.

### How are claims processed?

Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/dental or request one by calling 1-800-275-4638.

### Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?

Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of $300. Simply have your dentist submit a request online at www.metdental.com or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

### Can MetLife help me find a dentist outside of the U.S. if I am traveling?

Yes. Through international dental travel assistance services* you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.** Please remember to hold on to all receipts to submit a dental claim.

*****International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. (AXA Assistance). AXA Assistance provides dental referral services only. AXA Assistance is not affiliated with MetLife and any of its affiliates, and the services they provide are separate and apart from the benefits provided by MetLife. Referral services are not available in all locations.
** Refer to your Certificate of Insurance for your out-of-network dental coverage.

### How does MetLife coordinate benefits with other insurance plans?

Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan.

### Do I need an ID card?

No, You do not need to present an ID card to confirm that you are eligible.  You should notify your dentist that you are enrolled in a MetLife Dental Plan.  Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

**Do my dependents have to visit the same dentist that I select?**
No. You and your dependents each have the freedom to choose any dentist.

## CALIFORNIA HEALTHCARE LANGUAGE ASSISTANCE PROGRAM
## NOTICE TO INSUREDS

**No Cost Language Services.** You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card, if any, or 1-800-942-0854. For more help call the CA Dept. of Insurance at 1-800-927-4357.
To receive a copy of the attached MetLife document translated into Spanish or Chinese, please mark the box by the requested language statement below, and mail the document with this form to:
Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512
Please indicate to whom and where the translated document is to be sent.

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Lexington, KY 40512
請指明經翻譯文件收件人的姓名及地址。
姓名_____

地址_____

**Անվճար թարգմանչական ծառայություններ:** Ձեզ կտրամադրվի հայերենի թարգմանիչ, որի օգնությամբ կարող եք հայերենով կարդալ փաստաթղթերը: Հարցերի դեպքում զանգահարեք մեզ Ձեր ID քարտի վրա նշված հեռախոսահամարով կամ 1-800-942-0854: Առավել մանրամասն տեղեկատվության համար զանգահարեք Կալիֆորնիայի Ապահովագրական Դեպարտամենտ 1-800-927-4357 հեռախոսահամարով:

**ជំនួយភាសាថ្លៃដោយគ្មានគិតថ្លៃ ។** អ្នកអាចទទួលបានអ្នកបកប្រែម្នាក់ និងឱ្យគេអានឯកសារនានាឱ្យអ្នកស្តាប់ជាភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើង តាមលេខដែលមានចុះនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នកប្រសិនបើមាន ឬ តាមលេខ 1-800-942-0854 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងនៃរដ្ឋកាលីហ្វ័រញ៉ា (CA Dept. of Insurance) តាមលេខ 1-800-927-4357 ។

**Kev pab txhais lus tsis kom them nqi.** Koj thov tau kom nrhiav neeg txhais lus thiab nyeem ntaub ntawv hais ua lus Hmoob rau koj mloog. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj sau hauv koj daim npav ID, yog muaj, lossis 1-800-942-0854. Yog xav kom pab lwm yam hu rau lub CA Hauv Paus lv-saws-las ntawm 1-800-927-4357.

**無料の通訳サービス。**通訳を通して日本語で文書を読み上げてもらうことができます。サービスの利用をご希望の方は、お手持ちの ID カードに記載されている番号、または 1-800-942-0854 へお電話ください。さらなる支援が必要な場合は、カリフォルニア州保険庁 1-800-927-4357 までお問い合わせください。

**무료 통역 서비스.** 통역자가 문서를 한국어로 읽어드릴 수 있습니다. 도움이 필요하시면, 귀하의 ID 카드에 있는 번호나 1-800-942-0854 로 전화하십시오. 다른 도움이 필요하시면, 전화번호 1-800-927-4357 로 캘리포니아 보험국에 연락하여 주십시오.

**Бесплатные услуги устного перевода.** Вы можете воспользоваться услугами переводчика, который прочитает вам документы на русском языке. Чтобы получить помощь, позвоните нам по номеру, указанному на вашей идентификационной карточке, если у вас она есть, либо по номеру 1-800-942-0854. Если вам нужна помощь в других вопросах, позвоните в горячую линию Департамента страхования (CA Dept. of Insurance) 1-800-927-4357.

**Libreng serbisyo sa pagsasalin.** Maaari kang kumuha ng tagasalin para basahin sa iyo ang mga dokumento sa wikang Tagalog. Para ikaw ay matulungan, tawagan kami sa numerong nakalista sa iyong ID card, kung mayroon man, o sa numerong 1-800-942-0854. Para sa karagdagang tulong tawagan ang CA Dept. of Insurance sa numerong 1-800-927-4357.

**Dịch vụ thông dịch miễn phí.** Quý vị có thể tìm một thông dịch viên và nhờ đọc các tài liệu này cho quý vị bằng tiếng Việt. Để được giúp đỡ, gọi cho chúng tôi tại số nêu trên thẻ ID của quý vị, nếu có, hoặc 1-800-942-0854. Để được giúp đỡ thêm gọi cho Ban Bảo Hiểm CA tại số 1-800-927-4357.

**لا تتوفر خدمات ترجمة بتكلفة.** يمكنك الاتصال بمترجم والحصول على خدمة قراءة المستندات باللغة العربية. للمساعدة، اتصل بنا على الرقم الموجود على بطاقة التعريف الخاصة بك، أو اتصل بالرقم 1-800-942-0854. ولمزيد من المساعدة، اتصل بقسم التأمينات التابع لـ CA على الرقم 1-800-927-4357.

**سرویس های ترجمه رایگان.** شما می توانید مترجم و اسنادی را به زبان فارسی برای مطالعه دریافت کنید. برای راهنمایی،از طریق شماره درج شده در کارت شناسایی خود (در صورت وجود) با شماره 1-800-942-0854 با ما تماس بگیرید. برای راهنمایی بیشتر با بخش بیمه کالیفرنیا 1-800-927-4357 تماس بگیرید.

**بلا معاوضہ مترجم دی خدمات مل سکدی اے۔** تُسی ایک مترجم دی خدمات حاصل کرسکدے او جو توڈے واسطے دستاویزات پنجابی وچ پڈ سکدا اوے۔ مدد واسطے اپڑیں آئی ڈی کارڈ، گربھوتو دے وچ نمبر یا 1-800-942-0854 پہ کال کرو۔ آگے مزید مدد واسطے اے نمبر 1-800-927-4357 پہ سی اے ڈیپارٹمنٹ برائے انشورنس نال گال کرو۔

# Required Regulatory Information

Like most insurance policies, insurance policies offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details.

Certain of the benefits mentioned in this communication may be sponsored by your employer as part of an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Those policies/products which are not part of an employer-sponsored plan are offered by MetLife or an affiliate and are not subject to ERISA. With respect to employer-sponsored benefits, you should obtain additional information regarding terms and eligibility from your employer. The MetLife Auto & Home® Group Insurance Program is not part of your employer-sponsored plan and is not subject to ERISA.

The companies listed in this communication operate independently and are not responsible for each other's financial obligations.

# METLIFE U.S. CONSUMER PRIVACY NOTICE — GROUP BUSINESS & SPECIALIZED BENEFIT RESOURCES

| Facts: | What Do the MetLife Companies Do With Your Personal Information? |
|---|---|
| **Plan Sponsors and Group Insurance Contract Holders** | This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, group insurance or annuity contract, or as an executive benefit. In this notice, "you" refers to these individuals. |
| **Why?** | Financial companies choose how they share your personal information. The law gives consumers the right to limit some but not all sharing. The law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do. |
| **What?** | The types of personal information we collect and share depend on the product or service you have with us. This information can include:<br>• Social Security number and employment information • income and assets • driving record<br>• credit information and other consumer report information<br>• medical information and insurance history<br>• information about any business you have with us, our affiliates, or other companies |
| **How Does MetLife Get Your Information?** | We collect personal information from you as well as through third parties. We also use outside sources to help ensure our records are correct and complete. Third parties include consumer reporting agencies, employers, other financial institutions and adult relatives. Information collected may be kept by the consumer reporting agency and later given to others as permitted by law. We don't control the accuracy of information outside sources give us. If you want to make changes to information we receive about you, you must contact those sources. If we have asked for a consumer report about you, and you write or call us, we will give you the name, address, and phone number of the consumer reporting agency. The agency will give you a copy of the report, if you ask the agency and provide proper identification. Consumer reports may tell us about a lot of things, including:<br>• reputation • work history • driving record<br>• finances • hobbies and dangerous activities<br>In some limited circumstances, we may ask an agency for an investigative report about you. They will ask others about you. We will ask them to contact you as well. |
| **How Does MetLife Use Your Information?** | We collect personal information to help decide if you're eligible for our products or services. We may also use it to help deter fraud or money laundering. How we use this information depends on what products and services you have or want from us. We may also use it to:<br>• administer your products and services • market new products to you<br>• confirm or correct your information • help us run our business<br>• process claims and other transactions • comply with applicable laws<br>• perform business research |
| **How Does MetLife Protect Your Information?** | We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our service providers must also protect it, and use it only to meet our business needs. We take steps to protect our systems from unauthorized access. We comply with all laws that apply to us. |
| **Reasons MetLife Shares Your Information** | All financial companies need to share personal information to run their everyday business. We may share your personal information with others with your consent, by agreement, or as permitted or required by law. We may share your personal information without your consent if permitted or required by law. For example, we may share your information with our sales agents and businesses hired to carry out services for us. We may share your information with our regulators or with law enforcement. If you have MetLife products because of your relationship with an employer, association or other sponsoring organization, we may share information with it and its agents as permitted by law. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons MetLife chooses to share; and whether you can limit this sharing. |

| Reasons We Can Share Your Personal Information | Does MetLife share?* | Can you limit this sharing? |
|---|---|---|
| **For our everyday business purposes** – such as to process your transactions, learn if you qualify for coverage, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus | **Yes** | **No** |
| **For our marketing purposes** – with service providers we use to offer our products and services to you | **Yes** | **No** |
| **For joint marketing with other financial companies** | **No** | **Not Applicable** |
| **For our affiliates' everyday business purposes** – Information about your transactions and experiences | **No** | **Not Applicable** |
| **For our affiliates' everyday business purposes** – Information about your creditworthiness | **No** | **Not Applicable** |
| **For our affiliates to market to you** | **No** | **Not Applicable** |
| **For non-affiliates to market to you** | **No** | **Not Applicable** |

| | |
|---|---|
| **How Does MetLife Handle Your Health Information?** | The Health Insurance Portability and Accountability Act ("HIPAA") protects your information if you request or purchase dental, vision, long-term care and/or medical insurance from us. We will provide information about your rights under HIPAA with any dental, vision, long- term care or medical coverage issued to you. You can obtain a copy of our HIPAA Privacy Notice by visiting our website at www.MetLife.com. Select "Privacy Policy" at the bottom of the home page. For additional information about your rights under HIPAA or to have a HIPAA Privacy Notice mailed to you, contact us at HIPAAprivacyAmericasUS@metlife.com, or call us at (212) 578-0299. |
| **Definitions:** | |
| **Affiliates** | Companies related by common ownership or control. Affiliates can be financial or nonfinancial companies. Our affiliates include life, car, and home insurers. They also include a legal plans company and a securities broker-dealer. In the future, we may have affiliates in other businesses. |
| **Non-affiliates** | Companies not related by common ownership or control. Non-affiliates can be financial or nonfinancial companies. MetLife does not share personal information with non-affiliates for their marketing purposes. |
| **Joint Marketing** | A formal agreement between non-affiliated financial companies that together market financial products or services to you. |

**How Can I Access and Correct Information?**

You may ask us for a copy of the personal information we have on you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing and provide the account or policy number associated with the information you wish to access. For legal reasons, we may not show you privileged information relating to a claim or lawsuit, unless required by law. If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing. We will include your statement whenever we give your disputed information to anyone outside MetLife.

| | |
|---|---|
| **Who is Providing This Notice?** | Metropolitan Life Insurance Company<br>Delaware American Life Insurance Company<br>Safeguard Health Plans, Inc.<br>MetLife Health Plans, Inc.<br>General American Life Insurance Company<br>SafeHealth Life Insurance Company<br>Metropolitan Life Insurance Company as administrator for the Prudential Insurance Company of American; Business Men's Assurance Company of America; Employer's Reinsurance Corporation; and Teachers Insurance and Annuity Association of America |
| **How Will I Know if This Notice is Changed?** | We may revise this privacy notice at any time. If we make material changes, we will notify you as required by law. |
| **Questions?** | Send privacy questions or requests for more information to: MetLife Privacy Office, P.O. Box 489, Warwick, RI 02887-9954; Call (877) 638-7684 or go to www.metlife.com |

*Information we collect in connection with HIPAA-covered products will only be shared as allowed by HIPAA.

1609-686156 CS CPN-AGN


MetLife

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**សេវាបកប្រែដោយឥតគិតថ្លៃ ។** អ្នកអាចទទួលបានអ្នកបកប្រែម្នាក់ និងឱ្យគេអានឯកសារនានាឱ្យអ្នកស្តាប់ជាភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើង តាមលេខដែលមានចុះនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នកប្រសិនបើមាន ឬ តាមលេខ 1-800-942-0854 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងនៃរដ្ឋកាលីហ្វ័រញ៉ា (CA Dept. of Insurance) តាមលេខ 1-800-927-4357 ។

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**無料の通訳サービス。**通訳を通して日本語で文書を読み上げてもらうことができます。サービスの利用をご希望の方は、お手持ちの ID カードに記載されている番号、または 1-800-942-0854 へお電話ください。さらなる支援が必要な場合は、カリフォルニア州保険庁 1-800-927-4357 までお問い合わせください。

**무료 통역 서비스.** 통역자가 문서를 한국어로 읽어드릴 수 있습니다. 도움이 필요하시면, 귀하의 ID 카드에 있는 번호나 1-800-942-0854 로 전화하십시오. 다른 도움이 필요하시면, 전화번호 1-800-927-4357 로 캘리포니아 보험국에 연락하여 주십시오.

**Бесплатные услуги устного перевода.** Вы можете воспользоваться услугами переводчика, который прочитает вам документы на русском языке. Чтобы получить помощь, позвоните нам по номеру, указанному на вашей идентификационной карточке, если у вас она есть, либо по номеру 1-800-942-0854. Если вам нужна помощь в других вопросах, позвоните в горячую линию Департамента страхования (CA Dept. of Insurance) 1-800-927-4357.

**Libreng serbisyo sa pagsasalin.** Maaari kang kumuha ng tagasalin para basahin sa iyo ang mga dokumento sa wikang Tagalog. Para ikaw ay matulungan, tawagan kami sa numerong nakalista sa iyong ID card, kung mayroon man, o sa numerong 1-800-942-0854. Para sa karagdagang tulong tawagan ang CA Dept. of Insurance sa numerong 1-800-927-4357.

**Dịch vụ thông dịch miễn phí.** Quý vị có thể tìm một thông dịch viên và nhờ đọc các tài liệu này cho quý vị bằng tiếng Việt. Để được giúp đỡ, gọi cho chúng tôi tại số nêu trên thẻ ID của quý vị, nếu có, hoặc 1-800-942-0854. Để được giúp đỡ thêm gọi cho Ban Bảo Hiểm CA tại số 1-800-927-4357.

**لا تتوفر خدمات ترجمة بتكلفة.** يمكنك الاتصال بمترجم والحصول على خدمة قراءة المستندات باللغة العربية. للمساعدة، اتصل بنا على الرقم الموجود على بطاقة التعريف الخاصة بك، أو اتصل بالرقم 1-800-942-0854. ولمزيد من المساعدة، اتصل بقسم التأمينات التابع لـ CA على الرقم 1-800-927-4357.

**سرویس های ترجمه رایگان.** شما می توانید مترجم و اسنادی را به زبان فارسی برای مطالعه دریافت کنید. برای راهنمایی،از طریق شماره درج شده در کارت شناسایی خود (در صورت وجود) یا شماره 1-800-942-0854 با ما تماس بگیرید. برای راهنمایی بیشتر با بخش بیمه کالیفرنیا 1-800-927-4357 تماس بگیرید.

**بلا معاوضہ مترجم دی خدمات مل سکدی اے۔** تُسی ایک مترجم دی خدمات حاصل کرسکدے او جو توڈے واسطے دستاویزات پنجابی وچ پڈ سکدا اوے۔ مدد واسطے اپڑیں آئی ڈی کارڈ، گربھوتو، دے وچ نمبر یا 1-800-942-0854 پہ کال کرو۔ آگے مزید مدد واسطے اے نمبر 1-800-927-4357 پہ سی اے ڈیپارٹمنٹ برائے انشورنس نال گال کرو۔


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