

Dental HMO* Benefits

Savings, convenience and service. For healthier smiles.

MetLife



If I want to be at my best,
a good dental plan
will be refreshing.



SafeGuard DHMO

**Enrollment Kit
Miami-Dade County**



A lot of emphasis has been put on healthy living, and oral health is an essential part of that. This dental benefits plan offers you valuable coverage that can help you and your family keep a healthy regimen. Plus, you'll get service you can count on. Now that's refreshing.

- Lower out-of-pocket costs on hundreds of dental procedures.¹
- Broad network of participating dentists.
- Hassle-free benefits.
- A commitment to your oral health.

¹ Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often members visit the dentist and the cost of services rendered.





200 Park Avenue
New York, New York 10166

STANDARD PLAN

SCHEDULE OF BENEFITS

Self-Referral Dental Plan

MDCSTD

This Schedule of Benefits lists the services available to you under your Metropolitan Life Insurance Company ("MetLife") plan, as well as the co-payments associated with each procedure. There are other factors that impact how your plan works and those are included here in the Exclusions and Limitations; please review them before your first dental appointment. It is important to discuss all recommended procedures with your provider prior to treatment.

The following co-payments apply only when services are performed by your selected MetLife general dentist. If you choose to receive services from a MetLife contracted specialty care provider (periodontics, oral surgery, endodontics, pedodontics, orthodontics), your co-payment will be 75% of that provider's usual fee for those services. A list of these contracted dentists may be found through MetLife's online directory at www.metlife.com/mybenefits.

In addition, non-listed services are available with your MetLife selected general dentist or specialty care dentist at 75% of their usual and customary fees.

Missed Appointments: If you need to cancel or reschedule an appointment, you should notify the dental office as far in advance as possible. This will allow the dental office to accommodate another person in need of attention. You may be charged a co-payment if you do not give the dental office at least 24 hours notice.

Code	Service	Co-payment
Diagnostic Treatment		
D0120	Periodic oral evaluation – established patient	\$0
D0140	Limited oral evaluation - problem focused	\$0
D0145	Oral Evaluation for a patient under three years of age and counseling with primary caregiver	\$0
D0150	Comprehensive oral evaluation - new or established patient	\$0
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$0
D0180	Comprehensive periodontal evaluation - new or established patient	\$0
•	Office visit - per visit (including all fees for sterilization and/or infection control)	\$5
Radiographs / Diagnostic Imaging (X-rays)		
D0210	Intraoral - complete series of radiographic images	\$0
D0220	Intraoral - periapical first radiographic image	\$0
D0230	Intraoral - periapical each additional radiographic image	\$0
D0240	Intraoral - occlusal radiographic image	\$0
D0250	Extraoral - first radiographic image	\$0
D0260	Extraoral - each additional radiographic image	\$0
D0270	Bitewing - single radiographic image	\$0
D0272	Bitewings - two radiographic images	\$0
D0273	Bitewings- three radiographic images	\$0
D0274	Bitewings - four radiographic images	\$0
D0277	Vertical bitewings – 7 to 8 radiographic images	\$0

Code	Service	Co-payment
D0330	Panoramic radiographic image	\$0
D0350	Oral/facial photographic image obtained intraorally or extraorally	\$0
Tests and Examinations		
D0415	Collection of microorganisms for culture and sensitivity	\$0
D0425	Caries susceptibility tests	\$0
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$50
D0460	Pulp vitality tests	\$0
D0470	Diagnostic casts	\$0
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$0
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$0
D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	\$0
D0502	Other oral pathology procedures, by report	\$0
Preventive Services		
D1110	Prophylaxis – adult	\$0
•	Additional - adult prophylaxis, with or without fluoride (maximum of 2 additional per year)	\$15
D1120	Prophylaxis – child	\$0
•	Additional - child prophylaxis, with or without fluoride (maximum of 2 additional per year)	\$15
D1206	Topical application of fluoride varnish	\$0
D1208	Topical application of fluoride	\$0
D1310	Nutritional counseling for control of dental disease	\$0
D1320	Tobacco counseling for the control and prevention of oral disease	\$0
D1330	Oral hygiene instructions	\$0
D1351	Sealant - per tooth	\$0
D1510	Space maintainer - fixed - unilateral	\$25
D1515	Space maintainer - fixed - bilateral	\$25
D1520	Space maintainer - removable - unilateral	\$35
D1525	Space maintainer - removable - bilateral	\$35
D1550	Re-cementation of space maintainer	\$15
D1555	Removal of fixed space maintainer	\$15
Restorative Treatment		
D2140	Amalgam - one surface, primary or permanent	\$0
D2150	Amalgam - two surfaces, primary or permanent	\$11
D2160	Amalgam - three surfaces, primary or permanent	\$16
D2161	Amalgam - four or more surfaces, primary or permanent	\$18
D2330	Resin-based composite - one surface, anterior	\$10
D2331	Resin-based composite - two surfaces, anterior	\$18
D2332	Resin-based composite - three surfaces, anterior	\$23
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$25
D2390	Resin-based composite crown, anterior	\$30
D2391	Resin-based composite - one surface, posterior	\$30
D2392	Resin-based composite - two surfaces, posterior	\$45
D2393	Resin-based composite - three surfaces, posterior	\$65
D2394	Resin-based composite - four or more surfaces, posterior	\$65

Code	Service	Co-payment
Crowns		
<ul style="list-style-type: none"> • An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a \$75 co-payment per crown/bridge unit in addition to regular co-payments for porcelain on molars. • Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 co-payment per unit in addition to co-payment for each crown/bridge unit. 		
D2740	Crown - porcelain/ceramic substrate	\$210
D2750	Crown - porcelain fused to high noble metal	\$290
D2751	Crown - porcelain fused to predominantly base metal	\$210
D2752	Crown - porcelain fused to noble metal	\$250
D2791	Crown - full cast predominantly base metal	\$210
D2792	Crown - full cast noble metal	\$250
D2910	Recement inlay, onlay, or partial coverage restoration	\$10
D2920	Recement crown	\$0
D2930	Prefabricated stainless steel crown - primary tooth	\$25
D2932	Prefabricated resin crown	\$25
D2940	Sedative filling	\$0
D2951	Pin retention – per tooth, in addition to restoration	\$5
D2954	Prefabricated post and core in addition to crown	\$70
D2970	Temporary crown (fractured tooth)	\$0
Endodontics		
<i>All procedures exclude final restoration</i>		
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$0
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$90
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$155
D3330	Endodontic therapy, molar (excluding final restoration)	\$200
D3410	Apicoectomy – anterior	\$75
Periodontics		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$120
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$120
D4240	Gingival flap procedure, including root planning-four or more contiguous teeth or tooth bounded spaces per quadrant	\$170
D4241	Gingival flap procedure, including root planning-one to three contiguous teeth or tooth bounded spaces per quadrant	\$130
D4245	Apically positioned flap	\$165
D4249	Clinical crown lengthening - hard tissue	\$160
D4260	Osseous surgery (including flap entry and closure)-four or more contiguous teeth or tooth bounded spaces per quadrant	\$330
D4261	Osseous surgery (including flap entry and closure)-one to three contiguous teeth or tooth bounded spaces per quadrant	\$248
D4263	Bone replacement graft - first site in quadrant	\$180
D4264	Bone replacement graft - each additional site in quadrant	\$95
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$95
D4266	Guided tissue regeneration - resorbable barrier, per site	\$215
D4267	Guided tissue regeneration - nonresorbable barrier, per site(includes membrane removal)	\$255
D4270	Pedicle soft tissue graft procedure	\$250
D4273	Subepithelial connective tissue graft procedure, per tooth	\$75
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$100
D4275	Soft tissue allograft	\$380
D4320	Provisional splinting – intracoronal	\$95
D4321	Provisional splinting – extracoronal	\$85
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$4

Code	Service	Co-payment
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$40
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$50
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	\$65
D4910	Periodontal maintenance	\$25
•	Additional periodontal maintenance procedures (beyond 2 per 12 months)	\$55
•	Periodontal charting for planning treatment of periodontal disease	\$0
•	Periodontal hygiene instruction	\$0
Removable Prosthodontics		
<i>Includes up to 3 adjustments within 6 months of delivery.</i>		
D5110	Complete denture – maxillary	\$230
D5120	Complete denture - mandibular	\$230
D5130	Immediate denture - maxillary	\$245
D5140	Immediate denture - mandibular	\$245
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$240
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$240
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$245
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$245
D5410	Adjust complete denture – maxillary	\$5
D5411	Adjust complete denture – mandibular	\$5
D5421	Adjust partial denture – maxillary	\$5
D5422	Adjust partial denture – mandibular	\$5
D5510	Repair broken complete denture base	\$25
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$40
D5640	Replace broken teeth - per tooth	\$30
D5650	Add tooth to existing partial denture	\$30
D5660	Add clasp to existing partial denture	\$30
D5730	Reline complete maxillary denture (chairside)	\$25
D5731	Reline complete mandibular denture (chairside)	\$25
D5740	Reline maxillary partial denture (chairside)	\$25
D5741	Reline mandibular partial denture (chairside)	\$25
D5750	Reline complete maxillary denture (laboratory)	\$55
D5751	Reline complete mandibular denture (laboratory)	\$55
D5760	Reline maxillary partial denture (laboratory)	\$55
D5761	Reline mandibular partial denture (laboratory)	\$55
D5850	Tissue conditioning, maxillary	\$0
D5851	Tissue conditioning, mandibular	\$0
Crowns/Fixed Bridges - Per Unit		
• An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a \$75 co-payment per crown bridge unit in addition to regular co-payments for porcelain on molars.		
• Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 co-payment per unit in addition to co-payment for each crown/bridge unit.		
D6241	Pontic - porcelain fused to predominantly base metal	\$210
D6242	Pontic - porcelain fused to noble metal	\$250
D6245	Pontic - porcelain/ceramic	\$200
D6750	Crown - porcelain fused to high noble metal	\$290
D6751	Crown - porcelain fused to predominantly base metal	\$210
D6752	Crown - porcelain fused to noble metal	\$250
D6930	Recement fixed partial denture	\$20

Code	Service	Co-payment
Oral Surgery		
<ul style="list-style-type: none"> Includes routine post operative visits/treatment. The removal of asymptomatic third molars is not a covered benefit unless pathology (disease) exists, however it is available at 75% of your MetLife selected general or specialty care dentist's usual and customary fees. 		
D7111	Extraction, coronal remnants - deciduous tooth	\$0
D7140	Extraction - erupted tooth or exposed root (elevation and/or forceps removal)	\$0
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$15
D7220	Removal of impacted tooth - soft tissue	\$25
D7230	Removal of impacted tooth - partially bony	\$50
D7240	Removal of impacted tooth - completely bony	\$75
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$150
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$25
D7280	Surgical access of an unerupted tooth	\$20
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$40
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$40
D7471	Removal of lateral exostosis (maxilla or mandible)	\$60
D7510	Incision and drainage of abscess - intraoral soft tissue	\$0
D7960	Frenulectomy – aka frenectomy or frenotomy – separate procedure not incidental to another procedure	\$45
D7970	Excision of hyperplastic tissue - per arch	\$0
	• Dry socket treatment	\$0
	• Post operative treatment	\$0
Orthodontics		
<ul style="list-style-type: none"> Benefits cover 24 months of usual and customary orthodontic treatment and an additional 24 months of retention. Comprehensive orthodontic benefits include all phases of treatment and fixed/removable appliances. 		
D8010	Limited orthodontic treatment of the primary dentition	25% Discount
D8020	Limited orthodontic treatment of the transitional dentition	25% Discount
D8030	Limited orthodontic treatment of the adolescent dentition	25% Discount
D8040	Limited orthodontic treatment of the adult dentition	25% Discount
D8050	Interceptive orthodontic treatment of the primary dentition	25% Discount
D8060	Interceptive orthodontic treatment of the transitional dentition	25% Discount
D8070	Comprehensive orthodontic treatment of the transitional dentition	25% Discount
D8080	Comprehensive orthodontic treatment of the adolescent dentition	25% Discount
D8090	Comprehensive orthodontic treatment of the adult dentition	25% Discount
D8210	Removable appliance therapy	25% Discount
D8220	Fixed appliance therapy	25% Discount
D8660	Pre-orthodontic treatment visit	25% Discount
D8670	Periodic orthodontic treatment visit (as part of contract)	25% Discount
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	25% Discount
D8693	Rebonding or recementing of fixed retainers	25% Discount
	• Orthodontic treatment plan and records (pre/post x-rays (cephalometric, panoramic, etc.), photos, study models)	25% Discount
	• Orthodontic visits beyond 24 months of active treatment or retention	25% Discount
Adjunctive General Services		
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$0
D9120	Fixed partial denture sectioning	\$0
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0
D9215	Local anesthesia	\$0
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$15
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0

Code	Service	Co-payment
D9430	Office visit for observation (during regularly scheduled hours) -no other services performed	\$30
D9440	Office visit - after regularly scheduled hours	\$10
D9630	Other drugs and/or medicaments, by report	\$40
D9940	Occlusal guard, by report	\$0
D9951	Occlusal adjustment - limited	\$55
D9952	Occlusal adjustment - complete	\$0
•	Broken appointment (less than 24 hour notice)	Not to exceed \$20

Current Dental Terminology © American Dental Association

Dental Terminology Definitions

These definitions are designed to give you a “layman’s understanding” of some dental terminology in order for you to better understand your plan; they are not full descriptions.

Amalgam:	A silver filling
Anterior:	Teeth that are in the front of the mouth
Bicuspid:	Most people have eight bicuspid teeth; they are located immediately preceding the molar teeth with two in each quadrant of the mouth.
Bridge:	A replacement for one or more missing teeth that is permanently attached to the teeth adjacent to the empty space(s).
Crown:	A covering created to place over a tooth to strengthen and/or replace tooth structure. A crown can be made of different materials (noble, high noble), base metal, porcelain or porcelain and metal.
Endodontics:	Procedures that treat the nerve or the pulp of the tooth due to injury or infection.
Oral Surgery:	Surgery to remove teeth, reshape portions of the bone in the mouth, or biopsy suspect areas of the mouth.
Orthodontics:	Braces and other procedures to straighten the teeth.
Periodontics:	Procedures related to treatment of the supporting structures of the teeth (gums, underlying bone).
Posterior:	Teeth that set towards the back of the mouth, including molars and bicuspid (premolars).
Primary Teeth:	The first set of teeth (“baby” teeth).
Prophylaxis:	Scaling and polishing of teeth by removal of the plaque above the gum line.
Prosthodontics:	The restoration of natural and/or the replacement of missing teeth with artificial substitutes.
Quadrant:	One of the four equal sections into which your mouth can be divided (some procedures like periodontics are done in quadrants).
Resin-based Composite:	Tooth-colored (white) fillings

Exclusions and Limitations

Limitations

General

1. Any procedures not specifically listed as a covered benefit in this Plan's Schedule of Benefits are available at 75% of the usual and customary fees of the treating MetLife general dentist or specialty care dentist, provided the services are included in the treatment plan and are not specifically excluded.
2. Dental procedures or services performed solely for cosmetic purposes or solely for appearance are available at 75% of the usual and customary fees of the treating MetLife general dentist or specialty care dentist, unless specifically listed as a covered benefit on this Plan's Schedule of Benefits.

Preventive

1. Routine Cleanings (prophylaxis), periodontal maintenance services, and fluoride treatments are limited to twice a year. Two (2) additional cleanings (routine and periodontal) are available at the co-payment listed on this Plan's Schedule of Benefits. Additional prophylaxis are available, if medically necessary.
2. Sealants: Plan benefit applies to primary and permanent molar teeth, within four (4) years of eruption, unless medically necessary.

Diagnostic

1. Panoramic or full-mouth X-rays: Once every two (2) years, unless medically necessary.

Restorative

1. An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble, or titanium metal.
2. Replacement of any crowns or fixed bridges (per unit) are limited to once every five (5) years.
3. Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 co-payment per unit in addition to the specified co-payment for each crown/bridge unit.
4. There is a \$75 co-payment per crown/bridge unit in addition to the specified co-payment for porcelain on molars.

Prosthodontics

1. Relines are limited to one (1) every twelve (12) months.
2. Dentures (full or partial): Replacement only after five (5) years have elapsed following any prior provision of such dentures under a MetLife Plan, unless due to the loss of a natural functioning tooth. Replacements will be a benefit under this Plan only if the existing denture is unsatisfactory and cannot be made satisfactory as determined by the treating MetLife general dentist.
3. Delivery of removable prosthodontics includes up to three (3) adjustments within six (6) months of delivery date of service.

Endodontics

1. The co-payments listed for endodontic procedures do not include the cost of the final restoration.

Oral Surgery

1. The removal of asymptomatic third molars is not a covered benefit unless pathology (disease) exists, however it is available at 75% of your MetLife selected general or specialty care dentist's usual and customary fees.

General Exclusions

1. Services performed by any dentist not contracted with MetLife, without prior approval by MetLife (except out-of-area emergency services). This includes services performed by a general dentist or specialty care dentist.
2. Dental procedures started prior to the member's eligibility under this Plan or started after the member's termination from the Plan. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken.
3. Any dental services, or appliances, which are determined to be not reasonable and/or necessary for maintaining or improving the member's dental health, as determined by the MetLife Selected General Dentist.
4. Orthognathic surgery.
5. Inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions or medications.
6. Replacement of dentures, crowns, appliances or bridgework that have been lost, stolen or damaged due to abuse, misuse, or neglect.
7. Treatment of malignancies, cysts, or neoplasms, unless specifically listed as a covered benefit on this Plan's Schedule of Benefits. Any services related to pathology laboratory fees.
8. Procedures, appliances, or restorations whose primary main purpose is to change the vertical dimension of occlusion, correct congenital, developmental, or medically induced dental disorders including, but not limited to treatment of myofunctional, myoskeletal, or temporomandibular joint disorders unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits.
9. Dental implants and services associated with the placement of implants, prosthodontic restoration of dental implants, and specialized implant maintenance services.
10. Dental services provided for or paid by a federal or state government agency or authority, political subdivision, or other public program other than Medicaid or Medicare.
11. Dental services required while serving in the Armed Forces of any country or international authority.
12. Dental services considered experimental in nature.
13. Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the member.

Orthodontic Exclusions & Limitations

Your co-payments will be 75% of your selected MetLife general or specialty care dentist's usual and customary fees. If your general dentist does not provide orthodontic care, you may receive care from a MetLife contracted dentist whose practice is limited to orthodontic care. A listing of contracted dentists whose practice is limited to orthodontic care can be found online at www.metlife.com/mybenefits, or you may call Customer Service.

If you terminate coverage from the MetLife Plan after the start of orthodontic treatment, you will be responsible for any additional charges incurred for the remaining orthodontic treatment.

1. Orthodontic treatment must be provided by a MetLife selected general dentist or MetLife contracted orthodontist in order for the co-payments listed in this Plan's Schedule of Benefits to apply.
2. Plan benefits shall cover twenty-four (24) months of usual and customary orthodontic treatment and an additional twenty-four (24) months of retention. Treatment extending beyond such time periods will be subject to a charge of \$25 per visit.
3. The following are not included as orthodontic benefits:
 - A. Repair or replacement of lost or broken appliances;
 - B. Retreatment of orthodontic cases;
 - C. Treatment involving:
 - i. Maxillo-facial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia;
 - ii. Hormonal imbalances or other factors affecting growth or developmental abnormalities;
 - iii. Treatment related to temporomandibular joint disorders;
 - iv. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
4. The retention phase of treatment shall include the construction, placement, and adjustment of retainers.
5. Active orthodontic treatment in progress on your effective date of coverage is not covered. Active orthodontic treatment means tooth movement has begun.

SCHEDULE OF BENEFITS

Direct-Referral Dental Plan

MDCENR

This Schedule of Benefits lists the services available to you under your Metropolitan Life Insurance Company ("MetLife") plan, as well as the co-payments associated with each procedure. There are other factors that impact how your plan works and those are included here in the Exclusions and Limitations; please review them before your first dental appointment. It is important to discuss all recommended procedures with your provider prior to treatment.

During the course of treatment, your MetLife selected general dentist may recommend the services of a dental specialist. Your MetLife selected general dentist may refer you directly to a contracted MetLife specialty care provider; no referral or pre-authorization from MetLife is required.

In addition, non-listed services are available with your MetLife selected general dentist or specialty care dentist at 75% of their usual and customary fees.

Missed Appointments: If you need to cancel or reschedule an appointment, you should notify the dental office as far in advance as possible. This will allow the dental office to accommodate another person in need of attention. You may be charged a co-payment if you do not give the dental office at least 24 hours notice.

Code	Service	Co-payment
Diagnostic Treatment		
D0120	Periodic oral evaluation – established patient	\$0
D0140	Limited oral evaluation - problem focused	\$0
D0145	Oral Evaluation for a patient under three years of age and counseling with primary caregiver	\$0
D0150	Comprehensive oral evaluation - new or established patient	\$0
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$0
D0180	Comprehensive periodontal evaluation - new or established patient	\$0
•	Office visit - per visit (including all fees for sterilization and/or infection control)	\$5
Radiographs / Diagnostic Imaging (X-rays)		
D0210	Intraoral - complete series of radiographic images	\$0
D0220	Intraoral - periapical first radiographic image	\$0
D0230	Intraoral - periapical each additional radiographic image	\$0
D0240	Intraoral - occlusal radiographic image	\$0
D0250	Extraoral - first radiographic image	\$0
D0260	Extraoral - each additional radiographic image	\$0
D0270	Bitewing - single radiographic image	\$0
D0272	Bitewings - two radiographic images	\$0
D0273	Bitewings- three radiographic images	\$0
D0274	Bitewings - four radiographic images	\$0
D0277	Vertical bitewings – 7 to 8 radiographic images	\$0
D0330	Panoramic radiographic image	\$0

Code	Service	Co-payment
D0350	Oral/facial photographic image obtained intraorally or extraorally	\$0
Tests and Examinations		
D0415	Collection of microorganisms for culture and sensitivity	\$0
D0425	Caries susceptibility tests	\$0
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$50
D0460	Pulp vitality tests	\$0
D0470	Diagnostic casts	\$0
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$0
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$0
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	\$0
D0502	Other oral pathology procedures, by report	\$0
Preventive Services		
D1110	Prophylaxis – adult	\$0
•	Additional - adult prophylaxis, with or without fluoride (maximum of 2 additional per year)	\$14
D1120	Prophylaxis – child	\$0
•	Additional - child prophylaxis, with or without fluoride (maximum of 2 additional per year)	\$14
D1206	Topical application of fluoride varnish	\$0
D1208	Topical application of fluoride	\$0
D1310	Nutritional counseling for control of dental disease	\$0
D1320	Tobacco counseling for the control and prevention of oral disease	\$0
D1330	Oral hygiene instructions	\$0
D1351	Sealant - per tooth	\$0
D1510	Space maintainer - fixed - unilateral	\$0
D1515	Space maintainer - fixed - bilateral	\$25
D1520	Space maintainer - removable - unilateral	\$35
D1525	Space maintainer - removable - bilateral	\$35
D1550	Re-cementation of space maintainer	\$15
D1555	Removal of fixed space maintainer	\$15
Restorative Treatment		
D2140	Amalgam - one surface, primary or permanent	\$0
D2150	Amalgam - two surfaces, primary or permanent	\$0
D2160	Amalgam - three surfaces, primary or permanent	\$0
D2161	Amalgam - four or more surfaces, primary or permanent	\$0
D2330	Resin-based composite - one surface, anterior	\$0
D2331	Resin-based composite - two surfaces, anterior	\$0
D2332	Resin-based composite - three surfaces, anterior	\$0
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$0
D2390	Resin-based composite crown, anterior	\$30
D2391	Resin-based composite - one surface, posterior	\$30
D2392	Resin-based composite - two surfaces, posterior	\$45
D2393	Resin-based composite - three surfaces, posterior	\$65
D2394	Resin-based composite - four or more surfaces, posterior	\$65

Code	Service	Co-payment
Crowns		
<ul style="list-style-type: none"> • An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a \$75 co-payment per crown/bridge unit in addition to regular co-payments for porcelain on molars. • Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 co-payment per unit in addition to co-payment for each crown/bridge unit. 		
D2740	Crown - porcelain/ceramic substrate	\$175
D2750	Crown - porcelain fused to high noble metal	\$290
D2751	Crown - porcelain fused to predominantly base metal	\$175
D2752	Crown - porcelain fused to noble metal	\$175
D2791	Crown - full cast predominantly base metal	\$175
D2792	Crown - full cast noble metal	\$175
D2910	Recement inlay, onlay, or partial coverage restoration	\$0
D2920	Recement crown	\$0
D2930	Prefabricated stainless steel crown - primary tooth	\$0
D2932	Prefabricated resin crown	\$25
D2940	Protective restoration	\$0
D2951	Pin retention – per tooth, in addition to restoration	\$0
D2954	Prefabricated post and core in addition to crown	\$30
D2970	Temporary crown (fractured tooth)	\$0
Endodontics		
<i>All procedures exclude final restoration</i>		
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$0
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$45
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$90
D3330	Endodontic therapy, molar (excluding final restoration)	\$145
D3410	Apicoectomy – anterior	\$65
Periodontics		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$90
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$90
D4240	Gingival flap procedure, including root planning-four or more contiguous teeth or tooth bounded spaces per quadrant	\$170
D4241	Gingival flap procedure, including root planning-one to three contiguous teeth or tooth bounded spaces per quadrant	\$130
D4245	Apically positioned flap	\$165
D4249	Clinical crown lengthening - hard tissue	\$160
D4260	Osseous surgery (including flap entry and closure)-four or more contiguous teeth or tooth bounded spaces per quadrant	\$250
D4261	Osseous surgery (including flap entry and closure)-one to three contiguous teeth or tooth bounded spaces per quadrant	\$250
D4263	Bone replacement graft - first site in quadrant	\$180
D4264	Bone replacement graft - each additional site in quadrant	\$95
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$95
D4266	Guided tissue regeneration - resorbable barrier, per site	\$215
D4267	Guided tissue regeneration - nonresorbable barrier, per site(includes membrane removal)	\$255
D4270	Pedicle soft tissue graft procedure	\$250
D4273	Subepithelial connective tissue graft procedure, per tooth	\$75
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$100
D4275	Soft tissue allograft	\$380
D4320	Provisional splinting – intracoronal	\$95
D4321	Provisional splinting – extracoronal	\$85

Code	Service	Co-payment
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$40
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$40
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$50
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	\$65
D4910	Periodontal maintenance	\$25
•	Additional periodontal maintenance procedures (beyond 2 per 12 months)	\$55
•	Periodontal charting for planning treatment of periodontal disease	\$0
•	Periodontal hygiene instruction	\$0
Removable Prosthodontics		
<i>Includes up to 3 adjustments within 6 months of delivery.</i>		
D5110	Complete denture – maxillary	\$205
D5120	Complete denture - mandibular	\$205
D5130	Immediate denture - maxillary	\$225
D5140	Immediate denture - mandibular	\$225
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$195
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$195
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$240
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$240
D5410	Adjust complete denture – maxillary	\$3
D5411	Adjust complete denture – mandibular	\$3
D5421	Adjust partial denture – maxillary	\$3
D5422	Adjust partial denture – mandibular	\$3
D5510	Repair broken complete denture base	\$0
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$30
D5640	Replace broken teeth - per tooth	\$30
D5650	Add tooth to existing partial denture	\$30
D5660	Add clasp to existing partial denture	\$30
D5730	Reline complete maxillary denture (chairside)	\$0
D5731	Reline complete mandibular denture (chairside)	\$0
D5740	Reline maxillary partial denture (chairside)	\$0
D5741	Reline mandibular partial denture (chairside)	\$0
D5750	Reline complete maxillary denture (laboratory)	\$55
D5751	Reline complete mandibular denture (laboratory)	\$55
D5760	Reline maxillary partial denture (laboratory)	\$55
D5761	Reline mandibular partial denture (laboratory)	\$55
D5850	Tissue conditioning, maxillary	\$0
D5851	Tissue conditioning, mandibular	\$0
Crowns/Fixed Bridges - Per Unit		
• An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a \$75 co-payment per crown bridge unit in addition to regular co-payments for porcelain on molars.		
• Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 co-payment per unit in addition to co-payment for each crown/bridge unit.		
D6241	Pontic - porcelain fused to predominantly base metal	\$175
D6242	Pontic - porcelain fused to noble metal	\$175
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$175
D6750	Crown - porcelain fused to high noble metal	\$290
D6751	Crown - porcelain fused to predominantly base metal	\$175
D6752	Crown - porcelain fused to noble metal	\$175
D6930	Recement fixed partial denture	\$0

Code	Service	Co-payment
Oral Surgery		
<ul style="list-style-type: none"> Includes routine post operative visits/treatment. The removal of asymptomatic third molars is not a covered benefit unless pathology (disease) exists, however it is available at 75% of your MetLife selected general or specialty care dentist's usual and customary fees. 		
D7111	Extraction, coronal remnants - deciduous tooth	\$0
D7140	Extraction - erupted tooth or exposed root (elevation and/or forceps removal)	\$0
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$0
D7220	Removal of impacted tooth - soft tissue	\$20
D7230	Removal of impacted tooth - partially bony	\$45
D7240	Removal of impacted tooth - completely bony	\$70
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$20
D7280	Surgical access of an unerupted tooth	\$10
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$25
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$25
D7471	Removal of lateral exostosis (maxilla or mandible)	\$35
D7510	Incision and drainage of abscess - intraoral soft tissue	\$0
D7960	Frenulectomy – aka frenectomy or frenotomy – separate procedure not incidental to another procedure	\$35
D7970	Excision of hyperplastic tissue - per arch	\$0
	• Dry socket treatment	\$0
	• Post operative treatment	\$0
Orthodontics		
<ul style="list-style-type: none"> Benefits cover 24 months of usual and customary orthodontic treatment and an additional 24 months of retention. Comprehensive orthodontic benefits include all phases of treatment and fixed/removable appliances. 		
D8010	Limited orthodontic treatment of the primary dentition	\$1,000
D8020	Limited orthodontic treatment of the transitional dentition	\$1,000
D8030	Limited orthodontic treatment of the adolescent dentition	\$1,000
D8040	Limited orthodontic treatment of the adult dentition	\$1,000
D8050	Interceptive orthodontic treatment of the primary dentition	25% Discount
D8060	Interceptive orthodontic treatment of the transitional dentition	25% Discount
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,400
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,400
D8090	Comprehensive orthodontic treatment of the adult dentition	\$1,950
D8210	Removable appliance therapy	25% Discount
D8220	Fixed appliance therapy	25% Discount
D8660	Pre-orthodontic treatment visit	\$0
D8670	Periodic orthodontic treatment visit (as part of contract)	\$35
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$300
D8693	Rebonding or recementing of fixed retainers	\$0
	• Orthodontic treatment plan and records (pre/post x-rays (cephalometric, panoramic, etc.), photos, study models)	\$250
	• Orthodontic visits beyond 24 months of active treatment or retention	\$25 per visit
Adjunctive General Services		
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$0
D9120	Fixed partial denture sectioning	\$0
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$15
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0

Code	Service	Co-payment
D9430	Office visit for observation (during regularly scheduled hours) -no other services performed	\$0
D9440	Office visit - after regularly scheduled hours	\$25
D9630	Other drugs and/or medicaments, by report	\$0
D9940	Occlusal guard, by report	\$40
D9951	Occlusal adjustment - limited	\$0
D9952	Occlusal adjustment - complete	\$55
•	Broken appointment (less than 24 hour notice)	Not to exceed \$10

Current Dental Terminology © American Dental Association

Dental Terminology Definitions

These definitions are designed to give you a “layman’s understanding” of some dental terminology in order for you to better understand your plan; they are not full descriptions.

Amalgam:	A silver filling
Anterior:	Teeth that are in the front of the mouth
Bicuspid:	Most people have eight bicuspid teeth; they are located immediately preceding the molar teeth with two in each quadrant of the mouth.
Bridge:	A replacement for one or more missing teeth that is permanently attached to the teeth adjacent to the empty space(s).
Crown:	A covering created to place over a tooth to strengthen and/or replace tooth structure. A crown can be made of different materials (noble, high noble), base metal, porcelain or porcelain and metal.
Endodontics:	Procedures that treat the nerve or the pulp of the tooth due to injury or infection.
Oral Surgery:	Surgery to remove teeth, reshape portions of the bone in the mouth, or biopsy suspect areas of the mouth.
Orthodontics:	Braces and other procedures to straighten the teeth.
Periodontics:	Procedures related to treatment of the supporting structures of the teeth (gums, underlying bone).
Posterior:	Teeth that set towards the back of the mouth, including molars and bicuspid (premolars).
Primary Teeth:	The first set of teeth (“baby” teeth).
Prophylaxis:	Scaling and polishing of teeth by removal of the plaque above the gum line.
Prosthodontics:	The restoration of natural and/or the replacement of missing teeth with artificial substitutes.
Quadrant:	One of the four equal sections into which your mouth can be divided (some procedures like periodontics are done in quadrants).
Resin-based Composite:	Tooth-colored (white) fillings

Exclusions and Limitations

Limitations

General

1. Any procedures not specifically listed as a covered benefit in this Plan's Schedule of Benefits are available at 75% of the usual and customary fees of the treating MetLife general dentist or specialty care dentist, provided the services are included in the treatment plan and are not specifically excluded.
2. Dental procedures or services performed solely for cosmetic purposes or solely for appearance are available at 75% of the usual and customary fees of the treating MetLife general dentist or specialty care dentist, unless specifically listed as a covered benefit on this Plan's Schedule of Benefits.

Preventive

1. Routine Cleanings (prophylaxis), periodontal maintenance services, and fluoride treatments are limited to twice a year. Two (2) additional cleanings (routine and periodontal) are available at the co-payment listed on this Plan's Schedule of Benefits. Additional prophylaxis are available, if medically necessary.
2. Sealants: Plan benefit applies to primary and permanent molar teeth, within four (4) years of eruption, unless medically necessary.

Diagnostic

1. Panoramic or full-mouth X-rays: Once every two (2) years, unless medically necessary.

Restorative

1. An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble, or titanium metal.
2. Replacement of any crowns or fixed bridges (per unit) are limited to once every five (5) years.
3. Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 co-payment per unit in addition to the specified co-payment for each crown/bridge unit.
4. There is a \$75 co-payment per crown/bridge unit in addition to the specified co-payment for porcelain on molars.

Prosthodontics

1. Relines are limited to one (1) every twelve (12) months.
2. Dentures (full or partial): Replacement only after five (5) years have elapsed following any prior provision of such dentures under a MetLife Plan, unless due to the loss of a natural functioning tooth. Replacements will be a benefit under this Plan only if the existing denture is unsatisfactory and cannot be made satisfactory as determined by the treating MetLife general dentist.
3. Delivery of removable prosthodontics includes up to three (3) adjustments within six (6) months of delivery date of service.

Endodontics

1. The co-payments listed for endodontic procedures do not include the cost of the final restoration.

Oral Surgery

1. The removal of asymptomatic third molars is not a covered benefit unless pathology (disease) exists, however it is available at 75% of your MetLife selected general or specialty care dentist's usual and customary fees.

General Exclusions

1. Services performed by any dentist not contracted with MetLife, without prior approval by MetLife (except out-of-area emergency services). This includes services performed by a general dentist or specialty care dentist.
2. Dental procedures started prior to the member's eligibility under this Plan or started after the member's termination from the Plan. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken.
3. Any dental services, or appliances, which are determined to be not reasonable and/or necessary for maintaining or improving the member's dental health, as determined by the MetLife Selected General Dentist.
4. Orthognathic surgery.
5. Inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions or medications.
6. Replacement of dentures, crowns, appliances or bridgework that have been lost, stolen or damaged due to abuse, misuse, or neglect.
7. Treatment of malignancies, cysts, or neoplasms, unless specifically listed as a covered benefit on this Plan's Schedule of Benefits. Any services related to pathology laboratory fees.
8. Procedures, appliances, or restorations whose primary main purpose is to change the vertical dimension of occlusion, correct congenital, developmental, or medically induced dental disorders including, but not limited to treatment of myofunctional, myoskeletal, or temporomandibular joint disorders unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits.
9. Dental implants and services associated with the placement of implants, prosthodontic restoration of dental implants, and specialized implant maintenance services.
10. Dental services provided for or paid by a federal or state government agency or authority, political subdivision, or other public program other than Medicaid or Medicare.
11. Dental services required while serving in the Armed Forces of any country or international authority.
12. Dental services considered experimental in nature.
13. Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the member.

Orthodontic Exclusions & Limitations

If you require the services of an orthodontist, a referral must first be obtained. If a referral is not obtained prior to the commencement of orthodontic treatment, the member will be responsible for all costs associated with any orthodontic treatment. If you terminate coverage from the MetLife Plan after the start of orthodontic treatment, you will be responsible for any additional charges incurred for the remaining orthodontic treatment.

1. Orthodontic treatment must be provided by a MetLife selected general dentist or MetLife contracted orthodontist in order for the co-payments listed in this Plan's Schedule of Benefits to apply.

2. Plan benefits shall cover twenty-four (24) months of usual and customary orthodontic treatment and an additional twenty-four (24) months of retention. Treatment extending beyond such time periods will be subject to a charge of \$25 per visit.
3. The following are not included as orthodontic benefits:
 - A. Repair or replacement of lost or broken appliances;
 - B. Retreatment of orthodontic cases;
 - C. Treatment involving:
 - i. Maxillo-facial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia;
 - ii. Hormonal imbalances or other factors affecting growth or developmental abnormalities;
 - iii. Treatment related to temporomandibular joint disorders;
 - iv. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
4. The retention phase of treatment shall include the construction, placement, and adjustment of retainers.
5. Active orthodontic treatment in progress on your effective date of coverage is not covered. Active orthodontic treatment means tooth movement has begun.



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

**Evidence of Coverage
and Disclosure Statement
Group Dental Plan**

Benefits Provided by
Metropolitan Life Insurance Company ("MetLife")

Evidence of Coverage and Disclosure Statement

This Evidence of Coverage provides a detailed summary of how your MetLife dental plan operates, your entitlements, and the plan's restrictions and limitations. **However, this combined Evidence of Coverage and Disclosure Statement constitutes only a summary of the health plan. The health plan contract must be consulted to determine the exact terms and conditions of coverage.** You may obtain a copy of the health plan contract by requesting it from your Organization, or by writing to MetLife, Attn: Legal Department, 200 Park Avenue, New York, New York 10166, or by calling **(877) 638-2055**.

Entire Contract

MetLife typically contracts with an Organization, such as your employer or association, to offer benefits to its employees or members. Your Organization's contract with MetLife, together with the application, acceptance agreement, Enrollment Form, this Evidence of Coverage and any attachments or inserts including the Schedule of Benefits with Exclusions and Limitations, constitutes the entire agreement between the parties. To be valid, any change in the contract must be approved by an officer of MetLife and attached to it. No agent may change the Contract or waive any of the provisions. Should any provision herein not conform to applicable laws, it shall be construed as if it were in full compliance thereof.

Evidence of Coverage and Disclosure Statement

Table of Contents

WHO MAY ENROLL.....	4
SERVICE AREA	4
DEPENDENT COVERAGE	5
WHEN COVERAGE BEGINS.....	5
CHOICE OF PROVIDER	5
MAKING AN APPOINTMENT	5
SPECIALTY CARE.....	6
CHANGING YOUR SELECTED GENERAL DENTAL OFFICE	6
SECOND OPINIONS	6
PREPAYMENT FEE	7
CO-PAYMENTS.....	7
CUSTOMER SERVICE.....	7
EMERGENCY DENTAL SERVICES	7
GRIEVANCE PROCEDURES	8
APPEALS	9
ARBITRATION	9
RENEWAL PROVISIONS.....	10
CANCELLATION OF BENEFITS.....	10
TERMINATION OF CONTRACT	10
TERMINATION OF YOUR COVERAGE	11
CONVERSION PRIVILEGE/CONTINUATION OF COVERAGE	11
ERISA	12
MEMBER RIGHTS.....	13
MEMBER RESPONSIBILITIES.....	14
DEFINITIONS	15

Evidence of Coverage

This Enrollment Kit contains your Evidence of Coverage, which provides a detailed summary of how your MetLife dental plan operates, your entitlements and the plan's restrictions and limitations. However, this Evidence of Coverage constitutes only a summary of the dental plan. **Your Organization's dental plan contract must be consulted to determine the exact terms and conditions of coverage.**

MetLife is licensed as a pre-paid limited health service organization licensed under the Prepaid Limited Health Service Organization Act, Chapter 636 of Florida Statutes.

Entire Contract

MetLife typically contracts with an Organization, such as your employer or association, to offer benefits to its employees or members. Your Organization's contract with MetLife, together with the application, acceptance agreement, Enrollment Form, this Evidence of Coverage and any attachments or inserts including the Schedule of Benefits with Exclusions and Limitations, constitutes the entire agreement between the parties. To be valid, any change in the contract must be approved by an officer of MetLife and attached to it. No agent may change the Contract or waive any of the provisions. Should any provision herein not conform to applicable laws, it shall be construed as if it were in full compliance thereof.

Who May Enroll

Your Organization determines how you may become eligible to join the Plan. You may enroll yourself and your dependents, provided each meets your Organization's eligibility requirements and/or the Service Area and Dependent Coverage requirements listed below.

Enrollment Process

If You are eligible for the Plan, You may enroll yourself and your eligible dependents in the Plan by completing the required form in Writing. You should contact Your Organization for information concerning how to enroll yourself and your eligible dependents when You are first eligible or during an annual enrollment period. The plan has a regular enrollment period established by Your Organization. You should contact Your Organization for more information regarding the annual enrollment period.

Service Area

The Service Area is the geographical area in which MetLife has a panel of Selected General Dentists and Specialists who have agreed to provide care to MetLife members. To enroll in the MetLife plan, you and your dependents (except dependent children) must, reside, live, or work in the Service Area.

Dependent Coverage

Your Organization is responsible for determining dependent eligibility. In the absence of such a determination, MetLife defines eligible dependents to be:

- Your lawful spouse or registered domestic partner, if your Organization provides such coverage.
- Your unmarried children or grandchildren up to age 25 for whom you provide care (including adopted children, step-children, or other children for whom you are required to provide dental care pursuant to a court or administrative order).
- Your children who are incapable of self-sustaining employment and support due to a developmental disability or physical handicap.
- Other dependents if your Organization provides benefits for these dependents.

Please check with your Organization if you have questions regarding your eligibility requirements.

When Coverage Begins

Coverage for you and your enrolled dependents will begin on the date determined by your Organization. Newborn children, newborn adopted children and adopted children are covered from the moment of birth. Check with your Organization if you have any questions about when your coverage begins.

Choice of Provider

When you enroll in the MetLife plan, you and each enrolled family member must choose a Selected General Dental Office from our MetLife network. Each family member may select a different dental office. Please refer to the Directory of Participating Dentists for a complete listing of Selected General Dental Offices. Or you may access our website at www.metlife.com/mybenefits to view MetLife General Dentists in your home or work zip codes.

Making an Appointment

Once your coverage begins, you may contact the Selected General Dental Office you selected at enrollment to schedule an appointment. MetLife Selected General Dental Offices are open in accordance with their individual practice needs. When scheduling an appointment, please identify yourself as a MetLife member. Your Selected General Dental Office will also need to know your chief dental concern and basic personal data.

Arrive early for your first appointment to complete any paperwork. There is an office visit co-payment on some plans and also be aware that there is a charge for missing your appointment. Your first visit to your dentist will usually consist of x-rays and an

examination only. By performing these procedures first, your dentist can establish your treatment plan according to your overall health needs.

We recommend that you take this brochure with you on your appointment, along with the enclosed Schedule of Benefits. Remember, only dental services listed as covered benefits in the Schedule of Benefits and provided by a MetLife Dentist are covered.

Specialty Care

During the course of treatment, your Selected General Dentist may encounter situations that require the services of a provider whose practice is limited to specialty care, as defined in this document. These services are available only when the dental procedure cannot be performed by your Selected General Dentist due to the severity of the problem. Specialty care includes oral surgery, periodontics, endodontics, pedodontics, and orthodontics. How specialty care is accessed is determined by your plan. Some plans allow self-referral while others require that your Selected General Dentist refer you directly to a provider whose practice is limited to specialty care. Please consult your Schedule of Benefits for full information.

Changing Your Selected General Dental Office

You have control over your choice of dental offices, and you can make changes at any time. If you would like to change your Selected General Dental Office, please contact Customer Service at **(877) 638-2055**. Our associates will help you locate a dental office most convenient to you. The transfer will be effective on the first day of the month following the transfer request. You must pay all outstanding charges owed to your dentist before you transfer to a new dentist. In addition, you may have to pay a fee for the cost of duplicating your x-rays and dental records.

Second Opinions

You may request a second opinion if you have unanswered questions about diagnosis, treatment plans, and/or the results achieved by such dental treatment. Contact MetLife's Customer Service Department either by calling **(877) 638-2055** or sending a written request to the following address:

**MetLife
c/o Customer Service
200 Park Avenue
New York, New York 10166**

In addition, your Selected General Dentist or MetLife may also request a second opinion on your behalf.

Requests for second opinions are processed within five (5) business days of receipt by MetLife of such request, except when an expedited second opinion is warranted; in which case a decision will be made and conveyed to you within 24 hours. Upon

approval, MetLife will contact the consulting dentist and make arrangements to enable you to schedule an appointment. All second opinion consultations will be completed by a contracted dentist with qualifications in the same area of expertise as the referring dentist or dentist who provided the initial examination or dental care services. You may obtain a copy of the second dental opinion policy by contacting MetLife's Customer Service Department by telephone at the toll-free number indicated above, or by writing to MetLife at the above address.

No co-payment is required for a second opinion consultation. Some plans do require a co-payment for an office visit.

Your Financial Responsibility:

Prepayment Fee

Your Organization prepays MetLife for your coverage on a monthly basis. If you are responsible for any portion of this prepayment fee, your Organization will advise you of the amount and how it is to be paid. Please refer to the co-payment section, below, for information relating to your co-payments under this plan. The prepayment fee is not the same as a co-payment.

Co-payments

When you receive care from either a Selected General Dentist or Specialist, you will pay the co-payment described on your Schedule of Benefits enclosed with this brochure. When you are referred to a Specialist, your co-payment may be either a fixed dollar amount, or a percentage of the dentist's usual and customary fee. Please refer to the Schedule of Benefits for specific details. When you have paid the required co-payment, if any, you have paid in full. If MetLife fails to pay the contracted provider, the member shall not be liable to the provider for any sums owed by MetLife. If you choose to receive services from a non-contracted provider, you may be liable to the non-contracted provider for the cost of services unless specifically authorized by MetLife or in accordance with emergency care provisions. MetLife does not require claim forms.

Customer Service

MetLife provides toll-free access to our Customer Service Associates to assist you with benefit coverage questions, resolving problems or changing your dental office. MetLife's Customer Service can be reached Monday through Friday at **(877) 638-2055** from 5:00 a.m. to 6:00 p.m. Pacific Time. Automated service is also provided after hours for eligibility verification and dental office transfers.

Emergency Dental Services

Emergency dental services are dental procedures administered in a dentist's office, dental clinic, or other comparable facility, to evaluate and stabilize dental conditions of a recent onset and severity accompanied by excessive bleeding, severe pain, or acute infection that would lead a reasonably prudent lay person possessing average knowledge of dentistry to believe that immediate care is needed.

All Selected General Dental Offices provide emergency dental services twenty-four (24) hours a day, seven (7) days a week and MetLife encourages you to seek care from your Selected General Dentist. **If you require emergency dental services, you may go to any dental provider, go to the closest emergency room, or call 911 for assistance, as necessary. Prior Authorization for emergency dental services is not required.**

Your reimbursement from MetLife for emergency dental services, if any, is limited to the extent the treatment you received directly relates to emergency dental services – i.e. to evaluate and stabilize the dental condition. All reimbursements will be allocated in accordance with your plan benefits, subject to any exclusions and limitations. Hospital charges and/or other charges for care received at any hospital or outpatient care facility that are not related to treatment of the actual dental condition are not covered benefits.

If you receive emergency dental services, you will be required to pay the charges to the dentist and submit a claim to MetLife for a benefits determination. If you seek emergency dental services from a provider located more than 25 miles away from your Selected General Dentist, you will receive emergency benefits coverage up to a maximum of \$50, less any applicable co-payments.

To be reimbursed for emergency dental services, you must notify Customer Service within forty-eight (48) hours after receiving such services. If your physical condition does not permit such notification, you must make the notification as soon as it is reasonably possible to do so. Please include your name, family ID number, address and telephone number on all requests for reimbursement.

If you do not require emergency dental services and a delay in receiving treatment would not be detrimental to your health, please contact your Selected General Dental Office or MetLife's Customer Service Department at **(877) 638-2055** to make reasonable arrangements for your care.

Grievance Procedures

If you or one of your eligible dependents has a grievance with MetLife or your dentist, you may obtain MetLife's Member Grievance Forms by calling our Customer Service Department at **(877) 638-2055** or our website **www.metlife.com/mybenefits**. Go to "Members" and "Grievance Forms." Or, you may submit a completed Written Grievance Form (available by calling the Customer Service number) or a detailed summary of your grievance to MetLife at:

MetLife
c/o Quality Management Department
200 Park Avenue
New York, NY 10166

Please be sure to include your name (patient's name, if different), Family Identification Number, facility (or Selected General Dental Office) name and number on all written correspondence.

MetLife agrees, subject to our Complaint Procedure, to duly investigate and endeavor to resolve any and all complaints received from Members regarding the plan.

MetLife will confirm receipt of your complaint in writing within five (5) business days of receipt of a complaint. We will resolve the complaint and communicate the resolution in writing within thirty (30) calendar days. A grievance is not considered formal until a written complaint has been received by MetLife. Members always have the right to file a complaint with or seek assistance from the Florida Department of Financial Services, Consumer Complaints Division, State Capitol Larson Building, 200 East Gaines Street, Room 637, Tallahassee, FL 32399-0300 or by calling (800) 342-2762.

Appeals

If the action taken by MetLife is not satisfactory, you may appeal the matter to MetLife within fifteen (15) days after receiving notice of resolution. Your request must be in writing and should be directed to your MetLife Quality Management Department. All appeals will be acknowledged within five (5) business days of receipt by MetLife and resolved within thirty (30) calendar days. MetLife will notify you by mail within five (5) days of determination of appeal.

For urgent health care claims, MetLife will provide you with notice of its decision as soon as possible considering the medical situation, but in no event later than 72 hours.

Arbitration

Each and every disagreement, dispute or controversy, which remains unresolved, concerning the construction, interpretation, performance or breach of this Contract, or the provision of dental services under this contract after exhausting MetLife's Grievance Procedures, arising between the Organization, a member of the heir-at-law or personal representative of such person, as the case may be, and MetLife, its employees, officers or directors, or participating dentist or their dental groups, partners, agents, or employees, may be voluntarily submitted by the subscriber or member in accordance with Chapter 682 of the Florida Statutes Rules and Regulations, whether such dispute involves a claim in tort, contract or otherwise. This includes, without limitation, all disputes as to professional liability or malpractice, that is as to whether any dental services rendered under this Contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered. It also includes, without limitation, any act or omission which occurs during the term of this contract but which gives rise to a claim after the termination of this contract. Arbitration shall be initiated by written notice to the President, **MetLife, 200 Park Avenue, New York, NY 10166**. The notice shall include a detailed description of the matter to be arbitrated.

Changes To Your Coverage:

Renewal Provisions

Your Organization has contracted with MetLife to provide services for the time period specified in the contract between the parties. Your coverage under the plan is guaranteed for that time period so long as you meet the eligibility requirements under the plan. When the contract expires, it may be renewed. If renewed, it is possible that the terms of the plan may have been changed. If changes to benefits, co-payments or premiums have been made to a renewed contract, your Organization will notify you not less than 45 days before the effective date.

Cancellation of Benefits

Your coverage may be cancelled after not less than 45 days written notice for:

- Non-payment of amounts due under the contract, except no written notice will be required for failure to pay premium.
- Failure to establish a satisfactory dentist-patient relationship and if it is shown that MetLife has, in good faith, provided you with the opportunity to select an alternative dentist.
- Neither residing, living, or working in the service area or area for which MetLife is authorized to do business.

Your coverage may be cancelled after not less than 15 days written notice for:

- An intentional misrepresentation, except as limited by statute.
- Fraud in the use of services or facilities.

Your coverage may be cancelled immediately:

- Subject to continuation of coverage and conversion privilege provisions, if applicable, if you do not meet eligibility requirements other than the requirements that you live or work in the service area.
- Any misconduct detrimental to safe plan operations and the delivery of services.

Termination of Contract

When your employment with your Organization ends, your coverage ceases according to the rules of your Organization. Either MetLife or your Organization may terminate the contract upon sixty (60) days written notice or upon its expiration date. If this happens, or the contract is not renewed, your membership in the plan will be terminated according to the terms of the contract. In the event of contract termination, no further benefits will be provided to you and none of the plan provisions will apply. If your

Organization fails to pay the prepayment fees through and including the final month of the contract, all coverage may be terminated at the end of the grace period, and you may be responsible for the usual and customary fees for any services received from your Selected General Dentist or Specialist during the period the prepayment fees went unpaid, including the grace period. Upon fifteen (15) days written notice to your Organization, your coverage may be terminated in the event of fraud on the part of the Organization.

Your coverage may be cancelled for reasons other than for non-payment of premium or termination of eligibility, with forty-five (45) days written notice. The only reasons for cancellation at such time other than the renewed period (other than for non-payment of premium or termination of eligibility) shall be as follows: 1) your behavior is disruptive, unruly, abusive, unlawful, fraudulent, or uncooperative to the extent that your continuing participation seriously impairs MetLife's ability to provide services to other members; 2) fraud or material representation in applying for or presenting any claim for benefits under the contract; 3) misuse of this Evidence of Coverage; or 4) furnishing MetLife with incorrect or incomplete information for the purposes of fraudulently obtaining services.

Termination of Your Coverage

If you terminate from the plan while the contract between MetLife and your Organization is in effect, your coverage will extend to the end of the month following notice of termination of coverage. Your Selected General Dentist must complete any dental procedure started on you before your termination, abiding by the terms and conditions of the plan.

Extension of benefits will be until the completion of the procedure in process, or ninety (90) days, whichever is sooner.

Orthodontic treatment is governed by the orthodontic limitations listed on your schedule of benefits. If you terminate coverage from the plan after the start of orthodontic treatment, you will be responsible for any additional incurred charges for any remaining orthodontic treatment.

Conversion Privilege/Continuation of Coverage

Contact MetLife's Customer Service at **(877) 638-2055** to check availability of a conversion plan in your area. In addition, you and your eligible dependents are eligible to retain coverage in accordance with COBRA (Consolidated Omnibus Budget Reconciliation Act) requirements. You and your dependents may be eligible for Medicare benefits.

If you go through a divorce or legal separation, have a death in the family, or have a child who is no longer an eligible dependent, you must notify your employer within 60 days of such event, or will lose your right to COBRA coverage. See your organization for more details. You and your dependents may be eligible for Medicare benefits.

MetLife will offer a converted contract with coverage and benefits similar to those contained in this Plan to any member or covered dependent whose coverage has been terminated for any reason, and who has been continuously covered under this Plan for at least three (3) months immediately prior to termination. MetLife will not offer a converted contract to any member or covered dependent if the termination of coverage occurred for any of the following reasons: 1) failure to pay any required premium; 2) replacement of any discontinued coverage by similar coverage within thirty-one (31) days; 3) fraud or other material misrepresentation in applying for any benefits under the Plan; 4) willful and knowing misuse of the MetLife member handbook or certificate by member; 5) willful and knowingly furnishing to MetLife by member of incomplete or incorrect information for the purpose of fraudulently obtaining coverage or benefits from MetLife; 6) member has left the geographical area of MetLife's area of coverage contained within the Florida Plan with the intent to relocate or establish a new residence outside that area; or 7) disenrollment for cause. MetLife may disenroll you for cause so long as, a) it makes a serious effort to resolve the problem, including the use or attempted use of member grievance procedures; b) MetLife must ascertain that a member's behavior does not directly result from an existing medical condition; and c) MetLife must document the problems, efforts, and medical conditions.

Please contact your Organization for further information and details.

ERISA

As a participant in the Plan, you may be entitled to certain rights and protection under the Employee Retirement and Income Security Act of 1974. ERISA provides that all plan participants shall be entitled to:

- Examine without charge, at the Employer's office, all plan documents, including insurance contracts and copies of all documents filed by the Plan with the U.S. Department of Labor, such as detailed annual reports and Plan descriptions.
- Obtain copies of all Plan documents and other plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report. The Employer is required by law to furnish each participant with a copy of the summary annual report.

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. The people who operate the Plan, called "fiduciaries", have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries.

No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

If your claim for a benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the plan review your claim. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay up to \$100 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator.

If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees if, for example, it finds your claim is frivolous.

If you have any questions about this statement of about your rights under ERISA, you should contact the nearest Area Office of the U.S. Labor Management Service Administration, Department of Labor.

Member Rights

During the term of the contract between MetLife and your Organization, MetLife guarantees that it will not decrease any benefits, increase any co-payment, or change any exclusion or limitation. MetLife will not cancel or fail to renew your enrollment in this Plan because of your health condition or your requirements for dental care. Your Selected General Dental Office is responsible to you for all treatment and services, without interference from MetLife.

Prior to any disenrollment, MetLife will make an effort to resolve any problem with the member through the Complaint Procedure and must determine that your behavior is not due to the services provided or mental illness.

However, your Selected General Dentist must follow the rules and limitations set up by MetLife and conduct his or her professional relationship with you within the guidelines established by MetLife. If MetLife's relationship with your Selected General Dental Office ends, your dentist is obligated to complete any and all treatment in progress. MetLife will arrange a transfer for you to another dentist to provide for continued coverage under the Plan. As indicated on your enrollment form, your signature authorizes MetLife to obtain copies of your dental records, if necessary.

As a member, you have the right to...

- Be treated with respect, dignity and recognition of your need for privacy and confidentiality.
- Express complaints and be informed of the complaint process.

- Have access and availability to care and access to and copies of your dental records.
- Participate in decision-making regarding your course of treatment.
- Be provided information regarding Selected General Dental Offices.
- Be provided information regarding the services, benefits and specialty referral process provided by MetLife.

Member Responsibilities

If you continually refuse a prescribed course of treatment, use the professional relationship for illegal means, or abuse the professional relationship, your Selected General Dentist or Specialist has the right to refuse to treat you. If you receive dental care during a time you are not eligible under the plan, you will be responsible to pay the dentist the usual and customary fee for that care. You have the responsibility to pay the co-payment associated with specific procedures you may undergo in the course of your treatment.

As a member, you have the responsibility to...

- Identify yourself to your Selected General Dental Office as a MetLife member
- Treat the dentist and his or her office staff with respect and courtesy.
- Keep scheduled appointments or contact the dental office twenty-four (24) hours in advance to cancel an appointment.
- Cooperate with your dentist in following a prescribed course of treatment.
- Make co-payments at the time of service.
- Notify MetLife of changes in family status.
- Be aware of and follow your Organization's guidelines in seeking dental care.

Definitions

The following definitions are used in this Evidence of Coverage.

Arbitration

A non-court proceeding which is used to solve legal disputes. It is usually held before an attorney or judge who weighs the evidence and renders a binding decision, which has the force of law. Arbitration is an efficient alternative to a trial court proceeding for resolving legal disputes.

Co-payment

The amount listed on the Schedule of Benefits for covered services that the member is required to pay at the time of treatment.

Dental Records

A single complete record kept at the site of your dental care. Dental records refers to diagnostic aids, such as intra-oral and extra-oral radiographs, written treatment records including, but not limited to, progress notes, dental or periodontal chartings, treatment plans, specialty referrals, consultation reports or other written material relating to an individual's medical and dental history, diagnosis, condition, treatment and/or evaluation.

Dependent

Eligible family members of a subscriber who is enrolled in MetLife. (See **Dependent Coverage**).

Emergency Dental Services

Dental services rendered for the relief of acute pain, bleeding, infection, fever, or for conditions that may result in disability or death, and where delay of treatment would be medically inadvisable.

Medically Necessary

Covered services that are necessary and meet with professionally recognized standards of practice. The fact that a dentist may prescribe, order, recommend or approve a service or material does not, in itself, make it medically necessary, or make it a covered service and material even though it is not listed in this Policy or the Schedule of Benefits as an exclusion.

Member

An individual enrolled in the MetLife dental plan.

Organization

An employer or other entity that has contracted with MetLife to arrange for the provision of dental care benefits.

Plan

Coverage for specified dental care services purchased by an Organization for its members for a fixed, periodic payment made in advance of treatment. Such plans often include the use of fixed co-payments to clarify the financial obligation of covered dental care, and are subject to Exclusions and Limitations.

Prepayment Fee

The monthly fee paid to MetLife by your Organization. The prepayment fee is not the same as a co-payment.

Selected General Dentist

A MetLife contracted dentist who agrees in writing to provide dental services under special terms, conditions and financial reimbursement arrangements with MetLife.

Service Area

The Service Area is the geographical area in which MetLife has a panel of Selected General Dentists and Specialists who have agreed to provide care to MetLife members.

Subscriber

The person, usually the employee, who represents the family unit in relation to the dental benefit program. Also known as: certificate holder, enrollee.

Termination of Benefits

A member's loss of program eligibility and disenrollment from the plan. Reason for termination of benefits may be termination of the group contract, termination of the subscriber's employment with the Organization or dependent status change as set forth herein.



Our Privacy Notice

We know that you buy our products and services because you trust us. This notice explains how we protect your privacy and treat your personal information. It applies to current and former customers. "Personal information" as used here means anything we know about you personally.

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, or group insurance or annuity contract. In this notice, "you" refers to these individuals.

Protecting 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 outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

Collecting Your Information

We typically collect your name, address, age, and other relevant information. We may also collect information about any business you have with us, our affiliates, or other companies. Our affiliates include life, car, and home insurers. They also include a bank, a legal plans company, and securities broker-dealers. In the future, we may also have affiliates in other businesses.

How We Get Your Information

We get your personal information mostly from you. We may also use outside sources to help ensure our records are correct and complete. These sources may include consumer reporting agencies, employers, other financial institutions, adult relatives, and others. These sources may give us reports or share what they know with others. We don't control the accuracy of information outside sources give us. If you want to make any changes to information we receive from others about you, you must contact those sources.

We may ask for medical information. The Authorization that you sign when you request insurance permits these sources to tell us about you. We may also, at our expense:

- Ask for a medical exam
- Ask for blood and urine tests
- Ask health care providers to give us health data, including information about alcohol or drug abuse

We may also ask a consumer reporting agency for a "consumer report" about you (or anyone else to be insured).

Consumer reports may tell us about a lot of things, including information about:

- Reputation
- Driving record
- Finances
- Work and work history
- Hobbies and dangerous activities

The information may be kept by the consumer reporting agency and later given to others as permitted by law. The agency will give you a copy of the report it provides to us, if you ask the agency and can provide adequate identification. If you write to us and we have asked for a consumer report about you, we will tell you so and give you the name, address and phone number of the consumer reporting agency.

Another source of information is MIB Group, Inc. ("MIB"). It is a non-profit association of life insurance companies. We and our reinsurers may give MIB health or other information about you. If you apply for life or health coverage from another member of MIB, or claim benefits from another member company, MIB will give that company any information that it has about you. If you contact MIB, it will tell you what it knows about you. You have the right to ask MIB to correct its information about you. You may do so by writing to MIB, Inc., 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734, by calling MIB at (866) 692-6901 (TTY (866) 346-3642 for the hearing impaired), or by contacting MIB at www.mib.com.

Using Your Information

We collect your personal information to help us decide if you're eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

- administer your products and services
- process claims and other transactions

- perform business research
- market new products to you
- comply with applicable laws
- confirm or correct your information
- help us run our business

Sharing Your Information With Others

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

- doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
- telling another company what we know about you if we are selling or merging any part of our business
- giving information to a governmental agency so it can decide if you are eligible for public benefits
- giving your information to someone with a legal interest in your assets (for example, a creditor with a lien on your account)
- giving your information to your health care provider
- having a peer review organization evaluate your information, if you have health coverage with us
- those listed in our “Using Your Information” section above

HIPAA

We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. 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. HIPAA limits our ability to use and disclose the information that we obtain as a result of your request or purchase of insurance. Information about your rights under HIPAA will be provided to you with any dental, vision, long-term care or medical coverage issued to you.

You may obtain a copy of our HIPAA Privacy Notice by visiting our website at www.MetLife.com. 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 telephone number (212) 578-0299.

Accessing and Correcting Your Information

You may ask us for a copy of the personal information we have about you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you anything we learned as part of 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, and we will include your statement whenever we give your disputed information to anyone outside MetLife.

Questions

We want you to understand how we protect your privacy. If you have any questions about this notice, please contact us. When you write, include your name, address, and policy or account number.

Send privacy questions to:

MetLife Privacy Office
P. O. Box 489
Warwick, RI 02887-9954
privacy@metlife.com

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of these MetLife companies:

Metropolitan Life Insurance Company
MetLife Insurance Company of Connecticut
SafeGuard Health Plans, Inc.

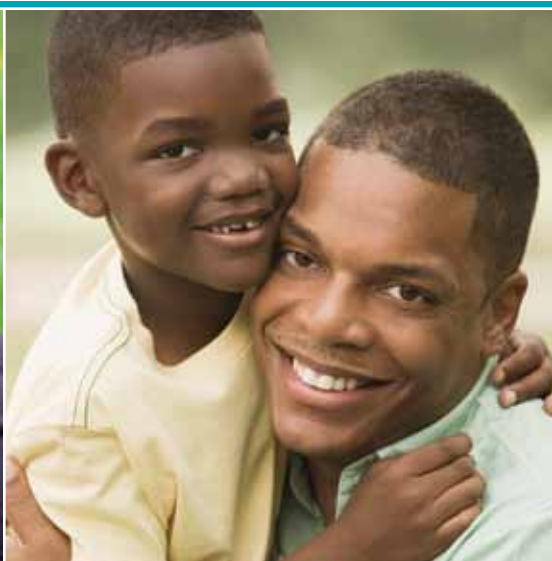
MetLife Health Plans, Inc.
General American Life Insurance Company
SafeHealth Life Insurance Company



Creating your personal safety net

At MetLife we understand how important it is for you to create your own safety net to protect you and your family—and your group dental benefits are an important part of that plan.

When you choose MetLife, you choose a partner that is committed to doing its best to help you meet your benefits needs. And because MetLife has been offering dental insurance coverage for more than 45 years we have the experience to understand what matters most to you. That's why we provide you access to a knowledgeable service team with the expertise necessary to help ensure things go right when you need them to the most, and the tools and resources you need to make better choices about your oral health and dental benefits.



*Benefits provided by Metropolitan Life Insurance Company, or its affiliate, SafeGuard Health Plans, Inc. "Dental HMO" or "DHMO" is used to refer to a Prepaid Limited Health Service Plan as described in Chapter 636 of the Florida Insurance Code. Please contact MetLife for complete details.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact MetLife for complete details.



MetLife

SafeGuard Health Plans, Inc.
95 Enterprise, Suite 200
Aliso Viejo, CA 92656
www.metlife.com