

It's time to
enroll for your
benefits



Dental HMO/Managed Care Plans
MET 290-NEW YORK
Enrollment Kit



A good dental benefits plan can be an important part of good oral health. That's why you have access to this Dental HMO/Managed Care plan — so you and your family can receive the dental coverage you need and get all of these valuable features:

- ✓ **Lower out-of-pocket costs** on hundreds of procedures that are generally less than you would pay without the plan.¹
- ✓ **Broad network** of participating dentists and specialty care providers.² Visit our online Find A Dentist directory at www.metlife.com/dental to locate a participating dentist near you.
- ✓ **A commitment to your oral health** means educational tools and resources that help you and your dentist make informed choices.
- ✓ **No deductibles** to keep track of and no claim forms to complete.

It's easy to get this valuable dental benefits plan.

- Review your enclosed Dental Benefits Guide that contains details on the plan including the Schedule of Benefits and Evidence of Coverage.
- Please be sure to select two participating dentists when you enroll. If your first choice is unable to accept new members at this time, you will have an alternate to help ensure your access to care is not delayed. Each covered dependent may select different participating dentists.
- You may schedule an appointment with your dentist anytime after your effective date. Please bring a copy of the Schedule of Benefits with you to your first appointment to ensure your dentist has all the necessary information about your plan.

Be sure to take advantage of this important coverage. For more information, visit www.metlife.com/mybenefits or call 1-800-880-1800.

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

²In California, orthodontic and pedodontic specialty services require pre-approval. Your selected participating dentist will contact SafeGuard for pre-approval. Once approved, your dentist will contact you with the name of a participating specialist.

Dental Managed Care plan benefits are provided by Metropolitan Life Insurance Company, a New York corporation, in NY. Dental HMO plan benefits are provided by: SafeGuard Health Plans, Inc. a California corporation, in CA; SafeGuard Health Plans, Inc. a Florida corporation, in FL; SafeGuard Health Plans, Inc., a Texas corporation, in TX; and MetLife Health Plans, Inc., a Delaware corporation, and Metropolitan Life Insurance Company, a New York corporation, in NJ. The Dental HMO/Managed Care companies are part of the MetLife family of companies. "DHMO" is used to refer to product designs that may differ by state of residence of the enrollee, including but not limited to: "Specialized Health Care Service Plans" in California; "Prepaid Limited Health Service Organizations" as described in Chapter 636 of the Florida statutes in Florida; "Single Service Health Maintenance Organizations" in Texas; and "Dental Plan Organizations" as described in the Dental Plan Organization Act in New Jersey.

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



Understanding your dental benefits

It's important to get the dental coverage you and your family need. This Dental HMO/Managed Care plan offers you valuable features that are sure to keep you smiling:

- Lower out-of-pocket costs.
- Broad network of participating dentists.
- A commitment to your oral health.
- No deductibles or claim forms

Lower out-of-pocket costs on hundreds of procedures.

This benefits plan provides you with access to essential dental care while helping to protect you against the rising costs of dental services. Here are some of the services included in this plan:¹

- Preventive Services (exams, sealants, x-rays)
- White fillings on back (posterior) teeth
- Porcelain and gold crowns
- Adult & child orthodontia²
- Osseous surgery, periodontal maintenance
- Root canals and retreatment
- Extractions
- General anesthesia, IV sedation & nitrous oxide
- Up to 4 yearly cleanings
- Veneers
- Cancer screenings (brush biopsies)
- Implants

For a full listing of all covered services and the co-payment for each, please refer to the Schedule of Benefits.

Broad network of participating dentists.

Participating general dentists and specialists must meet well-established credentialing standards. Each dentist and specialist is pre-screened and subject to regular audits, including onsite visits to the dental offices. Remember that each enrolled family member may select a different participating general dentist.

Commitment to your oral health.

Because dental care can be an important part of good overall health, we provide you access to valuable tools that can help you and your dentist make informed decisions about your dental benefits and oral health.

No deductibles or claim forms.

With this benefits plan, you don't have to worry about deductibles, annual maximums, or filling out paperwork for claims. All you have to do is select a participating dentist at enrollment. Then just call to schedule your appointment after your plan's effective date. When you receive dental services from your selected dentist, you are only responsible for the co-payment listed in the Schedule of Benefits for any covered services received.

Plus, if you need specialty care, no problem. Your selected participating dentist will provide you with the name of a participating specialist. Just call that specialist to schedule your appointment.²

1. Certain limitations apply to some services; please review your Schedule of Benefits for full details.

2. In California, orthodontic and pedodontic specialty services require pre-approval. Your selected participating dentist will contact SafeGuard for pre-approval. Once approved, your dentist will contact you with the name of a participating specialist.

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

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Frequently asked questions

How does this plan work?

This Dental HMO/Managed Care plan is designed to support you in maintaining and improving your oral health, providing coverage on hundreds of procedures. There are no deductibles or annual maximum, making it easier for you to receive the preventive care you need to help avoid more costly procedures.

With this plan, you are responsible for the co-payment associated with each covered procedure when you visit a participating (network) dentist. Please refer to the Schedule of Benefits for a full list of covered services including information on any limitations and additional charges for certain procedures as well as what is not covered by the plan.

Do I need to select a dentist who participates in the network when I enroll?

Yes. At the time of enrollment, you will select two participating dentists. This will help ensure you are able to receive the care you need if your first choice is unable to accept new members. The participating dentist you select at enrollment will provide your routine dental care. You may schedule an appointment with your dentist anytime after your plan's effective date.

Who are the dentists who participate in your network?

This plan's network includes both private practice dentists and those who are in a clinic environment. Every dentist in the network has been thoroughly screened prior to acceptance. Participating dentists are also subject to audits, including onsite visits to the dental offices. You can find the names, addresses, languages spoken and telephone numbers of participating dentists by searching our online "Find a Dentist" directory at www.metlife.com/mybenefits for the most up to date information.

I noticed some dental offices in your directory appear to be closed to new members. What if one of them is my current dentist?

While these facilities cannot accept new patients, you may not have to change dentists if you are currently a patient in one of those offices. It is important that you contact Customer Service in order to ensure that you can continue using your current facility under the plan.

Can I change dentists?

Yes. You and your enrolled dependents may each select different participating dentists and may change dentists as often as once per month. You can change dentists for you and your enrolled dependents online at www.metlife.com/mybenefits or by calling Customer Service. Your transfer will be effective the first of the following month, except any requests made after the 25th of the month will be effective the first of the second following month (e.g., a facility request change made on March 28th will go into effect on May 1st). Please note: you should ensure any dental work-in-progress is completed prior to transferring to a new dentist. Refer to your Evidence of Coverage included with your enrollment materials for more information.

What if I need emergency care?

All participating dental offices in our network provide instructions for obtaining emergency care 24 hours a day, 7 days a week. If you cannot reach your selected participating dentist, you may receive emergency care from any licensed dental care professional. The definition of what is considered “emergency care” and other specifics can be found in the Evidence of Coverage located in your enrollment booklet.

What if I need to see a specialist?

This is a “direct referral” plan which means your selected participating dentist will refer you to a participating specialist in your area – there is no need to wait for approval.* Any co-payment amount for services is listed on your Schedule of Benefits. This co-payment applies whether the services are provided by your selected participating general dentist or by a participating specialist.

*In California, orthodontic and pedodontic specialty services require pre-approval. Your selected participating dentist will contact SafeGuard for pre-approval. Once approved, your dentist will contact you with the name of a participating specialist.

Do these plans cover second opinions?

Yes. Just contact Customer Service to let us know that you would like another clinical opinion and we will provide the name of a dentist for you to see.

If my dentist does not participate in my plan’s network, can he/she apply for participation?

Yes. If your current dentist does not participate in the network, we will be happy to accept your nomination. Just call Customer Service, or to submit your nomination online, visit the MyBenefits website at www.metlife.com/mybenefits and click the “Find a Dentist” link. Once submitted, we will contact that dentist and provide them with an application to join our dental network.

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Direct Referral Dental Plan*

MET290

This SCHEDULE OF BENEFITS lists the Covered Services available to You and Your Dependents under Your dental plan, as well as Your and Your Dependent's costs for each Covered Service. Your and Your Dependent's costs may include Co-Payments for a Covered Service.

*Care under this plan is provided through a network of Selected General Dentists. Your Selected General Dentist is responsible for determining when the services of a Specialty Care Dentist are needed, and facilitating any necessary referral. You and Your Dependents will be advised of the name, address and telephone number of the Specialty Care Dentist in Your or Your Dependent's Service Area.

In addition, any service that is not a Covered Service may be available with Your or Your Dependent's Selected General Dentist or Specialty Care Dentist at 75% of their Reasonable and Customary Charge.

Missed Appointments: If You or Your Dependents need to cancel or reschedule an appointment, please notify the Selected General Dental Office as far in advance as possible. This will allow the Selected General Dental Office to accommodate another person in need of attention. If You or Your Dependents fail to do this in a timely fashion, You or Your Dependents may be charged a missed appointment fee.

Code	Service	Your and Your Dependent's Co-Payment
•	Office visit - per visit <i>(including all fees for sterilization and/or infection control)</i>	\$5

Code	Service	Your and Your Dependent's 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 <i>(established patient; not post-operative visit)</i>	\$0
D0171	Re-evaluation – post-operative office visit	\$0
D0180	Comprehensive periodontal evaluation - new or established patient	\$0
D0190	Screening of a patient	\$0
D0191	Assessment of a patient	\$0

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	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	\$0
D0251	Extra-oral posterior dental radiographic image	\$0
D0270	Bitewing – single radiographic image	\$0
D0272	Bitewings – two radiographic images	\$0
D0273	Bitewings – three radiographic images	\$0

Code	Service	Your and Your Dependent's Co-Payment
D0274	Bitewings – four radiographic images	\$0
D0277	Vertical bitewings – 7 to 8 radiographic images	\$0
D0330	Panoramic radiographic image	\$0
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	\$0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$0
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	\$180
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	\$180
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	\$180
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	\$180
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	\$180
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible	\$180
D0382	Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	\$180
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	\$180
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	\$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
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	\$0

Code	Service	Your and Your Dependent's Co-Payment
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	Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.	\$5
	• Additional-adult prophylaxis (<i>maximum of 2 additional per year</i>)	\$45
D1120	Removal of plaque, calculus and stains from the tooth structures and implants in the primary and transitional dentition. It is intended to control local irritational factors.	\$5
	• Additional-child prophylaxis (<i>maximum of 2 additional per year</i>)	\$35
D1206	Topical application of fluoride varnish	\$0
D1208	Topical application of fluoride – excluding varnish	\$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
	• Includes periodontal hygiene instruction	
D1351	Sealant – per tooth	\$0
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$0
D1353	Sealant repair - per tooth	\$0
D1354	Interim caries arresting medicament application – per tooth	\$0
D1355	Caries preventive medicament application – per tooth	\$0
D1510	Space maintainer – fixed, unilateral – per quadrant Excludes a distal shoe space maintainer	\$25
D1516	Space maintainer – fixed – bilateral, maxillary	\$25
D1517	Space maintainer – fixed – bilateral, mandibular	\$25
D1520	Space maintainer – removable, unilateral – per quadrant	\$35
D1526	Space maintainer – removable – bilateral, maxillary	\$35
D1527	Space maintainer – removable – bilateral, mandibular	\$35
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	\$15
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	\$15
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	\$15
D1556	Removal of fixed unilateral space maintainer – per quadrant	\$15
D1557	Removal of fixed bilateral space maintainer – maxillary	\$15
D1558	Removal of fixed bilateral space maintainer – mandibular	\$15
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant Fabrication and delivery of fixed appliance extending subgingivally and distally to guide the eruption of the first permanent molar. Does not include ongoing follow-up or adjustments, or replacement appliance, once the tooth had erupted	\$25
Restorative Treatment		
D2140	Amalgam – one surface, primary or permanent	\$12
D2150	Amalgam – two surfaces, primary or permanent	\$20
D2160	Amalgam – three surfaces, primary or permanent	\$23
D2161	Amalgam – four or more surfaces, primary or permanent	\$25

Code	Service	Your and Your Dependent's Co-Payment
D2330	Resin-based composite – one surface, anterior	\$12
D2331	Resin-based composite – two surfaces, anterior	\$20
D2332	Resin-based composite – three surfaces, anterior	\$23
D2335	Resin-based composite – four or more surfaces or involving incisal angle (<i>anterior</i>)	\$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

Crowns

- 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 molar, for the use of porcelain.
- Cases involving seven (7) or more Crowns, implants 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, implant or Bridge unit.

D2510	Inlay – metallic – one surface	\$270
D2520	Inlay – metallic – two surfaces	\$270
D2530	Inlay – metallic – three or more surfaces	\$270
D2542	Onlay – metallic – two surfaces	\$270
D2543	Onlay – metallic – three surfaces	\$270
D2544	Onlay – metallic – four or more surfaces	\$270
D2610	Inlay – porcelain/ceramic – one surface	\$290
D2620	Inlay – porcelain/ceramic – two surfaces	\$290
D2630	Inlay – porcelain/ceramic – three or more surfaces	\$290
D2642	Onlay – porcelain/ceramic – two surfaces	\$290
D2643	Onlay – porcelain/ceramic – three surfaces	\$290
D2644	Onlay – porcelain/ceramic – four or more surfaces	\$290
D2650	Inlay – resin-based composite – one surface	\$290
D2651	Inlay – resin-based composite – two surfaces	\$290
D2652	Inlay – resin-based composite – three or more surfaces	\$290
D2662	Onlay – resin-based composite – two surfaces	\$290
D2663	Onlay – resin-based composite – three surfaces	\$290
D2664	Onlay – resin-based composite – four or more surfaces	\$290
D2710	Crown – resin-based composite (<i>indirect</i>)	\$290
D2712	Crown – $\frac{3}{4}$ resin-based composite (<i>indirect</i>)	\$290
D2720	Crown – resin with high noble metal	\$290
D2721	Crown – resin with predominantly base metal	\$290
D2722	Crown – resin with noble metal	\$290
D2740	Crown – porcelain/ceramic	\$310
D2750	Crown – porcelain fused to high noble metal	\$290
D2751	Crown – porcelain fused to predominantly base metal	\$290
D2752	Crown – porcelain fused to noble metal	\$290
D2753	Crown – porcelain fused to titanium and titanium alloys	\$290
D2780	Crown – $\frac{3}{4}$ cast high noble metal	\$290
D2781	Crown – $\frac{3}{4}$ cast predominantly base metal	\$290

Code	Service	Your and Your Dependent's Co-Payment
D2782	Crown – ¾ cast noble metal	\$290
D2783	Crown – ¾ porcelain/ceramic	\$290
D2790	Crown – full cast high noble metal	\$290
D2791	Crown – full cast predominantly base metal	\$290
D2792	Crown – full cast noble metal	\$290
D2794	Crown – titanium and titanium alloys	\$290
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	\$85
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$0
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$0
D2920	Re-cement or re-bond crown	\$0
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	\$155
D2930	Prefabricated stainless steel crown – primary tooth	\$25
D2931	Prefabricated stainless steel crown – permanent tooth	\$25
D2932	Prefabricated resin crown	\$45
D2933	Prefabricated stainless steel crown with resin window	\$45
D2940	Protective restoration	\$0
D2941	Interim therapeutic restoration - primary dentition	\$0
D2950	Core buildup, including any pins when required	\$75
D2951	Pin retention – per tooth, in addition to restoration	\$10
D2952	Post and core in addition to crown, indirectly fabricated	\$50
D2953	Each additional indirectly fabricated post – same tooth	\$50
D2954	Prefabricated post and core in addition to crown	\$30
D2955	Post removal	\$10
D2957	Each additional prefabricated post – same tooth	\$30
D2960	Labial veneer (<i>resin laminate</i>) – chairside	\$250
D2961	Labial veneer (<i>resin laminate</i>) – laboratory	\$300
D2962	Labial veneer (<i>porcelain laminate</i>) – laboratory	\$350
D2971	Additional procedures to construct new crown under existing partial denture framework	\$50
D2980	Crown repair necessitated by restorative material failure	\$0
D2981	Inlay repair necessitated by restorative material failure	\$0
D2982	Onlay repair necessitated by restorative material failure	\$0
D2983	Veneer repair necessitated by restorative material failure	\$0
D2990	Resin infiltration of incipient smooth surface lesions	\$0

Endodontics

- All procedures exclude final restoration.

D3110	Pulp cap – direct (<i>excluding final restoration</i>)	\$5
D3120	Pulp cap – indirect (<i>excluding final restoration</i>)	\$5
D3220	Therapeutic pulpotomy (<i>excluding final restoration</i>) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$40
D3221	Pulpal debridement, primary and permanent teeth	\$55
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$40

Code	Service	Your and Your Dependent's Co-Payment
D3230	Pulpal therapy (<i>resorbable filling</i>) – anterior, primary tooth (<i>excluding final restoration</i>)	\$40
D3240	Pulpal therapy (<i>resorbable filling</i>) – posterior, primary tooth (<i>excluding final restoration</i>)	\$40
D3310	Endodontic therapy, anterior tooth (<i>excluding final restoration</i>)	\$115
D3320	Endodontic therapy, premolar tooth (<i>excluding final restoration</i>)	\$185
D3330	Endodontic therapy, molar tooth (<i>excluding final restoration</i>)	\$265
D3331	Treatment of root canal obstruction; non-surgical access	\$85
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$110
D3333	Internal root repair of perforation defects	\$85
D3346	Retreatment of previous root canal therapy – anterior	\$230
D3347	Retreatment of previous root canal therapy – premolar	\$280
D3348	Retreatment of previous root canal therapy – molar	\$325
D3351	Apexification/recalcification – initial visit (<i>apical closure / calcific repair of perforations, root resorption, etc.</i>)	\$70
D3352	Apexification/recalcification – interim medication replacement	\$70
D3353	Apexification/recalcification – final visit (<i>includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.</i>)	\$70
D3355	Pulpal regeneration - initial visit	\$70
D3356	Pulpal regeneration - interim medication replacement	\$35
D3357	Pulpal regeneration - completion of treatment	\$70
D3410	Apicoectomy – anterior	\$95
D3421	Apicoectomy – premolar (<i>first root</i>)	\$95
D3425	Apicoectomy – molar (<i>first root</i>)	\$95
D3426	Apicoectomy (<i>each additional root</i>)	\$80
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	\$180
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	\$95
D3430	Retrograde filling – per root	\$60
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	\$95
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	\$215
D3450	Root amputation – per root	\$110
D3460	Endodontic endosseous implant	\$555
D3471	Surgical repair of root resorption – anterior	\$72
D3472	Surgical repair of root resorption – premolar	\$72
D3473	Surgical repair of root resorption – molar	\$72
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	\$54
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	\$54

Code	Service	Your and Your Dependent's Co-Payment
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	\$54
D3910	Surgical procedure for isolation of tooth with rubber dam	\$0
D3920	Hemisection (<i>including any root removal</i>), not including root canal therapy	\$90
D3950	Canal preparation and fitting of preformed dowel or post	\$15

Periodontics

- Periodontal charting for planning treatment of periodontal disease is included as part of overall diagnosis and treatment. No additional charge will apply to You or Your Dependent or Us.

D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	\$150
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$100
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$30
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	\$170
D4241	Gingival flap procedure, including root planing – 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 (<i>including elevation of a full thickness flap and closure</i>) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$330
D4261	Osseous surgery (<i>including elevation of a full thickness flap and closure</i>) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$248
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	\$180
D4264	Bone replacement graft – retained natural tooth – 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 (<i>includes membrane removal</i>)	\$255
D4268	Surgical revision procedure, per tooth	\$0
D4270	Pedicle soft tissue graft procedure	\$250
D4273	Autogenous connective tissue graft procedure (<i>including donor and recipient surgical sites</i>) first tooth, implant, or edentulous tooth position in graft	\$75
D4274	Mesial/distal wedge procedure, single tooth (<i>when not performed in conjunction with surgical procedures in the same anatomical area</i>)	\$100
D4275	Non-autogenous connective tissue graft (<i>including recipient site and donor material</i>) first tooth, implant, or edentulous tooth position in graft	\$380
D4276	Combined connective tissue and double pedicle graft, per tooth	\$75
D4277	Free soft tissue graft procedure (<i>including recipient and donor surgical sites</i>) first tooth, implant or edentulous tooth position in graft	\$260
D4278	Free soft tissue graft procedure (<i>including recipient and donor surgical sites</i>) each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$130
D4283	Autogenous connective tissue graft procedure (<i>including donor and recipient surgical sites</i>) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$38

Code	Service	Your and Your Dependent's Co-Payment
D4285	Non-autogenous connective tissue graft procedure (<i>including recipient surgical site and donor material</i>) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$190
D4320	Provisional splinting – intracoronal	\$95
D4321	Provisional splinting – extracoronal	\$85
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$50
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	\$38
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$5
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$50
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	\$65
D4910	Periodontal maintenance	\$40
D4920	Unscheduled dressing change (<i>by someone other than treating dentist or their staff</i>)	\$0
• Additional periodontal maintenance procedures (<i>beyond 2 per 12 months</i>)		\$55

Removable Prosthodontics

- Delivery of removable and fixed Prosthodontics includes up to 3 adjustments within 6 months of delivery date of service.

D5110	Complete denture – maxillary	\$440
D5120	Complete denture – mandibular	\$440
D5130	Immediate denture – maxillary	\$440
D5140	Immediate denture – mandibular	\$440
D5211	Maxillary partial denture – resin base (<i>including, retentive/clasping materials, rests, and teeth</i>)	\$405
D5212	Mandibular partial denture – resin base (<i>including, retentive/clasping materials, rests, and teeth</i>)	\$405
D5213	Maxillary partial denture - cast metal framework with resin denture bases (<i>including retentive/clasping materials, rests and teeth</i>)	\$480
D5214	Mandibular partial denture - cast metal framework with resin denture bases (<i>including retentive/clasping materials, rests and teeth</i>)	\$480
D5221	Immediate maxillary partial denture - resin base (<i>including retentive/clasping materials, rests and teeth</i>) Includes limited follow-up care only; does not include future rebasing/relining procedure(s)	\$405
D5222	Immediate mandibular partial denture - resin base (<i>including retentive/clasping materials, rests and teeth</i>) Includes limited follow-up care only; does not include future rebasing/relining procedure(s)	\$405
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (<i>including retentive/clasping materials, rests and teeth</i>) Includes limited follow-up care only; does not include future rebasing/relining procedure(s)	\$480
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (<i>including retentive/clasping materials, rests and teeth</i>) Includes limited follow-up care only; does not include future rebasing/relining procedure(s)	\$480
D5225	Maxillary partial denture – flexible base (<i>including any clasps, rests and teeth</i>)	\$480
D5226	Mandibular partial denture – flexible base (<i>including any clasps, rests and teeth</i>)	\$480
D5282	Removable unilateral partial denture – one piece cast metal (<i>including clasps and teeth</i>), maxillary	\$360
D5283	Removable unilateral partial denture – one piece cast metal (<i>including clasps and teeth</i>), mandibular	\$360

Code	Service	Your and Your Dependent's Co-Payment
D5284	Removable unilateral partial denture – one piece flexible base (<i>including clasps and teeth</i>) – per quadrant	\$180
D5286	Removable unilateral partial denture – one piece resin (<i>including clasps and teeth</i>) – per quadrant	\$180
D5410	Adjust complete denture – maxillary	\$20
D5411	Adjust complete denture – mandibular	\$20
D5421	Adjust partial denture – maxillary	\$20
D5422	Adjust partial denture – mandibular	\$20
D5511	Repair broken complete denture base, mandibular	\$50
D5512	Repair broken complete denture base, maxillary	\$50
D5520	Replace missing or broken teeth – complete denture (<i>each tooth</i>)	\$40
D5611	Repair resin partial denture base, mandibular	\$50
D5612	Repair resin partial denture base, maxillary	\$50
D5621	Repair cast partial framework, mandibular	\$50
D5622	Repair cast partial framework, maxillary	\$50
D5630	Repair or replace broken retentive clasping materials – per tooth	\$70
D5640	Replace broken teeth – per tooth	\$40
D5650	Add tooth to existing partial denture	\$60
D5660	Add clasp to existing partial denture - per tooth	\$70
D5670	Replace all teeth and acrylic on cast metal framework (<i>maxillary</i>)	\$165
D5671	Replace all teeth and acrylic on cast metal framework (<i>mandibular</i>)	\$165
D5710	Rebase complete maxillary denture	\$125
D5711	Rebase complete mandibular denture	\$125
D5720	Rebase maxillary partial denture	\$125
D5721	Rebase mandibular partial denture	\$125
D5730	Reline complete maxillary denture (<i>chairside</i>)	\$100
D5731	Reline complete mandibular denture (<i>chairside</i>)	\$100
D5740	Reline maxillary partial denture (<i>chairside</i>)	\$90
D5741	Reline mandibular partial denture (<i>chairside</i>)	\$90
D5750	Reline complete maxillary denture (<i>laboratory</i>)	\$130
D5751	Reline complete mandibular denture (<i>laboratory</i>)	\$130
D5760	Reline maxillary partial denture (<i>laboratory</i>)	\$130
D5761	Reline mandibular partial denture (<i>laboratory</i>)	\$130
D5810	Interim complete denture (<i>maxillary</i>)	\$230
D5811	Interim complete denture (<i>mandibular</i>)	\$230
D5820	Interim partial denture (<i>maxillary</i>)	\$160
D5821	Interim partial denture (<i>mandibular</i>)	\$170
D5850	Tissue conditioning, maxillary	\$40
D5851	Tissue conditioning, mandibular	\$40
D5862	Precision attachment, by report	\$160
D5876	Add metal substructure to acrylic full denture (<i>per arch</i>)	\$110
Implant Services		
Pre-Surgical Services		
D6190	Radiographic/surgical implant index, by report	\$130
Surgical Services		
D6010	Surgical placement of implant body: endosteal implant	\$1,005

Code	Service	Your and Your Dependent's Co-Payment
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$770
D6013	Surgical placement of mini implant	\$1,005
D6040	Surgical placement: eposteal implant	\$1,860
D6050	Surgical placement: transosteal implant	\$1,170
D6051	Interim abutment	\$123
D6100	Implant removal, by report	\$240
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	\$39
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	\$75
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure	\$100
D6104	Bone graft at time of implant placement	\$100

Implant Supported Prosthetics

- 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 molar, for the use of porcelain.
- Cases involving seven (7) or more Crowns, implants 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, implant or Bridge unit.

D6055	Connecting bar – implant supported or abutment supported	\$345
D6056	Prefabricated abutment – includes modification and placement	\$245
D6057	Custom fabricated abutment – includes placement	\$335
D6058	Abutment supported porcelain/ceramic crown	\$685
D6059	Abutment supported porcelain fused to metal crown (<i>high noble metal</i>)	\$660
D6060	Abutment supported porcelain fused to metal crown (<i>predominantly base metal</i>)	\$640
D6061	Abutment supported porcelain fused to metal crown (<i>noble metal</i>)	\$645
D6062	Abutment supported cast metal crown (<i>high noble metal</i>)	\$655
D6063	Abutment supported cast metal crown (<i>predominantly base metal</i>)	\$640
D6064	Abutment supported cast metal crown (<i>noble metal</i>)	\$720
D6065	Implant supported porcelain/ceramic crown	\$725
D6066	Implant supported crown - porcelain fused to high noble alloys. A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant	\$700
D6067	Implant supported crown - high noble alloys. A single metal crown restoration that is retained, supported and stabilized by an implant	\$725
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$680
D6069	Abutment supported retainer for porcelain fused to metal FPD (<i>high noble metal</i>)	\$680
D6070	Abutment supported retainer for porcelain fused to metal FPD (<i>predominantly base metal</i>)	\$595
D6071	Abutment supported retainer for porcelain fused to metal FPD (<i>noble metal</i>)	\$635
D6072	Abutment supported retainer for cast metal FPD (<i>high noble metal</i>)	\$625
D6073	Abutment supported retainer for cast metal FPD (<i>predominantly base metal</i>)	\$445
D6074	Abutment supported retainer for cast metal FPD (<i>noble metal</i>)	\$640

Code	Service	Your and Your Dependent's Co-Payment
D6075	Implant supported retainer for ceramic FPD	\$720
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys. A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an implant	\$700
D6077	Implant supported retainer for metal FPD - high noble alloys. A metal retainer for a fixed partial denture that gains retention, support and stability from an implant	\$510
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prosthesis and abutments	\$55
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$20
D6082	Implant supported crown – porcelain fused to predominantly base alloys	\$640
D6083	Implant supported crown – porcelain fused to noble alloys	\$645
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	\$650
D6086	Implant supported crown – predominantly base alloys	\$640
D6087	Implant supported crown – noble alloys	\$720
D6088	Implant supported crown – titanium and titanium alloys	\$650
D6090	Repair implant supported prosthesis, by report	\$190
D6091	Replacement of replaceable part of semi-precision or precision attachment (<i>male or female component</i>) of implant/abutment supported prosthesis, per attachment	\$170
D6092	Re-cement or re-bond implant/abutment supported crown	\$50
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$70
D6094	Abutment supported crown - titanium and titanium alloys. A single crown restoration that is retained, supported and stabilized by an abutment on an implant	\$650
D6095	Repair implant abutment, by report	\$140
D6096	Remove broken implant retaining screw	\$24
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	\$700
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	\$595
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	\$635
D6110	Implant/abutment supported removable denture for edentulous arch-maxillary	\$995
D6111	Implant/abutment supported removable denture for edentulous arch-mandibular	\$995
D6112	Implant/abutment supported removable denture for partially edentulous arch-maxillary	\$945
D6113	Implant/abutment supported removable denture for partially edentulous arch-mandibular	\$945
D6114	Implant/abutment supported fixed denture for edentulous arch-maxillary	\$2,380
D6115	Implant/abutment supported fixed denture for edentulous arch-mandibular	\$2,380
D6116	Implant/abutment supported fixed denture for partially edentulous arch-maxillary	\$1,410
D6117	Implant/abutment supported fixed denture for partially edentulous arch-mandibular	\$1,410
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	\$520
D6121	Implant supported retainer for metal FPD – predominantly base alloys	\$445
D6122	Implant supported retainer for metal FPD – noble alloys	\$640
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	\$520
D6191	Semi-precision abutment – placement	\$335

Code	Service	Your and Your Dependent's Co-Payment
D6192	Semi-precision attachment – placement	\$252
D6194	Abutment supported retainer crown for FPD – titanium and titanium alloys. A retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant	\$520
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	\$510

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 molar, for the use of porcelain.
- Cases involving seven (7) or more Crowns, implants 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, implant or Bridge unit.

D6205	Pontic – indirect resin based composite	\$290
D6210	Pontic – cast high noble metal	\$290
D6211	Pontic – cast predominantly base metal	\$290
D6212	Pontic – cast noble metal	\$290
D6214	Pontic – titanium and titanium alloys	\$290
D6240	Pontic – porcelain fused to high noble metal	\$290
D6241	Pontic – porcelain fused to predominantly base metal	\$290
D6242	Pontic – porcelain fused to noble metal	\$290
D6243	Pontic – porcelain fused to titanium and titanium alloys	\$290
D6245	Pontic – porcelain/ceramic	\$310
D6250	Pontic – resin with high noble metal	\$290
D6251	Pontic – resin with predominantly base metal	\$290
D6252	Pontic – resin with noble metal	\$290
D6253	Provisional pontic – further treatment or completion of diagnosis necessary prior to final impression	\$85
D6545	Retainer – cast metal for resin bonded fixed prosthesis	\$120
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	\$120
D6549	Resin retainer – for resin bonded fixed prosthesis	\$90
D6600	Retainer inlay – porcelain/ceramic, two surfaces	\$290
D6601	Retainer inlay – porcelain/ceramic, three or more surfaces	\$290
D6602	Retainer inlay – cast high noble metal, two surfaces	\$290
D6603	Retainer inlay – cast high noble metal, three or more surfaces	\$290
D6604	Retainer inlay – cast predominantly base metal, two surfaces	\$290
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces	\$290
D6606	Retainer inlay – cast noble metal, two surfaces	\$290
D6607	Retainer inlay – cast noble metal, three or more surfaces	\$290
D6608	Retainer onlay – porcelain/ceramic, two surfaces	\$290
D6609	Retainer onlay – porcelain/ceramic, three or more surfaces	\$290
D6610	Retainer onlay – cast high noble metal, two surfaces	\$290
D6611	Retainer onlay – cast high noble metal, three or more surfaces	\$290
D6612	Retainer onlay – cast predominantly base metal, two surfaces	\$290
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces	\$290
D6614	Retainer onlay – cast noble metal, two surfaces	\$290
D6615	Retainer onlay – cast noble metal, three or more surfaces	\$290
D6624	Retainer inlay – titanium	\$290

Code	Service	Your and Your Dependent's Co-Payment
D6634	Retainer onlay – titanium	\$290
D6710	Retainer crown – indirect resin based composite	\$290
D6720	Retainer crown – resin with high noble metal	\$290
D6721	Retainer crown – resin with predominantly base metal	\$290
D6722	Retainer crown – resin with noble metal	\$290
D6740	Retainer crown – porcelain/ceramic	\$290
D6750	Retainer crown – porcelain fused to high noble metal	\$290
D6751	Retainer crown – porcelain fused to predominantly base metal	\$290
D6752	Retainer crown – porcelain fused to noble metal	\$290
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	\$290
D6780	Retainer crown – $\frac{3}{4}$ cast high noble metal	\$290
D6781	Retainer crown – $\frac{3}{4}$ cast predominantly base metal	\$290
D6782	Retainer crown – $\frac{3}{4}$ cast noble metal	\$290
D6783	Retainer crown – $\frac{3}{4}$ porcelain/ceramic	\$290
D6784	Retainer crown – $\frac{3}{4}$ titanium and titanium alloys	\$290
D6790	Retainer crown – full cast high noble metal	\$290
D6791	Retainer crown – full cast predominantly base metal	\$290
D6792	Retainer crown – full cast noble metal	\$290
D6793	Provisional retainer crown – further treatment or completion of diagnosis necessary prior to final impression	\$85
D6794	Retainer crown – titanium and titanium alloys	\$290
D6930	Re-cement or re-bond fixed partial denture	\$0
D6940	Stress breaker	\$110
D6950	Precision attachment	\$195
D6980	Fixed partial denture repair necessitated by restorative material failure	\$45

Oral Surgery

- Includes routine post operative visits/treatment.
- The removal of asymptomatic third molars is not a Covered Service unless pathology (*disease*) exists, however it is available at 75% of Your or Your Dependent's Selected General Dentist's or Specialty Care Dentist's Reasonable and Customary Charge, if not covered by the plan.

D7111	Extraction, coronal remnants – primary tooth	\$5
D7140	Extraction, erupted tooth or exposed root (<i>elevation and/or forceps removal</i>)	\$5
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	\$50
D7220	Removal of impacted tooth – soft tissue	\$50
D7230	Removal of impacted tooth – partially bony	\$65
D7240	Removal of impacted tooth – completely bony	\$135
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$150
D7250	Removal of residual tooth roots (<i>cutting procedure</i>)	\$40
D7251	Coronectomy – intentional partial tooth removal	\$135
D7260	Oroantral fistula closure	\$270
D7261	Primary closure of a sinus perforation	\$275
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$80
D7280	Exposure of an unerupted tooth	\$100

Code	Service	Your and Your Dependent's Co-Payment
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$90
D7283	Placement of an attachment on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280.	\$90
D7285	Incisional biopsy of oral tissue – hard (<i>bone, tooth</i>)	\$150
D7286	Incisional biopsy of oral tissue – soft	\$60
D7287	Exfoliative cytological sample collection	\$50
D7288	Brush biopsy – transepithelial sample collection	\$50
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$40
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$40
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$25
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$190
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$65
D7340	Vestibuloplasty – ridge extension (<i>secondary epithelialization</i>)	\$370
D7350	Vestibuloplasty – ridge extension (<i>including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue</i>)	\$990
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$130
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$335
D7471	Removal of lateral exostosis (<i>maxilla or mandible</i>)	\$80
D7472	Removal of torus palatinus	\$60
D7473	Removal of torus mandibularis	\$60
D7485	Reduction of osseous tuberosity	\$60
D7510	Incision and drainage of abscess – intraoral soft tissue	\$35
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (<i>includes drainage of multiple fascial spaces</i>)	\$35
D7520	Incision and drainage of abscess – extraoral soft tissue	\$35
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (<i>includes drainage of multiple fascial spaces</i>)	\$35
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$125
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$505
D7910	Suture of recent small wounds up to 5 cm	\$25
D7921	Collection and application of autologous blood concentrate product	\$95
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report	\$600
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$825
D7952	Sinus augmentation via a vertical approach	\$825

Code	Service	Your and Your Dependent's Co-Payment
D7953	Bone replacement graft for ridge preservation – per site	\$100
D7961	Buccal / labial frenectomy (<i>frenulectomy</i>)	\$90
D7962	lingual frenectomy (<i>frenulectomy</i>)	\$90
D7963	Frenuloplasty	\$90
D7970	Excision of hyperplastic tissue – per arch	\$55
D7971	Excision of pericoronal gingiva	\$40
D7972	Surgical reduction of fibrous tuberosity	\$125

Orthodontics

- Benefits cover twenty-four (24) months of usual & customary Orthodontic treatment and an additional twenty four (24) months of retention.
- Comprehensive Orthodontic benefits include all phases of treatment and fixed/removable appliances.

D8010	Limited orthodontic treatment of the primary dentition	\$1,095
D8020	Limited orthodontic treatment of the transitional dentition	\$1,095
D8030	Limited orthodontic treatment of the adolescent dentition	\$1,095
D8040	Limited orthodontic treatment of the adult dentition	\$1,095
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$2,095
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$2,095
D8090	Comprehensive orthodontic treatment of the adult dentition	\$2,095
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$35
D8670	Periodic orthodontic treatment visit	\$35
D8680	Orthodontic retention (<i>removal of appliances, construction and placement of retainer(s)</i>)	\$300
D8681	Removable orthodontic retainer adjustment	\$0
D8698	Re-cement or re-bond fixed retainer – maxillary	\$0
D8699	Re-cement or re-bond fixed retainer – mandibular	\$0
D8701	Repair of fixed retainer, includes reattachment – maxillary	\$0
D8702	Repair of fixed retainer, includes reattachment – mandibular	\$0

- There is a Co-Payment of \$250 for Orthodontic treatment planning and records (*pre/post x-rays (cephalometric, panoramic, etc.), photos, study models*).
- There is a Co-Payment of \$25 per visit for Orthodontic visits beyond twenty-four (24) months of active treatment or retention.

Adjunctive General Services

D9110	Palliative (<i>emergency</i>) treatment of dental pain – minor procedure	\$10
D9120	Fixed partial denture sectioning	\$0
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0
D9211	Regional block anesthesia	\$0
D9212	Trigeminal division block anesthesia	\$0
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	\$0
D9222	Deep sedation/general anesthesia – first 15 minutes	\$60
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	\$60
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$15
D9239	Intravenous moderate (<i>conscious</i>) sedation/analgesia- first 15 minutes	\$60
D9243	Intravenous moderate (<i>conscious</i>) sedation/analgesia – each subsequent 15 minute increment	\$60
D9248	Non-intravenous conscious sedation	\$15

Code	Service	Your and Your Dependent's Co-Payment
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0
D9311	Consultation with a medical health care professional	\$0
D9430	Office visit for observation (<i>during regularly scheduled hours</i>) – no other services performed	\$0
D9440	Office visit – after regularly scheduled hours	\$30
D9450	Case presentation, detailed and extensive treatment planning	\$0
D9610	Therapeutic parenteral drug, single administration	\$15
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$25
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites	\$15
D9630	Drugs or medicaments dispensed in the office for home use	\$15
D9910	Application of desensitizing medicament	\$15
D9930	Treatment of complication (<i>post-surgical</i>) – unusual circumstances, by report	\$0
D9932	Cleaning and inspection of removable complete denture, maxillary	\$55
D9933	Cleaning and inspection of removable complete denture, mandibular	\$55
D9934	Cleaning and inspection of removable partial denture, maxillary	\$55
D9935	Cleaning and inspection of removable partial denture, mandibular	\$55
D9942	Repair and/or reline of occlusal guard	\$40
D9943	Occlusal guard adjustment	\$10
D9944	Occlusal guard – hard appliance, full arch	\$85
D9945	Occlusal guard – soft appliance, full arch	\$85
D9946	Occlusal guard – hard appliance, partial arch	\$64
D9951	Occlusal adjustment – limited	\$30
D9952	Occlusal adjustment – complete	\$100
D9986	Missed appointment (<i>less than 24-hr notice</i>)	Not to exceed \$25
D9987	Cancelled appointment (<i>if less than 24-hr notice, see D9986</i>)	\$0
Current Dental Terminology © American Dental Association		

Dental benefits: Limitations and additional charges

General

1. Any procedures not specifically listed as a Covered Service in this SCHEDULE OF BENEFITS or dental procedures or services performed solely for Cosmetic purposes (*unless specifically listed as a Covered Service in this SCHEDULE OF BENEFITS*), are available at 75% of the Reasonable and Customary Charge of the treating Selected General Dentist, provided the services are included in the treatment plan and are not included in the section titled DENTAL BENEFITS: EXCLUSIONS. Examples of services that are not Covered Services but that are available at 75% of the Reasonable and Customary Charge include, but are not limited to: interceptive orthodontia, fixed and removable appliance therapy to correct harmful habits, and external bleaching (*the charge for external bleaching is not to exceed \$150 per arch*).
2. Specialty Care Dentists will accept the contracted fee for all services, whether it is a Covered Service or not, or 75% of the Reasonable and Customary Charge for services not listed on the Specialty Care fee schedule.
3. General anesthesia or IV sedation is a Covered Service only if it is provided in a Selected General Dental Office, administered by the Selected General Dentist or Specialty Care Dentist, and is in conjunction with covered oral and periodontal surgical procedures or when deemed necessary by the Selected General Dentist or Specialty Care Dentist.
4. Sterilization and infection control are not billable to Us or You or Your Dependent and are included within the charges for other services provided on that date of service.
 - a. Local Anesthetic is included in all restorative and surgical procedure fees.
 - b. All adhesives, liners, bases and occlusal adjustments are included as a part of the restorative procedure.

Diagnostic

1. Panoramic or full mouth x-rays (*including bitewings*): once every three (3) years, unless Dentally Necessary for a specific dental problem.
2. All costs for additional periapical and bitewing x-rays provided on the same day that a full mouth x-ray is provided to You or Your Dependent are included in the costs for the full mouth x-ray.

Preventive

1. Routine cleanings (*oral Prophylaxis*), periodontal maintenance services (*following active periodontal therapy*) and fluoride treatments are limited to twice a year. Two (2) additional cleanings (*routine and periodontal*) are available at the Co-Payment listed in the SCHEDULE OF BENEFITS. Additional Prophylaxis are available, if Dentally Necessary.
2. Sealants: Plan benefit applies to primary and permanent molar teeth, limited to age 19, one (1) per tooth, per thirty-six (36) months, unless Dentally Necessary.
3. Space maintainers are covered to age 14 once per area, per lifetime. Replacement of lost space maintainers are not a Covered Service.

Restorative Treatment

Crowns, Implants and Fixed Bridges

1. An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal.
2. Cases involving seven (7) or more Crowns, implants 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, implant or Bridge unit.
3. There is a \$75 Co-Payment per molar, for the use of porcelain.
4. Prefabricated stainless steel Crowns or prefabricated resin Crowns are limited to no more than one (1) replacement for the same tooth surface within five (5) years.
5. Charges for temporary Crowns/restorations are included within the costs of the permanent Crown/restoration.
6. Provisional Crowns/restorations are to be used for an interim of at least six (6) months duration during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations.
7. Replacement of any Cast Restorations with the same or a different type of Cast Restoration are limited to no more than once every five (5) years.
8. Core buildups are limited to no more than once per tooth in a period of five (5) years.
9. Post and cores are limited to no more than once per tooth in a period of five (5) years.
10. Labial veneers are limited to no more than once per tooth in a period of five (5) years.

Prosthodontics

1. Relinings and rebasings 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 tooth which cannot be added to the existing partial. 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 Selected General Dentist or Specialty Care Dentist.
3. Replacement of an immediate full Denture with a permanent full Denture if the immediate full Denture cannot be made permanent and such replacement is done within twelve (12) months of the installation of the immediate full Denture.
4. Adjustments of Dentures if at least six (6) months have passed since the installation of the existing removable Denture.
5. Delivery of removable and fixed Prosthodontics includes up to three (3) adjustments within six (6) months of

delivery date of service.

6. Tissue conditioning eligible one (1) per appliance each twenty-four (24) months.
7. Provisional prostheses are to be used for an interim of at least six (6) months duration during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations.

Implant Services

1. Implants are limited to no more than once for the same tooth position in a five (5) year period.
2. Repairs of implants are limited to not more than once in a twelve (12) month period.
3. Implant supported prosthetics are limited to no more than once for the same tooth position in a five (5) year period:
 - when needed to replace congenitally missing teeth; or
 - when needed to replace natural teeth.
4. The following are limited to no more than two (2) each per year: Implants, Implant supported prosthetics, and Implant abutments.

Endodontics

1. The Co-Payments listed for Endodontic procedures do not include the cost of the final restoration.
2. Materials used for canal irrigation are included in the Endodontic procedure fees.

Oral Surgery

1. The removal of asymptomatic third molars is not a Covered Service. Pathology (*disease*) must exist for it to be covered by the program. It is available at the contracted fee or 75% of Your or Your Dependent's Selected General Dentist's or Specialty Care Dentist's Reasonable and Customary Charge, if not covered by the plan.
2. Includes routine post operative visits/treatments.

Periodontics

1. Irrigation (*such as Chlorhexidine*), is included with the other services rendered that day.
2. Local chemotherapeutic agents are limited to no more than six (6) teeth per arch. Treatment plans involving more than six (6) teeth per arch, require prior Plan approval.
3. Periodontal maintenance is eligible following active periodontal therapy, which includes scaling and root planing, surgery, etc.
4. Periodontal scaling and root planing, is limited to not more than once per Quadrant in any twenty-four (24) month period.
5. Periodontal surgery, including gingivectomy, gingivoplasty and osseous surgery, is limited to no more than one surgical procedure per Quadrant in any thirty-six (36) month period.
6. Periodontal charting for planning treatment of periodontal disease is included as part of overall diagnosis and treatment. No additional charge will apply to You or Your Dependent or Us.

Orthodontics

1. If You or Your Dependent require the services of an orthodontist, a referral must first be facilitated by Your Selected General Dentist. If a referral is not obtained before the Orthodontic treatment begins, You will be responsible for all costs associated with any Orthodontic treatment.
2. If You or Your Dependent 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.
3. Orthodontic treatment must be provided by a Selected General Dentist or Specialty Care Dentist whose specialty is orthodontics or pediatric dentistry for the Co-Payments listed in this SCHEDULE OF BENEFITS to apply.
4. 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.
5. The retention phase of treatment shall include the construction, placement, and adjustment of retainers.
6. If You or Your Dependent started orthodontic treatment before Your coverage for Yourself or that Dependent started under this group contract, Continuing Orthodontic treatment is available under this group contract for You or Your Dependent under any of the following circumstances:
 - a. You were covered under the terms of a dental plan provided by MetLife and, due to an acquisition, are now covered under the terms of this group contract;
 - b. You were covered under the terms of a dental plan provided by a carrier other than MetLife and are now covered under the terms of this group contract because the Contractholder subsequently contracts with MetLife.
 - c. You become eligible for DHMO benefits under the terms of this group contract because of Your status as a new employee; or
 - d. You were covered under the terms of a dental plan and received orthodontic services which were not covered because that dental plan did not offer orthodontic coverage.

Upon receipt of a completed Continuing Orthodontic Form by Us, with all supporting documentation, We will accept liability for continuing payment of the remaining balance owed, up to a maximum of \$1,500 times the percentage of the total treatment remaining as of this group contract's Effective Date, subject to the section titled DENTAL BENEFITS: LIMITATIONS AND ADDITIONAL CHARGES and DENTAL BENEFITS: EXCLUSIONS. Continuing Orthodontic treatment will be available if You enroll within 30 days of the date You become eligible for benefits under the terms of this group contract.

Dental benefits: Exclusions

1. Covered Services must be performed by Your Selected General Dental Office or a MetLife Specialty Care Dentist to whom You are referred in accordance with the terms of Your evidence of coverage and SCHEDULE OF BENEFITS. Services performed by any Dentist not contracted with MetLife are not Covered Services, without prior approval by MetLife or Your Selected General Dentist, in accordance with the terms of Your evidence of coverage and SCHEDULE OF BENEFITS (*except for out-of-area emergency services*).
2. Dental procedures started prior to Your or Your Dependent's eligibility under this SCHEDULE OF BENEFITS or started after Your or Your Dependent's benefits have ended. For example, teeth prepared for Crowns, root canals in progress (*the tooth has been opened into the pulp (nerve chamber)*), or 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 You or Your Dependent's dental health, as determined by the Selected General Dentist, and Us based on generally accepted dental standards of care.
4. Orthognathic surgery.
5. Inpatient/outpatient hospital charges of any kind, including prescriptions or medications. General anesthesia or IV sedation is not covered for any reason if rendered in an out patient facility or hospital. Dental charges will be covered, if the procedure performed is covered by the Plan.
6. Replacement of Dentures, Crowns, appliances or Bridgework that have been lost, stolen or damaged.
7. Treatment of malignancies, cysts, or neoplasms, unless specifically listed as a Covered Service in the SCHEDULE OF BENEFITS. Any services related to pathology laboratory fees.
8. Procedures, appliances, or restorations whose primary purpose is to change the vertical dimension of occlusion, correct congenital malformation, 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 Service in this SCHEDULE OF BENEFITS.
9. 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.
10. Dental services required while serving in the armed forces of any country or international authority.
11. Dental services considered Experimental in nature.
12. Treatment required due to an accident from an external force, unless otherwise listed as Covered Service in this SCHEDULE OF BENEFITS.
13. The following are not included as Orthodontic benefits:
 - Repair or replacement of lost or broken appliances;
 - Retreatment of Orthodontic cases;
 - Treatment involving:
 - Maxillo-facial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia;
 - Hormonal imbalances or other factors affecting growth or developmental abnormalities;
 - Treatment related to temporomandibular joint disorders;
 - Composite or ceramic brackets, lingual adaptation of Orthodontic bands and other specialized or Cosmetic alternatives to standard fixed and removable Orthodontic appliances.
 - Invisalign services are excluded.



Benefits Provided by Metropolitan Life Insurance Company
200 Park Avenue, New York, New York 10166-0188

COMBINED EVIDENCE OF COVERAGE AND DISCLOSURE STATEMENT

Metropolitan Life Insurance Company ("MetLife") certifies that You and Your dependents are covered for the benefits described in this evidence of coverage and disclosure statement, subject to the provisions of this evidence of coverage. This evidence of coverage is issued to You under the group contract and it includes the terms and provisions of the group contract that describe Your benefits. **PLEASE READ THIS EVIDENCE OF COVERAGE CAREFULLY.**

This evidence of coverage is part of the group contract. The group contract is a contract between MetLife and Your Organization and may be changed or ended without Your consent or notice to You.

THIS EVIDENCE OF COVERAGE ONLY DESCRIBES DENTAL BENEFITS.

WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICE(S) WHICH APPEAR ON THIS PAGE AND IN THE NOTICE(S) SECTION WHICH FOLLOWS THIS PAGE. PLEASE READ THE(SE) NOTICE(S) CAREFULLY.

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NOTICE FOR RESIDENTS OF ALL STATES

Notice Regarding Your Rights and Responsibilities

Rights:

- During the term of the group contract between MetLife and Your Organization, MetLife will not decrease any benefits, increase any fixed dollar amount or Covered Percentage of Co-Payment or the Premium, or change any exclusion or limitation, except after at least thirty (30) days Written notice to Your Organization.
- We will provide Written notice within a reasonable time to Your Organization of any termination or breach of contract by, or inability to perform of, any contracting provider if Your Organization may be materially and adversely affected.
- We will not cancel or fail to renew Your enrollment in this group contract because of Your health condition or Your requirements for dental care.
- We will treat communications, financial records and records pertaining to Your care in accordance with all applicable laws relating to privacy.
- Decisions with respect to dental treatment are the responsibility of You and Your Selected General Dentist. We neither require nor prohibit any specified treatment. However:
 - Only certain specified services are Covered Services. Please see the Schedule of Benefits.
 - 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 Dentist ends, Your Selected General Dentist must complete any and all treatment in progress. MetLife will arrange a transfer for You to another Selected General Dentist to provide for continued coverage under the group contract. As indicated on Your enrollment form, Your signature authorizes MetLife to obtain copies of Your dental records, if necessary.

You may request a response from MetLife to any Written concern or complaint.

Responsibilities:

- You should identify Yourself to Your Selected General Dentist as a covered person under the group contract. If You fail to do so, You may be charged the Selected General Dentist's usual and customary fees instead of the applicable Co-Payment, if any.
- You should treat the Selected General Dentist and his or her office staff with respect and courtesy and cooperate with the prescribed course of treatment. If You continually refuse a prescribed course of treatment, Your Selected General Dentist or Specialty Care Dentist has the right to refuse to treat You. MetLife will facilitate second opinions and will permit You to change Your Selected General Dental Office; however, MetLife will not interfere with the Dentist-patient relationship and cannot require a particular Dentist to perform particular services.
- You should scheduled appointments or contact the Selected General Dental Office twenty-four (24) hours in advance to cancel an appointment. If You do not, You may be charged a missed appointment fee.
- You are responsible for the prompt payment of any charges for services performed by the Selected General Dentist. If the Selected General Dentist agrees to accept part of the payment directly from MetLife, You are responsible for prompt payment of the remaining part of the Selected General Dentist's charge.

- You should notify MetLife of changes in family status. If You do not, MetLife will be unable to authorize dental care for You and/or Your dependents.
- You should consult with Your Selected General Dentist about treatment options, proposed and potential procedures, anticipated outcomes, potential risks, anticipated benefits and alternatives. You should share with Your Selected General Dentist the most current, complete and accurate information about Your medical and dental history and current conditions and medications.
- You should follow the treatment plans and health care recommendations agreed upon by Your Selected General Dentist.

DENTAL BENEFITS

The group contract provides access to You and Your dependents to dental benefits through the use of Selected General Dentists. When You or a dependent receive dental services, You and not Us or Your Organization are solely responsible for payment of all Co-Payments and other charges listed in the Schedule of Benefits and for any excluded procedure, and must make payment directly to the Selected General Dentist rendering such services.

Dentist-Patient Relationship

We do not provide dental services. Whether or not benefits are available for a particular service does not mean You or Your dependents should or should not receive the service. You and Your dependents, along with the Selected General Dentist have the right and are responsible at all times for choosing the course of treatment and services to be performed.

The relationship between You and Your dependents and the Selected General Dentist rendering services or treatment shall be subject to the rules, limitations and privileges incident to the professional relationship, and MetLife's Peer Review Committee. The Selected General Dentist shall be solely responsible to You or Your dependent, without interference from MetLife or Your Organization, for all services or treatment within the professional relationship. The Selected General Dentist shall have the right to refuse treatment if You or Your dependents continually fail to follow a prescribed course of treatment, use the relationship for illegal purposes, or make the professional relationship onerous.

While MetLife desires and will actively seek to contract with the most modern dental facilities available in the profession, it is understood and agreed that the operation and maintenance of the Selected General Dentist's facility, equipment and the rendition of all professional services shall be solely and exclusively under the control and supervision of the Selected General Dentist, including all authority and control over the selection of staff, supervision of personnel, and operation of the professional practice and/or the rendition of any particular professional service or treatment.

MetLife will undertake to see that the services provided to You or Your dependents by Selected General Dentists shall be performed in accordance with professional standards of reasonable competence and skill of dental practitioners, as applicable, prevailing in the community in which each Selected General Dentist practices.

Upon termination of a provider contract with a Selected General Dentist, MetLife is liable for Covered Services rendered by such provider (other than for Co-Payments) to You or Your dependents who remain under the care of such provider at the time of such termination until the services being rendered are completed, unless We make reasonable and medically appropriate provision for the assumption of such services by another Selected General Dentist.

In the event of termination of this group contract, each Selected General Dentist shall complete all dental procedures which have been started prior to the date of termination, pursuant to the terms and conditions of this evidence of coverage.

Who May Enroll

Your Organization is responsible for determining eligibility. 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.

SERVICE AREA

MetLife's Service Area is the geographic region in the state of New York where MetLife is authorized by the New York Department of Insurance to provide Covered Services to members and in which MetLife has a panel of Selected General Dentists and Specialty Care Dentists who have agreed to provide dental care to MetLife members. To enroll in the MetLife plan, You 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 as:

- Your lawful spouse or Domestic Partner,
- Your unmarried children or grandchildren up to age twenty six (26) 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

Your coverage will begin on the date specified in the group contract. Waiting periods for eligibility, if applicable, are determined by Your Organization.

Newborn children are covered the first day of the month following the date of birth and legally adopted children, foster children and stepchildren are covered the first day of the month following placement as long as MetLife is notified within sixty (60) days and any Premium is paid within that period.

Check with Your Organization if You have any questions about when Your coverage begins.

Choice of Dentists

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS DENTAL CARE MAY BE OBTAINED.

When enrolling for dental benefits, You and Your dependents must choose a Selected General Dental Office from Our network. You and Your dependents each may select a different Selected General Dental Office. If You do not select a Selected General Dental Office or the one You chose is not available, MetLife may do so for You. Please refer to the Directory of Participating Providers for a complete listing of Selected General Dental Offices. You may obtain a Directory of Participating Providers from Our website www.metlife.com/mybenefits or by calling (800) 880-1800.

Facilities

You may obtain a list of MetLife's Selected General Dental Offices and their hours of availability by calling MetLife at (800) 880-1800. A list of MetLife's participating General Dental Offices can be found in the Directory of Participating Providers or online at www.metlife.com/mybenefits.

Changing Your Selected General Dental Office

You or Your dependent may change Selected General Dental Offices at any time. To do so, please contact Us at (800) 880-1800. We will help You locate a convenient Selected General Dental Office. The transfer will be effective on the first day of the month following the transfer request. There is no limit to how often You or Your dependent may change Selected General Dental Offices. You must pay all outstanding charges owed to Your or Your dependent's Selected General Dental Office before transferring to a new Selected General Dental Office. You may also have to pay a fee for the cost of duplicating x-rays and dental records.

Provider Reimbursement

By statute, every contract between MetLife and its providers state that, in the event MetLife fails to pay the provider, the member shall not be liable to the provider for any sums owed by MetLife. Selected General Dental Offices will collect all applicable Co-Payments from You directly at the time of service and then bill MetLife for reimbursement according to the contracted plan provisions.

Selected General Dental Offices are paid on a per member, per month, or "capitated" basis for members that have selected the Selected General Dental Office and may receive an additional or supplemental fee for certain procedures performed. Specialty Care Dentists are compensated according to a negotiated fee schedule. No bonuses or incentives are paid to Selected General Dental Offices or Specialty Care Dentists. For additional information, You may contact MetLife at (800) 880-1800 or speak directly with Your provider.

Liability of Subscriber or Enrollee for Payment

Covered Services must be performed by Your Selected General Dental Office or a Specialty Care Dentist to whom You are referred in accordance with the terms of Your evidence of coverage and Schedule of Benefits. Services performed by any Out-of-Network Dentist are not Covered Services, without prior approval by MetLife or Your Selected General Dentist, in accordance with the terms of Your evidence of coverage and Schedule of Benefits (except for out-of-area emergency services). If You or Your dependent self-refer to a Selected General Dentist (other than Your or Your dependent's Selected General Dentist) or an Out-of-Network Dentist, You are responsible for the cost of those services.

Premium

Your Organization preys Premium to Us for Your and Your dependent's coverage. If You are responsible for any portion of this Premium, 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 group contract. The Premium is not the same as a Co-Payment.

Co-Payments

When You or Your dependent receive care from either a Selected General Dentist or a Specialty Care Dentist, You must pay the Co-Payment. The Co-Payment is a fixed dollar amount or is a fixed percentage of the Maximum Allowed Charge of the Covered Services performed by Your Selected General Dentist for which We are not responsible. When You or Your dependent are referred to a Specialty Care Dentist, the Co-Payment may be either a fixed dollar amount, or a percentage of the Maximum Allowed Charge. 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 We fail to pay the Selected General Dentist,

You will not be liable to the Selected General Dentist for any sums owed by Us. If You or Your dependents choose to receive services from an Out-of-Network Dentist, You will be liable to the Out-of-Network Dentist for the cost of services unless specifically authorized by Us or in accordance with Emergency Dental Condition provisions of this evidence of coverage. We do not require claim forms.

Orthodontic Covered Services

Orthodontic treatment is governed by the Schedule of Benefits. If Dental Benefits terminate after the start of Orthodontic treatment, You will be responsible for any additional incurred charges for any remaining Orthodontic treatment.

Yearly Maximums

The Schedule of Benefits lists the Yearly maximums for Covered Services, if applicable.

Covered Services After Dental Coverage Ends

Dental services received after You or Your dependent's coverage terminates are not covered. Your Selected General Dentist must complete any dental procedure started on You before Your termination, abiding by the terms and conditions of the plan.

Orthodontic treatment is governed by the Orthodontic limitations listed in the Schedule of Benefits. If coverage from the plan ends after the start of Orthodontic treatment, You or Your dependent will be responsible for any costs Orthodontic treatment after coverage ends.

Other Charges

All other charges You may be required to pay under this evidence of coverage are listed in the Schedule of Benefits. You must pay all Co-Payments, or the percentage of the Maximum Allowed Charge that We are not responsible for under the group contract.

Reimbursement Provisions

You are financially responsible for the cost of any services received from Out-of-Network Dentist unless those services were arranged by Your or Your dependent's Selected General Dentist or were required to treat an Emergency Dental Condition.

When You or Your dependent receive a Covered Service from an Out-of-Network Dentist for an Emergency Dental Condition, You should request that the Out-of-Network Dentist bill Us. If the Dentist refuses to bill Us but agrees to bill You, You should immediately submit the bill to Us in accordance with the sub-section titled Emergency Dental Care.

If You receive a bill or have paid for a Covered Service and seek reimbursement, please contact MetLife at (800) 880-1800. Once You have paid Your Co-Payments for Covered Services at Your Selected General Dentist Office, You are no responsible for any other payments for Covered Services.

Specialty Care Referrals

During the course of treatment, Your Selected General Dentist may encounter situations that require the services of a Specialty Care Dentist. Your Selected General Dentist is responsible for determining when the services of a Specialty Care Dentist are necessary. 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 the Schedule of Benefits for full information.

Second Opinion

You or Your dependent may request a second opinion if there are unanswered questions about diagnosis, treatment plans, and/or the results achieved by such dental treatment. In addition, We or You or Your dependent's Selected General Dentist may also request a second opinion. There is no second opinion consultation charge. You or Your dependent will be responsible for the office visit Co-Payment as listed in the Schedule of Benefits.

Reasons for a second opinion to be provided or authorized shall include, but are not limited to, the following:

- (1) If You or Your dependent question the reasonableness or necessity of recommended surgical procedures.
- (2) If You or Your dependent question a diagnosis or plan of care for a condition that threatens loss of life, loss of limb, loss of bodily function, or substantial impairment, including, but not limited to, a serious chronic condition.
- (3) If the clinical indications are not clear or are complex and confusing, a diagnosis is in doubt due to conflicting test results, or the treating Selected General Dentist is unable to diagnose the condition, and the enrollee requests an additional diagnosis.
- (4) If the treatment plan in progress is not improving Your or Your dependent's dental condition within an appropriate period of time given the diagnosis and plan of care, and You or Your dependent request a second opinion regarding the diagnosis or continuance of the treatment.

Requests for second opinions are processed within five (5) business days of Our receipt of such request, except when an expedited second opinion is warranted; in which case a decision will be made and conveyed to You within twenty four (24) hours. Upon approval, We will contact the consulting Selected General Dentist and make arrangements to enable You or Your dependent to schedule an appointment.

All second opinion consultations will be completed by a Selected General Dentist with qualifications in the same area of expertise as the referring Selected General Dentist or Selected General Dentist who provided the initial examination or dental care services.

You or Your dependent may request a second opinion or obtain a copy of the second dental opinion policy by contacting Us either by calling (800) 880-1800 or sending a Written request to the following address:

MetLife
c/o Customer Service
PO Box 3594
Laguna Hills, CA 92654-3594

Emergency Dental Care

Emergency Dental Care means dental screening, examination, and evaluation by a Dentist, or, to the extent permitted by applicable law, by appropriate personnel under the supervision of a Dentist to determine if an Emergency Dental Condition exists, and, if it does, the care and treatment necessary to relieve or eliminate the Emergency Dental Condition.

All Selected General Dental Offices provide treatment for Emergency Dental Conditions twenty-four (24) hours a day, seven (7) days a week and We encourage You or Your dependent to seek care from Your Selected General Dental Office. If treatment for an Emergency Dental Condition is required, You or Your dependent may go to any dental provider, go to the closest emergency room, or call 911 for assistance, as necessary. Prior authorization is not required.

Your reimbursement from Us for treatment for an Emergency Dental Condition, if any, is limited to the extent the treatment You or Your dependent received directly relates to the evaluation and stabilization of the Emergency Dental Condition. All reimbursements will be allocated in accordance with the group contract, subject to any exclusions and limitations. Hospital charges and/or other charges for care received at any hospital or outpatient care facility are not Covered Services.

If You or Your dependent receive treatment for an Emergency Dental Condition, You will be required to pay the charges to the Dentist and submit a claim to Us for a benefits determination. If You or Your dependent seek treatment for an Emergency Dental Condition from a provider located more than fifty (50) miles away from Your or Your dependent's Selected General Dentist, You or Your dependent will receive coverage for the treatment of the Emergency Dental Condition up to a maximum of fifty dollars (\$50).

To be reimbursed for treatment of an Emergency Dental Condition, You must notify Us after receiving such treatment. If You or Your dependent's 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 or Your dependent do not have an Emergency Dental Condition and a delay in receiving treatment would not be detrimental to Your or Your dependent's health, please contact Your or Your dependent's Selected General Dental Office or Our Customer Service Department at (800) 880-1800 to make reasonable arrangements for Your or Your dependent's care.

TERMINATION OF BENEFITS

Cancellation of Benefits

Your and Your dependent(s) coverage may be cancelled for the following reasons any reason, after not less than forty-five (45) days Written notice by either MetLife or Your Organization.:

Your coverage may be cancelled after not less than forty-five (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.
- Failure to reside, live or work in the Service Area.

Your coverage may be cancelled for not less than fifteen (15) days Written notice for:

- An intentional misrepresentation, except as limited by statute.
- Fraud in the use of services or facilities, or on the part of Your Organization.
- Such other good cause as agreed upon in the group contract.
- Abusive or Disruptive Behavior – Behavior that substantially impairs MetLife's ability to furnish or arranges services for You or other enrollees or a provider's ability to provide services to other patients.

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.
- For any misconduct detrimental to safe plan operations and the delivery of services.

- Upon termination of the group contract between MetLife and Your Organization, if expired and not renewed.

If Your Organization fails to pay the Premium through and including the final month of the group 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 Premiums went unpaid, including the grace period.

If You terminated 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. Your Selected General Dentist must complete any dental procedures started on You before Your termination, abiding by the terms and conditions of the plan.

Enrollment will be cancelled as of the last day for which payment has been received, subject to compliance with notice requirements.

In the event Your enrollment is cancelled, MetLife will send such notification to Your Organization, which will, in turn, notify You. Your Organization will also send You notice when Your actual coverage is terminated.

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.

Renewal Provisions

Your Organization has contracted with MetLife to provide services for the time period specified in the group contract. Your coverage under the plan is guaranteed for that time period so long as You meet the eligibility requirements under the plan. When the group 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 thirty (30) days before the effective date.

Reinstatement

Receipt by MetLife of the proper prepaid or periodic payment after cancellation of the contract for non-payment shall reinstate the contract as though it had never been cancelled if such payment is received on or before the due date of the succeeding payment.

INQUIRIES AND GRIEVANCE PROCEDURES

Routine Questions About Dental Benefits

If You have any questions about dental benefits provided by the group contract, please contact us at (800) 880-1800.

Claims Appeals

You may file a Written or electronic request for review of a denied claim within sixty (60) days after receipt of Written notification of denial of a claim. The request must include the following information:

1. Name(s) and address(es) of patient and subscriber
2. Identification number
3. Date of service
4. Claim number
5. Provider's name
6. Basis of appeal

Within forty-five (45) days of receipt of the appeal, You may review pertinent documents used to form the basis of the denial of the claim. You may also submit issues and comments and additional pertinent medical or dental information.

We will notify You of the decision regarding the appeal within forty-five (45) days of receipt of such information.

External Appeal Procedures

I. YOUR RIGHT TO AN EXTERNAL APPEAL

Under certain circumstances, You have a right to an external appeal of a denial of coverage. Specifically, if the Plan has denied coverage on the basis that the service does not meet the Plan's requirements for medical necessity (including appropriateness, health care setting, level of care, or effectiveness of a covered benefit) or is an Experimental or investigational treatment (including clinical trials and treatments for rare diseases), or is an out-of-network treatment, You or Your representative may appeal that decision to an external appeal agent, an independent entity certified by the State to conduct such appeals.

II. YOUR RIGHT TO APPEAL A DETERMINATION THAT A SERVICE IS NOT MEDICALLY NECESSARY

If the Plan has denied coverage on the basis that the service does not meet the Plan's requirements for medical necessity, You may appeal to an external appeal agent if You satisfy the following two (2) criteria:

- The service, procedure, or treatment must otherwise be a Covered Service under the subscriber contract; and
- You must have received a final adverse determination through MetLife's internal appeal process and the Plan must have upheld the denial **or** You and the Plan must agree in Writing to waive any internal appeal **or** You apply for an expedited external appeal at the same time as You apply for an expedited internal appeal **or** the Plan fails to adhere to claim processing requirements (other than a minor violation that is not likely to cause prejudice or harm to You, and the Plan demonstrates that the violation was for good cause or due to matters beyond the control of the Plan, and the violation occurred during an ongoing, good faith exchange of information between You and the Plan.)

III. YOUR RIGHT TO APPEAL A DETERMINATION THAT A SERVICE IS EXPERIMENTAL OR INVESTIGATIONAL

If the Plan has denied coverage on the basis that the service is an Experimental or investigational treatment, You must satisfy the following two (2) criteria:

- The service must otherwise be a Covered Service under the evidence of coverage; and
- You must have received a final adverse determination through the Plan's internal appeal process and the Plan must have upheld the denial **or** You and the Plan must agree in Writing to waive any internal appeal **or** You apply for an expedited external appeal at the same time as You apply for an expedited internal appeal **or** the Plan fails to adhere to claim processing requirements (other than a minor violation that is not likely to cause prejudice or harm to You, and the Plan demonstrates that the violation was for good cause or due to matters beyond the control of the Plan, and the violation occurred during an ongoing, good faith exchange of information between You and the Plan).

In addition, Your attending Dentist must certify that Your condition or disease is one for which standard health services are ineffective or medically inappropriate **or** one for which there does not exist a more

beneficial standard service or procedure covered by the Plan **or** one for which there exists a clinical trial or rare disease treatment (as defined by law).

In addition, Your attending Dentist must have recommended one of the following:

- A service, procedure or treatment that two (2) documents from available medical and scientific evidence indicate is likely to be more beneficial to You than any standard Covered Service (only certain documents will be considered in support of this recommendation – Your attending Dentist should contact the State in order to obtain current information as to what documents will be considered or acceptable); or
- A clinical trial for which You are eligible (only certain clinical trials can be considered); or
- A rare disease treatment for which Your attending Dentist certifies that there is no standard treatment that is likely to be more clinically beneficial to You than the requested service, the requested service is likely to benefit You in the treatment of Your rare disease, and such benefit outweighs the risk of the service. In addition, Your attending Dentist must certify that Your condition is a rare disease that is currently or was previously subject to a research study by the National Institutes of Health Rare Disease Clinical Research Network **or** that it affects fewer than 200,000 U.S. residents per Year.

For purposes of this section, Your attending Dentist must be a licensed, board-certified or board eligible Dentist qualified to practice in the area appropriate to treat Your condition or disease. In addition, for a rare disease treatment, the attending Dentist may not be Your treating Dentist.

IV. YOUR RIGHT TO APPEAL A DETERMINATION THAT A SERVICE IS OUT-OF-NETWORK

If the Plan has denied coverage of an out-of-network treatment because it is not materially different than the health service available in-network, You may appeal to an external appeal agent if You satisfy the following three (3) criteria:

- The service must otherwise be a Covered Service under this subscriber contract;
- You must have requested pre-authorization for the out-of-network treatment; and
- You must have received a final adverse determination through the first level of the Plan's internal appeal process and the Plan must have upheld the denial **or** You and the Plan must agree in Writing to waive any internal appeal **or** You apply for an expedited external appeal at the same time as You apply for an expedited internal appeal **or** the Plan fails to adhere to claim processing requirements (other than a minor violation that is not likely to cause prejudice or harm to You, and the Plan demonstrates that the violation was for good cause or due to matters beyond the control of the Plan, and the violation occurred during an ongoing, good faith exchange of information between You and the Plan.)

In addition, Your attending Dentist must certify that the out-of-network service is materially different from the alternate recommended in-network health service, and based on two (2) documents from available medical and scientific evidence, is likely to be more clinically beneficial than the alternate in-network treatment and that the adverse risk of the requested health service would likely not be substantially increased over the alternate in-network health service.

For purposes of this section, Your attending Dentist must be a licensed, board-certified or board eligible Dentist qualified to practice in the specialty area appropriate to treat You for the health service.

You do not have a right to an external appeal for a denial of a referral to an out-of-network provider on the basis that a health care provider is available in-network to provide the particular health service requested by You.

V. THE EXTERNAL APPEAL PROCESS

If, through the Plan's internal appeal process, You have received a final adverse determination upholding a denial of coverage on the basis that the service is not medically necessary, or is an Experimental or investigational treatment, or is an out-of-network treatment You have four (4) months from receipt of such notice to file a Written request for an external appeal. If You and the Plan have agreed in Writing to waive any internal appeal, You have four (4) months from receipt of such waiver to file a Written request for an external appeal. If the Plan fails to adhere to claim processing requirements, You have four (4) months from such failure to file a Written request for an external appeal. The Plan will provide an external appeal application with the final adverse determination issued through the Plan's internal appeal process or its Written waiver of an internal appeal.

You may also request an external appeal application from the New York State Department of Financial Services at 1-800-400-8882. Submit the completed application to the Department of Financial Services at the address indicated on the application. If You satisfy the criteria for an external appeal, the State will forward the request to a certified external appeal agent.

You will have an opportunity to submit additional documentation with Your request. If the external appeal agent determines that the information You submit represents a material change from the information on which the Plan based its denial, the external appeal agent will share this information with the Plan in order for it to exercise its right to reconsider its decision. If the Plan chooses to exercise this right, the Plan will have three (3) business days to amend or confirm its decision. Please note that in the case of an expedited appeal (described below), the Plan does not have a right to reconsider its decision.

In general, the external appeal agent must make a decision within thirty (30) days of receipt of Your completed application. The external appeal agent may request additional information from You, Your Dentist, or the Plan. If the external appeal agent requests additional information, it will have five (5) additional business days to make its decision. The external appeal agent must notify You in Writing of its decision within two (2) business days.

If Your attending Dentist certifies that a delay in providing the service that has been denied poses an imminent or serious threat to Your health; or if Your attending Dentist certifies that the standard external appeal time frame would seriously jeopardize Your life, health or ability to regain maximum function; or if You received emergency services and have not been discharged from a facility and the denial concerns an admission, availability of care, or continued stay, You may request an expedited external appeal. In that case, the external appeal agent must make a decision within seventy-two (72) hours of receipt of Your completed application. Immediately after reaching a decision, the external appeal agent must try to notify You and the Plan by telephone or facsimile of that decision. The external appeal agent must also notify You in Writing of its decision.

If the external appeal agent overturns the Plan's decision that a service is not medically necessary or approves coverage of an Experimental or investigational treatment or an out-of-network treatment the Plan will provide coverage subject to the other terms and conditions of this contract. Please note that if the external appeal agent approves coverage of an Experimental or investigational treatment that is part of a clinical trial, the Plan will only cover the costs of services required to provide treatment to You according to the design of the trial. The Plan shall not be responsible for the costs of investigational drugs or devices, the costs of non-health care services, the costs of managing research, or costs which would not be covered under this subscriber contract for non-Experimental or non-investigational treatments provided in such clinical trial.

The external appeal agent's decision is binding on both You and the Plan. The external appeal agent's decision is admissible in any court proceeding.

The Plan will charge You a fee of twenty-five (\$25) dollars for each external appeal, not to exceed seventy-five (\$75) dollars in a single plan Year. The external appeal application will instruct You on the manner in which You must submit the fee. The Plan will also waive the fee if the Plan determines that paying the fee would pose a hardship to You. If the external appeal agent overturns the denial of coverage, the fee shall be refunded to You.

VI. YOUR RESPONSIBILITIES

It is Your RESPONSIBILITY to initiate the external appeal process. You may initiate the external appeal process by filing a completed application with the New York State Department of Financial Services. You may appoint a representative to assist You with Your external appeal request; however, the Department of Financial Services may contact You and request that You confirm in Writing that You have appointed such representative.

Under New York State law, Your completed request for appeal must be filed within four (4) months of either the date upon which You receive Written notification from the Plan that it has upheld a denial of coverage, or the date upon which You receive a Written waiver of any internal appeal, or the failure of the Plan to adhere to claim processing requirements. The Plan has no authority to grant an extension of this deadline.

VII. COVERED SERVICES/EXCLUSIONS

In general, the Plan does not cover Experimental or investigational treatments. However, the Plan shall cover an Experimental or investigational treatment approved by an external appeal agent in accordance with Section III, above. If the external appeal agent approves coverage of an Experimental or investigational treatment that is part of a clinical trial, the Plan will only cover the costs of services required to provide treatment to You according to the design of the trial. The Plan shall not be responsible for the costs of investigational drugs or devices, the costs of non-health care services, the costs of managing research, or costs which would not be covered under this subscriber contract for non-Experimental or non-investigational treatments provided in such clinical trial.

Grievance Procedures

If You or Your dependents have a grievance with Us or Your Selected General Dentist, You may submit such grievance by calling Our customer service department at (800) 880-1800. When You call, You may:

- submit the grievance orally, or
- request a grievance form to submit the grievance in Writing.

To submit the grievance in Writing, complete the grievance form, or provide a detailed summary of Your grievance to:

MetLife
c/o Quality Management Department
PO Box 3532
Laguna Hills, CA 92654-3532

In all Written correspondence, please be sure to include at least the following information:

- Name and identification number of person who has the grievance
- Name of the plan; and
- Facility (or Selected General Dental office) name and number.

We agree to investigate and try to resolve complaints received. We will provide a Written response to Your complaint within fifteen (15) business days of receipt.

Coordination of Benefits

We do not coordinate benefits with any other carrier. If You have coverage with another carrier, please contact that carrier to determine whether coordination of benefits is available. We will always pay as the primary carrier when we receive a claim.

INDIVIDUAL CONTINUATION OF DENTAL BENEFITS WITH PAYMENT OF THE PREMIUM

For Mentally Or Physically Handicapped Children

Benefits for a dependent child may be continued past the age limit if the child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of such handicap must be sent to Us within thirty-one (31) days after the date the child attains the age limit and at reasonable intervals after such date.

Benefits will continue while such child:

- remains incapable of self-sustaining employment because of a mental or physical handicap; and
- continues to qualify as a child, except for the age limit.

For Family And Medical Leave

Certain leaves of absence may qualify under the Family and Medical Leave Act of 1993 (FMLA) for continuation of benefits. Please contact the employer for information regarding the FMLA.

At The Employer's Option

The employer has elected to continue benefits by paying the Premium for employees who cease Active Work in an eligible class for any of the reasons specified below; If Your benefits are continued, benefits for Your dependents may also be continued. You will be notified by the employer how much You will be required to contribute.

1. For the period You cease Active Work in an eligible class due to layoff up to two (2) months.
2. For the period You cease Active Work in an eligible class due to injury or sickness up to nine (9) months.
3. For the period You cease Active Work in an eligible class due to any other employer approved leave of absence up to two (2) months.

At the end of any of the continuation periods listed above, Your benefits will be affected as follows:

- if You resume Active Work in an eligible class at this time, Your coverage will continue under the group contract;
- if You do not resume Active Work in an eligible class at this time, Your employment will be considered to end and Your benefits will end in accordance with the section TERMINATION OF BENEFITS.

If Your benefits end, Your dependents' benefits will also end.

COBRA CONTINUATION FOR DENTAL BENEFITS

The following applies to employers with twenty (20) or more employees that are not church or government plans:

If Dental Benefits for You or a dependent ends, You or Your dependent may qualify for continuation of such benefits under the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended (COBRA).

Please contact Your Organization for information regarding continuation of insurance under COBRA.

GENERAL PROVISIONS

Entire Contract

Your dental benefits are provided under a group contract with Your Organization. The entire contract with Your Organization is made up of the following:

1. the group contract and its Exhibits, which include the evidence of coverage and summaries of benefits;
2. Your Organization's Group Application; and
3. any amendments and/or endorsements to the group contract.

Incontestability: Statements Made by You

Any statement made by You will be considered a representation and not a warranty. We will not use such statement to avoid or reduce benefits or defend a claim unless the following requirements are met:

1. the statement is in a Written application or enrollment form;
2. You have Signed the application or enrollment form; and
3. a copy of the application or enrollment form has been given to You or Your Beneficiary.

Misstatement of Age

If Your or Your dependent's age is misstated, the correct age will be used to determine eligibility for dental benefits and, as appropriate, We will adjust the benefits and/or Premiums.

Conformity with Law

If the terms and provisions of this evidence of coverage do not conform to any applicable law, this evidence of coverage shall be interpreted to so conform.

DEFINITIONS

As used in this evidence of coverage, the terms listed below will have the meanings set forth below. When defined terms are used in this evidence of coverage, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

Actively at Work or Active Work means that You are performing all of the usual and customary duties of Your job on a Full-Time basis. This must be done at:

- Your Organization's place of business;

- an alternate place approved by Your Organization; or
- a place to which Your Organization's business requires You to travel.

You will be deemed to be Actively at Work during weekends or Organization approved vacations, holidays or business closures if You were Actively at Work on the last scheduled work day preceding such time off.

Amalgam means a silver filling material usually used on Posterior teeth.

Anterior means teeth located in the front of the mouth – upper and lower six (6) teeth with three in each Quadrant of the mouth twelve (12) teeth in total.

Asymptomatic means without symptoms, the absence of any indication of disease, surrounding pathology or impaired function.

Bicuspid means teeth located immediately in front of the molar teeth – upper and lower with two in each Quadrant of the mouth eight (8) teeth in total.

Bridge or **Bridgework** means a fixed replacement for one or more missing teeth that is permanently attached to the teeth adjacent to the empty space(s).

Cast Restoration means an inlay, onlay, or Crown.

Co-Payment or Co-Pay means a fixed dollar amount as shown in the Schedule of Benefits or percentage of the Maximum Allowed Charge that is not a Covered Percentage. You must pay Your Co-Payment at the time of delivery of supplies or services.

Cosmetic means services performed solely for appearance. Treatment of decay, disease or injury to the teeth or supporting tissues of the teeth is not evident. Cosmetic means any procedure which is directed at improving the patient's appearance and does not meaningfully promote the proper function or prevent or treat illness or disease.

Covered Percentage means the percentage of the Maximum Allowed Charge that We cover. These percentages are shown in the Schedule of Benefits.

Covered Service means a dental service used to treat Your or Your dependent's dental condition which is:

- prescribed or performed by a Dentist while such person is covered for dental benefits;
- Dentally Necessary to treat the condition; and
- described in the Schedule of Benefits, or
- Dental Benefits sections of this evidence of coverage.

Crown means a restoration place over a tooth to strengthen and/or replace missing tooth structure. A Crown can be made of different materials, for example, noble, high noble, and base metals, or porcelain or porcelain and metal.

Dental Hygienist means a person trained to:

- remove calcareous deposits and stains from the surfaces of teeth; and
- provide information on the prevention of oral disease.

The term does not include:

- You;
- Your spouse; or
- any member of Your immediate family including Your and/or Your spouse's parents; children (natural, step or adopted); siblings; grandparents; or grandchildren.

Dentally Necessary means that a dental service or treatment is performed in accordance with generally accepted dental standards and is:

- necessary to treat decay, disease or injury of the teeth; or
- essential for the care of the teeth and supporting tissues of the teeth.

Dentist means:

- a person licensed to practice dentistry in the jurisdiction where such services are performed; or
- any other person whose services, according to applicable law, must be treated as Dentist's services for purposes of the group contract. Each such person must be licensed in the jurisdiction where the services are performed and must act within the scope of that license. The person must also be certified and/or registered if required by such jurisdiction.
- For purposes of dental benefits, the term will include a physician who performs a Covered Service.

The term does not include:

- You;
- Your spouse; or
- any member of Your immediate family including Your and/or Your spouse's parents; children (natural, step or adopted); siblings; grandparents; or grandchildren.

Dentures means fixed partial dentures (bridgework), removable partial dentures and removable full dentures.

Directory of Participating Providers means the list of Selected General Dentists from whom You must select to receive Covered Services.

Domestic Partner means each of two people, one of whom is an employee of Your Organization, who have:

- registered as Domestic Partners or members of a civil union with a government agency or office where such registration is available; or
- submitted a Domestic Partner declaration to Your Organization.

The Domestic Partner declaration must be Signed by both parties, and establish that:

- each person is eighteen (18) years of age or older;

- neither person is married;
- neither person has had another Domestic Partner within six (6) months prior to the date they enroll for benefits for the Domestic Partner under the group contract;
- they have shared the same residence for at least six (6) months prior to the date they enroll for benefits for the Domestic Partner under the group contract;
- they are not related by blood in a manner that would bar their marriage in the jurisdiction in which they reside;
- they have an exclusive mutual commitment to share the responsibility for each other's welfare and financial obligations which commitment existed for at least six (6) months prior to the date they enroll for benefits for the Domestic Partner under the group contract, and such commitment is expected to last indefinitely; and
- Two (2) or more of the following exist as evidence of joint responsibility for basic financial obligations:
 - a joint mortgage or lease;
 - designation of the Domestic Partner as beneficiary for life insurance or retirement benefits;
 - joint wills or designation of the Domestic Partner as executor and/or primary beneficiary;
 - designation of the Domestic Partner as durable power of attorney or health care proxy;
 - ownership of a joint bank account, joint credit cards or other evidence of joint financial responsibility; or
 - other evidence of economic interdependence.

Your Organization will review the affidavit and determine whether to accept the request to insure the Domestic Partner.

Emergency Dental Condition means a dental condition the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including, but not limited to, bleeding, swelling or severe pain, that a prudent layperson, possessing an average knowledge of dentistry and health, could reasonably expect the absence of immediate dental attention to result in:

- placing the health of the person afflicted with such condition in serious jeopardy;
- serious impairment to such person's bodily functions;
- serious impairment or dysfunction of any bodily organ or part of such person; or
- serious disfigurement of such person.

Endodontics means procedures that treat the nerve or the pulp of the tooth. Usually needed due to injury or infection of the tooth.

Experimental means services that do not have endorsement from professional organizations whose role is to evaluate such items. Services that are either unproven for the diagnosis or treatment of a condition or not generally recognized by the professional community as effective or appropriate for the diagnosis or treatment of a condition.

Full-Time means Active Work on Your Organization's regular work schedule for the class of employees to which You belong. The work schedule must be at least twenty (20) hours a week.

Maximum Allowed Charge means the lesser of:

- the amount charged by the Selected General Dentist or
- the maximum amount which the Selected General Dentist has agreed with Us to accept as payment in full for the dental service.

Oral Surgery means surgery performed in and around the mouth, to remove teeth, reshape portions of the bone or soft tissue, or biopsy suspect areas of the mouth.

Orthodontics means braces and other procedures or appliances to help align the upper and lower teeth.

Out-of-Network Dentist means a Dentist who does not have a contractual agreement with Us to provide Covered Services to You or a dependent.

Periodontics means procedures related to treatment of the supporting structures of the teeth (e.g., gums and underlying bone).

Posterior means teeth that have flat chewing surfaces, located in the back of the mouth, upper and lower includes molars and bicuspid (premolars) twenty (20) teeth including wisdom teeth.

Premium means the monthly fee paid to Us by Your Organization. The Premium is not the same as a Co-Payment.

Primary Teeth means the first set of teeth (“baby” teeth).

Prophylaxis means a standard cleaning, the scaling and polishing of teeth to remove plaque and tarter above the gum line.

Prosthodontics means the replacement of missing teeth with artificial substitutes. The appliances can be fixed (Bridge or implant) or removable (Dentures).

Proof means Written evidence satisfactory to Us that a person has satisfied the conditions and requirements for any benefit described in this evidence of coverage. When a claim is made for any benefit described in this evidence of coverage, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant’s right to receive payment.

Proof must be provided at the claimant’s expense.

Quadrant means one of the four equal sections into which Your mouth can be divided.

Reasonable and Customary Charge means the least of:

- the amount charged by the Selected General Dentist for a Covered Service;
- the usual amount charged by the Selected General Dentist for dental services which are the same as, or similar to, the Covered Service; or
- the usual amount charged by other Selected General Dentist in the same geographic area for dental services which are the same as, or similar to, the Covered Service.

Resin-based Composite means tooth-colored (white) fillings.

Selected General Dentist means a MetLife contracted Dentist who agrees in Writing to provide dental services under special terms, conditions and financial reimbursement arrangements with MetLife.

Selected General Dental Office means a dental office contracted with MetLife consisting of Dentists who agree in Writing to provide dental services under special terms, conditions and financial reimbursement arrangements with MetLife.

Specialty Care means services provided by an endodontist, periodontist, pediatric Dentist, oral surgeon, or orthodontist. These services may be covered at a Co-Payment, or at seventy five (75%) of the Dentist's Reasonable and Customary Charge. If they are not Covered Services, they may be available at seventy-five (75%) of the Dentist's Reasonable and Customary Charge.

Specialty Care Dentist means a MetLife contracted Dentist who agrees in Writing to provide Specialty Care services under special terms, conditions and financial reimbursement arrangements with MetLife.

Service Area means the geographical area in which MetLife has a panel of Selected General Dentists and Specialty Care Dentists who have agreed to provide care to MetLife customers. To enroll in the MetLife plan, You and Your dependents (except dependent children) must, reside, live, or work in the Service Area.

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record, which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

We, Us and Our mean Metropolitan Life Insurance Company.

Written or **Writing** means a record which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

Year or **Yearly** means the twelve (12) month period that begins January 1.

You and **Your** mean an employee who is covered under the group contract for the dental benefits described in this evidence of coverage.

ENROLLMENT FORM FOR DENTAL BENEFITS

Please print clearly when completing the Enrollment Form and return it to your Benefits Coordinator. Choose a general dental office (facility number) of your choice for each eligible family member from the Directory of Participating Dentists. Failure to do so may result in delays in receiving dental care. If your first provider facility selection is not available, We will process your second selection.

SECTION TO BE COMPLETED BY BENEFITS COORDINATOR

Name of Group/Employer (Please Print)	Group No.	Division/Sub Code	Class/Branch Code	Dept Code
Date of Hire (MM/DD/YYYY)	Coverage Effective Date (MM/DD/YYYY)			
Original COBRA Effective Date if applicable (MM/DD/YYYY)	COBRA Termination Date if applicable (MM/DD/YYYY)			

SECTION TO BE COMPLETED BY MEMBER/EMPLOYEE

Name (First, Middle, Last)		Social Security No. - -	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married
Address (Street, City, State, Zip Code)			Date of Birth (Mo./Day/Yr.)	
<input type="checkbox"/> Employee <input type="checkbox"/> Retired	Job Title:		Hours Worked Per Week:	
<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change in Enrollment <input type="checkbox"/> COBRA Continuation If due to a Qualifying Event, enter date (MM/DD/YYYY)				
E-mail Address		Phone No. (include area code)		

SELECT A SELECTED GENERAL DENTAL OFFICE: MUST BE COMPLETED TO ENROLL IN PLAN:

Failure to select a Selected General Dental Office may result in delays in receiving dental benefits. If your first facility selection is not available, We will process your second selection. Facility numbers are found next to each Selected General Dental Office's name in the Directory of Participating Dentists.

Facility Number - 1st Choice:

Facility Number - 2nd Choice:

COVERAGE REQUEST DATA:

I have received and read a copy of the group/employer's current announcement of the group plan. I want to be covered under the group plan for the benefits which I am or may become eligible, requested below.

I request the following coverage:

Member/Employee Coverage

☐ Dental

Spouse/Domestic Partner Coverage

☐ Dental

Dependent Child Coverage

☐ Dental

If applying for Dependent coverage (Spouse/Domestic Partner and Child), complete section below:

Choose a Selected General Dental Office (facility number) of your choice for each eligible family member from the Directory of Participating Dentists.

Number of Dependents (including Spouse/Domestic Partner):

	Name (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	Sex (M/F)	Facility 1 st	Facility 2 nd
Spouse /Domestic Partner:	_____	_____	_____	_____	_____
Child(ren):	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

DECLARATION SECTION

Each person signing below **declares** that all the information given in this enrollment form is true and complete to the best of his/her knowledge and belief. Each person understands that this information will be used by MetLife to determine his or her eligibility.

For Changes Requested After Initial Enrollment Period Expires. I understand that if dental coverage is not elected, a waiting period may be required before I can enroll for such coverage after the initial enrollment period has expired.

For Payroll Deduction Authorization By the Member/Employee. If this group coverage is provided through my employer, I authorize my employer to deduct the required contributions from my pay for the coverage requested in this enrollment form. This authorization applies to such coverage until I rescind it in writing.

Primary language: _____ **Please note any communication impairment:** _____

Authorization to release dental records. I hereby authorize the release and disclosure to review, or to obtain a copy of, any and all dental records which pertain to me or any member of my family, maintained by my chosen Selected General Dentist and/or Specialty Care Dentist, to MetLife and/or any designated agent or representative for the purposes of dental treatment, care and for MetLife's quality assessment and utilization reviews, which will be kept strictly confidential. This authorization shall remain valid for the term of this coverage.

Fraud Warning. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature(s): The Member/Employee must sign in all cases. Each person signing below acknowledges that he or she has read and understands the statements and declarations made in this enrollment form.

Member/Employee Signature

Print Name

Date (Mo./Day/Yr.)

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

Facts:	What Do the MetLife Companies Do With Your Personal Information?
Plan Sponsors and Group Insurance Contract Holders	This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, group insurance or annuity contract, or as an executive benefit. In this notice, “you” refers to these individuals.
Why?	Financial companies choose how they share your personal information. The law gives consumers the right to limit some but not all sharing. The law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Social Security number and employment information • income and assets • driving record • credit information and other consumer report information • medical information and insurance history • information about any business you have with us, our affiliates, or other companies
How Does MetLife Get Your Information?	<p>We collect personal information from you as well as through third parties. We also use outside sources to help ensure our records are correct and complete. Third parties include consumer reporting agencies, employers, other financial institutions and adult relatives. Information collected may be kept by the consumer reporting agency and later given to others as permitted by law. We don’t control the accuracy of information outside sources give us. If you want to make changes to information we receive about you, you must contact those sources. If we have asked for a consumer report about you, and you write or call us, we will give you the name, address, and phone number of the consumer reporting agency. The agency will give you a copy of the report, if you ask the agency and provide proper identification. Consumer reports may tell us about a lot of things, including:</p> <ul style="list-style-type: none"> • reputation • work history • driving record • finances • hobbies and dangerous activities <p>In some limited circumstances, we may ask an agency for an investigative report about you. They will ask others about you. We will ask them to contact you as well.</p>
How Does MetLife Use Your Information?	<p>We collect personal information to help decide if you’re eligible for our products or services. We may also use it to help deter fraud or money laundering. How we use this information depends on what products and services you have or want from us. We may also use it to:</p> <ul style="list-style-type: none"> • administer your products and services • market new products to you • confirm or correct your information • help us run our business • process claims and other transactions • comply with applicable laws • perform business research
How Does MetLife Protect Your Information?	We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our service providers must also protect it, and use it only to meet our business needs. We take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.
Reasons MetLife Shares Your Information	All financial companies need to share personal information to run their everyday business. We may share your personal information with others with your consent, by agreement, or as permitted or required by law. We may share your personal information without your consent if permitted or required by law. For example, we may share your information with our sales agents and businesses hired to carry out services for us. We may share your information with our regulators or with law enforcement. If you have MetLife products because of your relationship with an employer, association or other sponsoring organization, we may share information with it and its agents as permitted by law. In the section below, we list the reasons financial companies can share their customers’ personal information; the reasons MetLife chooses to share; and whether you can limit this sharing.

Reasons We Can Share Your Personal Information		Does MetLife share?*	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, learn if you qualify for coverage, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus		Yes	No
For our marketing purposes – with service providers we use to offer our products and services to you		Yes	No
For joint marketing with other financial companies		No	Not Applicable
For our affiliates' everyday business purposes – Information about your transactions and experiences		No	Not Applicable
For our affiliates' everyday business purposes – Information about your creditworthiness		No	Not Applicable
For our affiliates to market to you		No	Not Applicable
For non-affiliates to market to you		No	Not Applicable
How Does MetLife Handle Your Health Information?	The Health Insurance Portability and Accountability Act (“HIPAA”) protects your information if you request or purchase dental, vision, long-term care and/or medical insurance from us. We will provide information about your rights under HIPAA with any dental, vision, long- term care or medical coverage issued to you. You can obtain a copy of our HIPAA Privacy Notice by visiting our website at www.MetLife.com . Select “Privacy Policy” at the bottom of the home page. For additional information about your rights under HIPAA or to have a HIPAA Privacy Notice mailed to you, contact us at HIPAAprivacyAmericasUS@metlife.com , or call us at (212) 578-0299.		
Definitions:			
Affiliates	Companies related by common ownership or control. Affiliates can be financial or nonfinancial companies. Our affiliates include life, car, and home insurers. They also include a legal plans company and a securities broker-dealer. In the future, we may have affiliates in other businesses.		
Non-affiliates	Companies not related by common ownership or control. Non-affiliates can be financial or nonfinancial companies. MetLife does not share personal information with non-affiliates for their marketing purposes.		
Joint Marketing	A formal agreement between non-affiliated financial companies that together market financial products or services to you.		
How Can I Access and Correct Information?			
You may ask us for a copy of the personal information we have on you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing and provide the account or policy number associated with the information you wish to access. For legal reasons, we may not show you privileged information relating to a claim or lawsuit, unless required by law. If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing. We will include your statement whenever we give your disputed information to anyone outside MetLife.			
Who is Providing This Notice?	Metropolitan Life Insurance Company Delaware American Life Insurance Company Safeguard Health Plans, Inc. MetLife Health Plans, Inc. General American Life Insurance Company SafeHealth Life Insurance Company Metropolitan Life Insurance Company as administrator for the Prudential Insurance Company of American; Business Men’s Assurance Company of America; Employer’s Reinsurance Corporation; and Teachers Insurance and Annuity Association of America		
How Will I Know if This Notice is Changed?	We may revise this privacy notice at any time. If we make material changes, we will notify you as required by law.		
Questions?	Send privacy questions or requests for more information to: MetLife Privacy Office, P.O. Box 489, Warwick, RI 02887-9954; Call (877) 638-7684 or go to www.metlife.com		

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

Language Assistance

As a SafeGuard member you have a right to free language assistance services, including interpretation and translation services. SafeGuard collects and maintains your language preferences, race, and ethnicity so that we can communicate more effectively with our members. If you require spoken or written language assistance or would like to inform SafeGuard of your preferred language, please contact us at (800) 880-1800.

Como miembro de SafeGuard, tiene derecho a servicios gratuitos de ayuda con idiomas, que incluyen servicios de interpretación y traducción. SafeGuard recopila y conserva sus preferencias de idioma, raza y origen étnico para poder comunicarnos más eficazmente con nuestros miembros. Si necesita ayuda oral o escrita con un idioma, o si desea informar a SafeGuard su idioma de preferencia, comuníquese con nosotros al (800) 880-1800.

作為 SafeGuard 的會員，您有權享受免費語言協助服務，包括口譯及翻譯服務。SafeGuard 將搜集並保留您的語言偏好、種族及民族的相關資料，以便於我們更有效地與會員溝通。如需口頭或書面語言協助，或樂意告知 SafeGuard 您的首選語言，請致電(800) 880-1800 聯絡我們。

