

City of Fort Lauderdale

RFP # 575-11928

MetLife Group DHMO and DPPO Dental Plan Benefits Proposal

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Angie Fernandez
Account Executive
Group, Voluntary & Worksite Sales

April 7, 2017

City of Fort Lauderdale Procurement Services Division
100 N. Andrews Avenue, #619
Fort Lauderdale, FL 33301

RE: RFP # 575-11928 Group DHMO and DPPO Dental Plan Benefits

City of Fort Lauderdale,

On behalf of MetLife, I am pleased to submit our Dental Proposal for the employees of the City of Fort Lauderdale. Over the past weeks, we have engaged internal resources from our dedicated Public Sector Proposal Team, Dental Product Management, Legal, Underwriting and Sales Leadership to thoroughly review the details of the RFP and ensure our proposal addresses the needs and requirements of the City.

Throughout our proposal, we have demonstrated how MetLife is uniquely positioned to be the City's Dental insurance carrier. We believe that our years of experience serving the benefit needs of the public sector, our commitment to educating the consumer and the team of professionals we have assembled is unmatched in the industry.

Additionally, having your Account Executive and Field Service Consultant located in South Florida allows us to meet with you as often as desired and provides local-understanding in meeting your expectations of a benefits provider.

Public Sector

MetLife offers the unique perspective and broad experience of representing and providing Group Benefits to over 1,000 local government entities and one-third of all State governments. This not only provides us with the ability to understand the culture and complexities of the City of Fort Lauderdale, but also provides us with the opportunity to share best practices, benchmarking and industry trends.

Our experience within the public sector consists of nearly 3,000 customers including cities, counties, educational institutions, employee trust funds, state governments and federal government agencies such as: Federal Employees' Group Life Insurance program (4 million employees and retirees) and the Federal Employees Dental and Vision Insurance Program (548,000 participants).

MetLife Dental

MetLife is proud to be the #1 commercial dental carrier in the US, serving 47 of the Fortune 100 as well as the Federal Government. According to a Ruark Consulting Dental PPO Network Study in 2016, research demonstrates that MetLife's PDP Plus network provides one of the industry's best combinations of size and discounts. Negotiated fees typically range from 15% to 45% less than the average charges in the same community. With most carriers, network access isn't an issue, but the depths of effective discounts vary greatly. This is where MetLife stands out. Nowhere is this more evident than within the State of Florida, where we have an average discount of 41% statewide. Specific to the City of Fort Lauderdale our discounts are 37% in zip code 334 and 41% in zip code 333.

Administrative Capabilities

MetLife's Dedicated Regional Market Team has an extensive knowledge of the 1,000-5,000 eligible-life-employer benefits market enabling our team to offer the City flexible and customized processes to best meet the City's specific needs, challenges and objectives. Your primary point of contact at MetLife will be Account Executive, Angie Fernandez, located in MetLife's Plantation, FL Office. Angie reports to Regional Director, Carl Rude, in MetLife's Tampa, FL Office, and Regional Vice President, Brian Blackburn, in our Atlanta, GA Office. MetLife is headquartered at 200 Park Avenue, New York, NY 10166.

In Summary, Our People Make the Difference

We are confident that after reviewing our proposal, you will agree that we are best suited to meet the benefits needs of the City of Fort Lauderdale. We are well positioned to meet our future obligations and the commitments we have made to our customers.

If the City has any questions or requires additional information, please contact me at 954-626-5165 or aafernandez@metlife.com. We appreciate the opportunity to submit our quote and look forward to hearing from you soon regarding the next step in the proposal process.

Angie Fernandez

Account Executive
Group, Voluntary & Worksite Sales

Why MetLife

Today's competitive benefits environment and rising healthcare costs are significant challenges, especially when coupled with an increasingly diverse, multi-generational workforce. Providing access to a broad range of benefits is an effective way to address your employees' evolving needs and improve their overall satisfaction, while optimizing your benefits investment at the same time. With our unmatched product suite, flexible coverage options and expertise, you can create the right benefits mix for your employees, in a simple, cost-effective way.

We offer a unique experience that brings:

- **Customer-focused Solutions:** Provide more choice with our broad product suite to help your employees address critical gaps in their financial security;
- **Exceptional Service:** Reduce your administrative burden with simple, consistent and reliable service you and your employees can trust;
- **Proven Expertise:** Increase employee awareness and participation with a results-driven enrollment program designed to simplify your employees' benefits experience and drive satisfaction.

MetLife opened for business on March 24, 1868. Today, we serve approximately 100 million customers and have operations in nearly 50 countries. We are a marketplace leader with a broad range of employee benefit capabilities and rank competitively in a majority of our group products.

MetLife introduced our group dental insurance and ASO plans in 1962 nationwide, and our current Managed Dental Plan (DHMO) in 2008.

We use the latest market trends, clinical research and practice protocols to develop our Dental plan designs. Our comprehensive program encourages members to make – and dentists promote - better choices about oral health, at costs that meet your financial goals.

Here's why you should choose MetLife for Dental:

Dental Network Strength

- We administer dental plans to **over 21 million people**¹;
- Our dentist selection and retention process follows **strict credentialing standards**. To ensure program value, we continuously monitor dentist treatment patterns;
- Our network turnover is **consistently less** than 1.2% per year, and was only 1.17% in 2016⁶. Our upfront provider applicant rejection rate is 6.21%².
- Our **Quality Initiatives Program (QIP)** assists dentists in assessing the health status of patients and providing a healthier, safer environment for patient care;
- The MetLife Dental Advisory Council is comprised of dentists, academic leaders and corporate benefit representatives who evaluate the quality initiatives of our Dental programs and recommend changes or enhancements;

¹ MetLife data as of January 2016.

² MetLife data as of December 2015.

- DPPO Members can choose from over 370,000 **participating dentist access points** throughout the U.S. This includes access to over 86,000 participating specialists⁵;
- Our deep in-network discounts are 15% to 45% below average community charges;
- Our claims technology ensures speedy, accurate claim payment through specialized mail handling, imaging, auto adjudication and clinical review.

MetLife is Right for Employers

- 49 of the top 100 Fortune 500 companies choose MetLife as their Dental carrier³
- Given that 68% of employees say that dental insurance is a must-have benefit⁴, our Dental plans can attract and retain talented employees;
- Our employer portal, MetLink, enables self-service access to eligibility, enrollment, claims status, billing and reporting;
- Our full suite of Dental plan options include PPO and Managed Dental Plans for active employees as well as retirees and their dependents;
- We conduct ongoing surveys of our members and providers to improve our existing programs and determine future plan and service improvements.

MetLife is Right for Employees

- Members have the **freedom to choose** from any dentist;
- 71% of claims are processed in **one business day**⁶;
- 89% of claims are processed in **five business days** and 98% are processed in **10 business days** with 99% **payment and procedural accuracy**⁶;
- 97% of claims are assigned to the provider⁶;
- Discounts apply to **non-covered services**, such as orthodontia and cosmetic procedures, when performed by a network dentist, where allowed by law;
- Eligibility, benefit information and pretreatment estimates can be accessed through **multi-channels**, including the Internet, telephone or fax;
- Our **Oral Health Library** assists members in making better choices about their oral health and treatment decisions;
- Year over year, the majority of our plan participants have reported they are **very satisfied or satisfied** with their MetLife Dental plan overall.

At MetLife, we are committed to doing things right, and making your job easier.

³ FORTUNE 500®, August 2016. FORTUNE 500® is a registered trademark of FORTUNE® magazine, a division of Time, Inc.

⁴ MetLife 14th Annual U.S. Employee Benefit Trends Study.

⁵ MetLife data as of January 2017.

⁶ MetLife data as of December 2016.

Why is having a good Dental plan so important?

Because a healthier smile can be important to maintaining overall health.

Maintaining good oral health matters. Staying on top of your care is the key to preventing costly problems that can add up. Plus, going to the dentist regularly can help prevent problems that have been linked to stroke or heart disease.

Having dental coverage makes it easier to visit the dentist and helps lower your costs. You get support to keep up with dental cleanings and other preventive care that helps you avoid costly problems and live healthier. Now that's something to smile about!

Two valuable plan options to choose from:

Dental PPO

- Provides benefits for a broad range of covered services/procedures.
- Flexibility to choose any licensed dentist, in or out of the network.
- Additional savings when you visit an in-network dentist. In-network dentists have agreed to MetLife's negotiated fees for covered services, which are typically 15 – 45% below the average charge for the same or similar services in the same geographic area.²
- No paperwork, in- or out-of-network, if your dentist submits your claims for you.

Dental HMO/Managed Care³

- Broad network of carefully screened general dentists and specialists who provide quality dental care at reduced cost.
- At time of enrollment, pre-select a dentist who participates in the network.
- No waiting periods, claim forms, deductibles or annual maximums.



You're more likely to visit the dentist when you have dental coverage.⁴



continued >>

Comparing your choice of plans:

The information below compares your two plan options to help you make a more informed decision. Please refer to your enrollment materials for complete details.

Features	Preferred Dentist Program PPO	Dental HMO/ Managed Care Plan
Eligibility	Available to individuals and their family members nationwide	Available to residents of CA, FL, NJ, NY and TX
Choice of Dentists	You have the flexibility to choose any licensed dentist, in or out of the network. Your cost may be higher when you visit an out-of-network dentist.	You pre-select a dentist, at time of enrollment, who participates in the network to receive benefits. Each family member may select a different participating dentist.
Specialty Care	No referral needed for specialty care.	Your selected dentist will determine if you need the services of a specialty care provider. ⁵
Network Discounts	All participating dentists have agreed to accept negotiated fees as payment in full for covered services. These fees typically range from 15%-45% less than the average charges in the same community. ²	You have access to hundreds of dental services at costs that may be considerably lower than your cost would be without this plan. ⁶

Why should I enroll now?

- ✓ Help protect your smile and your wallet. You and your family can get the dental care you need in the coming year, and save money, too.⁶

Enroll today!

For added convenience, MetLife's Mobile App⁷ is now available on the iTunes® App Store and Google Play. After downloading, you can use it to find a dentist, view your claims and to see your ID Card.

¹ American Dental Association; Dentists: Doctors of Oral Health. Accessed May 2016, www.ada.org/en/about-the-ada/dentists-doctors-of-oral-health.

² Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services rendered by them, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

³ 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.

⁴ American Dental Association; Your Guide to Finding and Paying for Dental Care. Accessed May 2016, <http://www.mouthhealthy.org/en/dental-care-concerns/paying-for-dental-care>.

⁵ In California, orthodontic and pedodontic specialty services requires pre-approval. Your selected participating dentist will contact SafeGuard (a MetLife company) for pre-approval. Once approved, your dentist will contact you with the name of a participating specialist.

⁶ Based on internal analysis by MetLife. Savings from enrolling in a dental benefits program will depend on various factors, including costs of the program, how often members visit a participating dentist and the cost of services rendered.

⁷ Certain features of the MetLife Mobile App are not available for all MetLife Dental Plans. Before using the MetLife Mobile App, you must register at www.metlife.com/mybenefits from a computer. Registration cannot be done from your mobile device.

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

MetLife

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www.metlife.com

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HMO and PPO

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212-578-1560

March 2017

RE: METLIFE SUPPLIER DIVERSITY PROGRAM – City of Ft. Lauderdale

The following information outlines MetLife's commitment and effort to inclusion of diverse suppliers in our supply chain. We are aware of Florida Statutes 287.09451 and will support the City of Ft. Lauderdale to meet the MWBE procurement goals as indicated.

Diverse business participation within MetLife's supply chain is a major focus of our Supplier Diversity business strategy. We continually seek opportunities to engage with certified suppliers qualified as MBE, WBE, LGBT, DVBE and Small Business classifications recognized by the federal government.

MetLife's commitment to working with diverse business enterprises is fueled by the realization that we can benefit from the innovation and creativity of diverse business partners in many of the same ways that we benefit from the diversity of our own workforce. The program strives to introduce partnerships and sustain relationships with diverse business partners promoting their long-term economic growth. Through the program, MetLife implements aggressive sourcing initiatives that provide diverse businesses with equal opportunity to become trusted suppliers of MetLife.

The MetLife Supplier Diversity Program is an enterprise initiative focused on percent of spend with diverse business partners over procurable spend. MetLife tracks and reports spend with diverse suppliers every quarter to monitor growth. Supplier Diversity partners with Global Procurement Leaders to source certified diverse businesses for inclusion in RFPs. Valid third-party certification is required of all diverse businesses who participate in MetLife's RFPs.

Facts and Figures

Our commitment to building relationships with diverse business partners has driven growth since the program's inception in 2003.

- In 2016, MetLife's annual spend with diverse business partners was 10.6% of total procurable spend.
- MetLife engaged with more than 700 diverse business partners in 2016. Over the program's history, MetLife partnered with diverse businesses to achieve over \$1.8 billion in spend.
- Supplier diversity tracks spend with certified suppliers in the following classifications: MBE, WBE, LGBT, VBE, DVBE and Small Business classification recognized by the federal government.

MetLife Affiliations:

National Minority Supplier Development Council (NMSDC)

NY/NJ Minority Supplier Development Council (The Council)

Women's Business Enterprise National Council (WBENC)

The Women Presidents Educational Organization, NY (WPEO)

National Gay & Lesbian Chamber of Commerce (NGLCC)

US Business Leaders Network (USBLN)

National Veteran Business Development Council (NVBDC)

The Conference Board Supplier Diversity Leadership Council

Supplier Diversity Leadership

MetLife's Supplier Diversity Program drives the growth of diverse businesses. We are committed to face-to-face, ground-level involvement that fosters a direct connection with diverse suppliers supported by our membership in US and Global organizations including WBENC, NMSDC, NGLCC, USBLN, NVBDC, WEConnect International and MSDUK. To drive that commitment, MetLife is involved in the following:

- Exhibiting at national and regional business opportunity fairs to cultivate relationships with diverse businesses and understand how their value proposition benefits MetLife.
- Benchmarking Supplier Diversity best practices and leverage referral opportunities with world class organizations as members of financial services industry groups.
- Providing annual scholarships for diverse business owners to attend executive education programs at major universities designed to broaden their capabilities that can lead to high-performing businesses.
- Designing and delivering workshops and seminars for diverse business owners to benefit from our position and industry knowledge as the leader in financial services and insurance.
- Partnering with MetLife National Accounts in private and public sector markets to strengthen our supplier diversity leadership position.

Supplier Diversity Program Direction

MetLife's goal is to grow partnerships with diverse businesses to represent an ever greater percentage of the company's overall procurable spend. By growing the number of diverse business partners we work with, MetLife advances its vision to help build financial freedom for everyone.

MetLife Global Procurement and Supplier Diversity have identified the following activities as essential in helping to meet our goals:

- Identify commodity areas of procurable spend that Global Procurement can impact.
- Support sourcing leaders to facilitate the inclusion of diverse vendors in RFPs.
- Analyze spend by key commodity area/owner and by diverse supplier.

- Provide supplier diversity data to MetLife proposal teams in support RFP requirements for private and public sector markets.
- Implement regular data enrichment to ensure accurate coding of diverse vendors as they are added to the supply chain.
- Proactively identify line of business stakeholders to encourage and increase inclusion of diverse businesses in decision making.
- Raise enterprise awareness of MetLife's Supplier Diversity Program.
- Drive supplier registration through the MetLife Supplier Diversity Portal.

Supplier Diversity Initiative Recognition

- 2016 Charles J. McDonald Jr. Supplier Diversity Advocate Award to Arnold Sowa – ISM
- Corporation of the Year – NY & NJ Minority Supplier Development Council
- America's Top Corporations for Women's Business Enterprises – WBENC
- 2016 "Best-in-Class" – MBN USA (Arnold Sowa, CPO. Pauline Gebon, Executive Champion)
- America's Top 50 Organizations for Multicultural Business – DiversityBusiness.com
- Top Corporations for LGBT Economic Empowerment – Affinity Magazine
- WE 100 Corporations of the Year - Women's Enterprise USA

Enterprise Awards and Recognition

Throughout our long history, we have aimed to make MetLife a great place to work and interact for customers, employees, and communities around the world. Understanding different regions and cultures also allows us to better customize our products and services. These efforts have been recognized by a broad range of external associations and the media for customer satisfaction, environmental sustainability, human rights, women's rights and our work to help our returning Veterans pursue more from life.

Link out for the latest news about MetLife recognition:

<https://www.metlife.com/about/corporate-responsibility/overview/awards-and-recognition/index.html>

References

Provide references for **four (4) current clients**. We would prefer that these be Florida public sector employers with more than 500 subscribers.

- | | |
|-------------------------------------|--|
| 1. Name of Organization | City of North Miami Beach |
| Total Number of Full-Time Employees | 825 |
| Name & Title of Contact | Candace Doe, HR Coordinator |
| Telephone Number | (305) 948-2918 |
| Fax Number | Not Available |
| E-mail Address | Candice.Doe@citynmb.com |
| Type of Benefits Provided | Dental and Vision |
| Number of Employees Covered | 1,000 |
| Plan Inception Date | January 1, 2002 |
|
 | |
| 2. Name of Organization | City of Oviedo |
| Total Number of Full-Time Employees | 250 |
| Name & Title of Contact | Connie Collings |
| Telephone Number | (407) 971-5525 |
| Fax Number | Not Available |
| E-mail Address | ccollins@cityofoviedo.net |
| Type of Benefits Provided | Dental |
| Number of Employees Covered | 224 |
| Plan Inception Date | October 1, 2013 |
|
 | |
| 3. Name of Organization | Davidson County Board of Education |
| Total Number of Full-Time Employees | 1,000 |
| Name & Title of Contact | Shelly Hodges, HR |
| Telephone Number | (336) 242-5531 |
| Fax Number | Not Available |
| E-mail Address | shodges@davidson.k12.nc.us |
| Type of Benefits Provided | Life, AD&D, and MetLaw |
| Number of Employees Covered | 1,000 |
| Plan Inception Date | September 1, 1986 |

Reference Form, continued

4. Name of Organization	Town of Palm Beach
Total Number of Full-Time Employees	1,000
Name & Title of Contact	Kennie Wells, HR Analyst
Telephone Number	(561) 227-6326
Fax Number	Not Available
E-mail Address	kwells@townofpalmbeach.com
Type of Benefits Provided	Long Term Disability
Number of Employees Covered	1,000
Plan Inception Date	November 1, 2003

The above four references are from **current clients** with whom your firm has contracts. Please provide two (2) references from **former clients** with whom your company may no longer have the contract or contract expired within the past 12 months. We would prefer that these be Florida public sector employers with more than 500 subscribers.

5. Name of Organization	University of Florida Jacksonville Healthcare, Inc.
Total Number of Full-Time Employees	900
Name & Title of Contact	Sanders Murnahan, Benefit Specialist
Telephone Number	(904) 244-9288
Fax Number	Not Available
E-mail Address	Lori.Sanders@jax.ufl.edu
Type of Benefits Provided	Dental
Number of Employees Covered	900
Plan Inception Date	January 1, 2013

6. Name of Organization	Polk School District
Total Number of Full-Time Employees	1,000
Name & Title of Contact	Joy Wheeler, Benefits Administrator
Telephone Number	(770) 382-0951
Fax Number	Not Available
E-mail Address	joy@shawhankins.com
Type of Benefits Provided	Dental
Number of Employees Covered	1,000
Plan Inception Date	January 1, 2011

RFP Deviations and Exceptions

Metropolitan Life Insurance Company ("MetLife") lists below the deviations and exceptions it is submitting with respect to its response to the Request for Proposal by the City of Fort Lauderdale ("Customer").

I. GENERAL COMMENT

As required by state law, insurance policies (the "Group Contract") will be issued by one or more MetLife Companies. The Group Contract governs the terms and conditions of the coverage being provided. In the event of any conflict between the Group Contract and any other documents, the Group Contract will govern.

II. INVOICES

With respect to RFP, item 2.6 (**page 3**) and item 1.04, "General Conditions" (**page 1**), if we are awarded the business, this provision will need to be discussed, as invoicing is not always standard and sometimes involves self-billing which would make this inapplicable.

III. SAMPLE CONTRACT

With respect to the Sample Contract Template referred to in RFP, item 2.11 (**page 4**),

Section I(2) (**page 1**), with respect to the coverages being provided, in the event of any conflict between the Group Contract and any other documents, the Group Contract will govern.

Section V (**page 2**), if we are awarded the business, this provision will need to be discussed, as invoicing is not always standard and sometimes involves self-billing which would make the above inapplicable.

Section VI(A) and (B) (**page 3**), while we cannot agree to this language as written without future discussion, if MetLife is awarded the business, we would be happy to discuss the language further to address any customer concerns. MetLife can assure you that we will provide coverage in accordance with the terms of the group contract and we will defend, at our expense, lawsuits seeking coverage under the group contract.

Section VI(C), (D) and (E) (**pages 3-4**), please see General Comment above. Please note that there are termination provisions in the Group Contract. We note that the Customer has the right to terminate coverage without cause.

Section VI(I) (**page 6**), we propose the following revision:

I. Rights in Documents and Work

Except for any pre-existing or third party intellectual property, all of which remains the property of Contractor or its respective owner, anyAny and all reports, photographs, surveys, and other data and documents provided or created in connection with this Agreement are and shall remain the property of City; and Contractor disclaims any copyright in such materials created exclusively for the City and as set forth in a scope of work signed by Contractor and City. In the event of and upon termination of this Agreement, any reports, photographs, surveys, and other data and documents prepared by Contractor, whether finished or unfinished, shall become the property of City and shall be delivered by Contractor to the City's Contract Administrator within seven (7) days of termination of this Agreement by either party. Any compensation due to Contractor shall be withheld until Contractor delivers all documents to the City as provided herein.

Section VI(J) (pages 6-7), MetLife proposes that any claim audits be performed at MetLife's premises upon reasonable notice and, if conducted by a third-party examiner, will be subject to the execution of an appropriate confidentiality agreement. Please note that MetLife is responsible for the acts of its subcontractors and it has individually negotiated contracts with each of its subcontractors. For practical reasons, MetLife cannot agree to revise/renege these contracts to address the requirements of each group customer.

Section VI(N) (pages 7-8), MetLife will agree to seek written consent from the City of Fort Lauderdale prior to assignment except in the event of an assignment to a MetLife affiliate or in the event of a sale of its assets.

We use subcontractors for various workflow activities across our entire dental book of business MetLife cannot agree to seek the written consent of its customers with respect to the use of its subcontractors. However, MetLife can provide a list of its subcontractors utilized at the time the contract is entered into and agree to provide reasonable notice of any additional subcontractors utilized.

With respect to the request to defend and indemnify the City in the fourth paragraph, MetLife is responsible for the acts of its subcontractors, and while we cannot agree to the indemnification language as written without future discussion, if MetLife is awarded the business, we would be happy to discuss the indemnification language further to address any customer concerns.

Section VI(O) (page 9), please note that MetLife is responsible for the acts of its subcontractors and it has individually negotiated contracts with each of its subcontractors. For practical reasons, MetLife cannot agree to revise/renege these contracts to address the requirements of each group customer.

Section VI(W) (page 10), in addition to the Agreement, with respect to the coverages being provided, the Group Contract will govern the terms and conditions of the coverage being provided.

Section VI(CC)(d) (page 10), MetLife agrees, subject to its records management policies.

IV. PERSONNEL

With respect to RFP, item 2.24 (**page 8**), MetLife agrees to give due consideration to feedback, requests and advice from the customer regarding staffing and specific personnel performing services for its account.

V. SOC 2 REPORTING

With respect to RFP, item 2.25 (**page 9**), please note that, by December 2018, MetLife intends to issue a SSAE-16 SOC2 report that will address such systems and functions as eligibility.

VI. HIPAA

With respect to RFP, item 2.29 (**page 9**), and Exhibit A “Business Associate Agreement”, we are in full compliance with HIPAA, as it applies to our businesses. If we are awarded the Dental business on a fully insured basis and DHMO basis, we will be a Covered Entity, as defined by HIPAA and a business associate agreement is not required.

VII. INDEMNIFICATIONS

With respect to this sentence in RFP, item 4.1.5 (**pages 15-16**); item 3.15, “General Conditions” (**page 4**), (“The city’s determination of whether an exemption applies shall be final, and the Proposer agrees to defend, indemnify, and hold harmless the city and the city’s officers, employees, and agent, against any loss or damages incurred by any person or entity as a result of the city’s treatment of records as public records.”); and items 5.08 and 5.18, “General Conditions” (**pages 5 and 6, respectively**), while we cannot agree to the indemnification language as written without future discussion, if MetLife is awarded the business, we would be happy to discuss the indemnification language further to address any customer concerns.

VIII. COMPLIANCE WITH LAWS

With respect to Exhibit 14, item 8, beneath “General” (**page 1**), yes. MetLife complies with all applicable laws.

IX. FACILITIES INSPECTION

With respect to item 3.13, “General Conditions” (**page 3**), with respect to inspection of facilities, MetLife will require 60 days’ advance written notice and may require that the customer or its representative enter into a non-disclosure agreement regarding any information shared during such visit, and to protect and maintain the security of the information of all of its customers, MetLife reserves the right to withhold disclosure of and access to facilities and information that can compromise such security.

X. CONFLICT OF INTEREST

With respect to item 3.16, “General Conditions” (**page 4**), to the best of our knowledge, MetLife is not aware of any direct or indirect financial interest in this agreement or the provision of services by MetLife to the City by any City official or employee.

With respect to the Non-Collusion Statement, to the best of our knowledge, MetLife is not aware of any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of MetLife, who is in a position to influence this procurement.

XI. OTHER GOVERNMENTAL ENTITIES

With respect to item 5.05, “General Conditions” (**page 5**), we will evaluate additional entities on a case-by-case basis.

XII. TERMINATION

With respect to items 5.09 and 5.10, “General Conditions” (**page 5**), please see General Comment above. Please note that there are termination provisions in the Group Contract. While we cannot agree to the language as provided, we note that the Customer has the right to terminate coverage without cause, and we would be happy to discuss this further to address any customer concerns.

XIII. AUDIT

With respect to item 5.12, “General Conditions” (**page 5**), MetLife proposes that any claim audits be performed at MetLife’s premises upon reasonable notice and, if conducted by a third-party examiner, will be subject to the execution of an appropriate confidentiality agreement.

XIV. ASSIGNMENT

With respect to item 5.19, “General Conditions” (**page 5**), MetLife will agree to seek written consent from the City of Fort Lauderdale prior to assignment except in the event of an assignment to a MetLife affiliate or in the event of a sale of its assets.

XV. RECORDS RETENTION

With respect to item 5.22, “General Conditions” (**pages 607**), MetLife agrees, subject to its records management policies.

XVI. INSURANCE REQUIREMENTS

With respect to items 2.18 - Insurance Requirements, subsections 2.18.1, 2.18.2, and 2.18.5, MetLife agrees the following modifications:

2.18.1 The Contractor shall furnish proof of insurance requirements as indicated below. The coverage is to remain in force at all times during the contract period. The following minimum insurance coverage is required. ~~The City is to be added as an "additional insured" with relation to General Liability Insurance. This MUST be written in the description section of the insurance certificate, even if you have a check-off box on your insurance certificate. Any costs for adding the City as "additional insured" will be at the contractor's expense.~~

2.18.2 The City of Fort Lauderdale shall be given notice ~~40~~ 30 days prior to cancellation ~~or modification of~~ any stipulated insurance. The insurance provided shall be endorsed or amended to comply with this notice requirement. In the event that the insurer is unable to accommodate, it shall be the responsibility of the Contractor to provide the proper notice. Such notification will be in writing ~~by registered mail, return receipt requested and~~ addressed to the Procurement Services Division.

[...]

2.18.5 In the event that you are the successful Proposer, ~~you will be required to provide a certificate naming the City as an "additional insured" for General Liability.~~ Certificate holder should be addressed as follows:

City of Fort Lauderdale
Procurement Services Division
100 N. Andrews Avenue, Room 619
Fort Lauderdale, FL 33301

General

1. **Where are your company's claims and customer service offices located that will be servicing this account? Are there any plans to locate those member call centers out of the country? If so, please elaborate.**

Location of Dental Claims Office

We receive approximately 34 million claims each year. Claims are auto-adjudicated by our claim system or approved by our Claims Unit in Oriskany, NY.

Location of Dental Customer Service Offices

We use intelligent routing to direct calls to Customer Service Representatives in any of our three offices, located in Oriskany, NY; Tulsa, OK; and Dayton, OH. If a caller's expected wait time exceeds two minutes, he or she is given the option to continue holding or use the Call Back Assist feature to receive an auto-generated call back the same business day. This arrangement allows us to keep response times and abandonment rates low.

There are no plans at this time to relocate our customer service offices outside of the United States.

2. **Is your company willing to provide a dedicated toll free number (and dedicated staff) for servicing this account?**

We can provide a customer-specific toll-free number at no additional cost. This number will route all callers to our Dental product call centers.

Our call center staff is dedicated to our Dental product. Each Customer Service Representative is trained to respond to questions on plans, benefits, networks and providers. We do not create dedicated customer service teams within our call centers.

3. **Is your company capable of providing the following reports on a monthly basis? If not, please provide a description of reports the company is capable of providing and their frequency. Please list the reports you are not able to provide in the deviation section of your proposal.**

Yes.

DPPO Plans

- **Monthly paid claims separated by plan option, by network, non-network, by employee, by dependent**
- **Quarterly Utilization reports by category of services and CDT code**
- **Monthly Paid Claims and Premium by Plan (by Firefighters & All other groups)**
- **Quarterly Summary Reports of customer service calls providing the number of calls and categorizing the reasons for the calls such as benefit inquiries, claim issues, provider issues, network assistance.**

Standard Reports	
Report Type	Details
Premium versus Claims	Compares the billed premium over a specific period of time with claims that have been paid on behalf of your eligible employees during that same period. It provides a graphic view of premium and claim levels in easy-to-read graphs and illustrates the overall premium and claim activity by month for the current policy year.
Procedure Utilization Report	<p>Illustrates how employees utilized their Dental plan during a certain period of time. This report is useful in understanding how contract and plan design changes can alter the allocation of costs between the employer and employee/patient. It shows customer utilization patterns for employee groups or a subset of the group during a specified period of time. It provides a broad overview of the plan's claim experience to:</p> <ul style="list-style-type: none"> • Assess how claim controls (e.g., reasonable and customary reimbursement and plan exclusions) impact claim costs; • Analyze the effectiveness of cost-sharing provisions (e.g., deductibles, coinsurance and plan maximum) in reducing claim costs; • Understand the potential impact of plan design changes on employees based upon current utilization; • Provide insight into the potential impact of plan design changes on plan cost and employee satisfaction.
PDP Savings Report	Provides employer and employee savings attributable to receiving services from our PDP network of dentists. Available in PDF format only.

In addition, we offer the following reports via email on a monthly, quarterly, semi-annual and annual basis, at no additional cost, in PDF or Excel format:

Additional Reports Available Monthly, Quarterly, Semi-Annual and Annual Basis	
Report Type	Details
Annual Maximum Report	Details the payments made on behalf of patients and/or employees for dental procedures that are subject to an annual maximum amount. Available in PDF format only.
Claim Review Utilization Report	Client-specific claim savings report for all claims reviewed by our Dental Consultants. Data is separated by procedure code and total savings in dollars for both estimated claims as well as date of service claims.
Dental Claim Lag Report	Aggregates paid claims incurred within specified periods.
Detail Claim Listing Report	Provides your employees' monthly claim activity. The report includes the amount paid, date paid, claim reference number and whether the benefit was paid on behalf of the employee or dependent. It also provides the name of the insured, incurred date, date processed and other individual claim data. The report is processed overnight and can be exported to Excel.

Additional Reports Available Monthly, Quarterly, Semi-Annual and Annual Basis	
Report Type	Details
Customer File Error Report	Includes the status of HIPAA-compliant enrollment/eligibility data (e.g., errors, number of employees, summary of transactions) allowing you to view and correct any errors online.
Provider Utilization Report	<p>Aggregates claim counts and dollars of charges and payable amounts at the individual provider level. The report:</p> <ul style="list-style-type: none"> • Identifies how employees are accessing dental benefits (in or out of network) based on the procedures utilized; • Summarizes claim information experience by provider (in or out of network) and all paid and adjusted paid claims during a specified period of time; • Assesses how in- and out-of-network utilization is impacting the cost of dental benefits; • Determines if there is a need to proactively communicate the Preferred Dentist Program (PDP) network to employees to increase in-network utilization; • Targets specific non-network providers for recruitment into our PDP, potentially increasing employee access to in-network benefits and overall plan savings.

DHMO Plans

- **Monthly total revenue and expenses including capitation, fee for service and administration.**
- **Number of encounters by CDT code and description, by month**
- **Denied claim report indicating the reasons for denial**
- **Quarterly Utilization reports by category of services**
- **Quarterly Summary Reports of customer service calls for the City providing the number of calls and categorizing the reasons for the calls such as benefit inquiries, claim issues, provider issues, network assistance.**

You will be provided with useful, easy-to-interpret reports that support management decisions and actions. These reports show utilization patterns, activity by group, specialty care and supplemental payment analysis on a quarterly or annual basis. Your Client Service Team will arrange for the necessary reports, on a schedule that meets your organization's requirements. Custom and ad hoc reports not requiring additional software programming are available at no additional cost.

Samples of our standard reports have been provided Section 4 - Requested Samples.

4. Please provide your website address and a description of the services and capabilities for employers and members available at that site.

We offer three secure websites: MetLink for employers, MyBenefits for members and MetDental for providers. These sites allow users to quickly access customized benefits information. Each site connects to the same data source, resulting in seamless data integration and integrity.

MetLink

Using MetLink, your benefit managers and HR personnel can immediately access Dental information for your employees and their dependents.

MetLink for Benefit Administrators	
Function	Description of Function
Manage Enrollment and Eligibility Records	<ul style="list-style-type: none"> • Add, change, view or terminate employee and/or dependent eligibility information; • Eligibility updates are applied in real time and viewable online; • View and/or download a list of eligible employees and associated coverage information using the optional Enrollment Listing feature.
View Claims Status (PDP Plans Only)	<ul style="list-style-type: none"> • Access employee and/or dependent claim information and history for the past two years.
Create Reports (PDP Plans Only)	<ul style="list-style-type: none"> • Reports show: <ul style="list-style-type: none"> – Savings achieved through participation in our Preferred Dentist Program; – How participants used their Dental plan during a specific time period and how claim controls and cost sharing arrive at net paid dollars. Users can enter different values to explore how contract and plan design changes can alter the allocation of costs between the employer and employee/family member; – Billed premium for the policy year with the claims paid on behalf of claimants during that same year.
Manage Billing and ePay	<ul style="list-style-type: none"> • Create bills and submit invoices; • View history; • View and change bills before they are submitted; • Receive notification if the information you entered appears to have changed from prior billing periods; • Set up ACH accounts and authorize MetLife to automatically debit payments.

MetLink for Benefit Administrators	
Function	Description of Function
Legislative and Regulatory Releases	<ul style="list-style-type: none"> View summaries of new state or federal laws or regulations that may affect your business operations and benefit plans.
MetLink User Guides	<ul style="list-style-type: none"> View or download instructional information on how to use MetLink features.

To take a tour of MetLink, visit <http://metdemo.metlife.com/MetDemo/1318>. To access the demo, utilize your email address as the username. The password is popsicle17.

MyBenefits

MyBenefits, our employee website, provides a seamless way to log on and review real-time dental benefit information. MyBenefits is a single, integrated access point with personalized information on our products and services. Education and decision support tools are available to assist members with dental care choices.

MyBenefits for Employees	
Function	Description of Function
View Plan Information	<ul style="list-style-type: none"> View eligibility and the effective date of coverage; Learn about covered services, benefit levels, plan maximums, frequency limitations and the deductibles and maximums used for most dental procedures; View and assess available plan options; View or perform real-time updates to facility assignments for employees or their covered dependents.
Claims	<ul style="list-style-type: none"> View the status of any outstanding claim or specialty referrals and an EOB; View claims history online and/or produce a printed copy; Receive email notifications when claims have been processed and opt in to review the EOB online (employees may unsubscribe from this service); Print and complete claim forms; Access the Managed Dental Plan schedule of benefits for an outline of plan coverage details for the employee and covered family members; Review plan benefits related to covered services, copay fees and limitations.

MyBenefits for Employees	
Function	Description of Function
Find a Dentist	<ul style="list-style-type: none"> Access a full listing of participating dentists in MetLife's PDP/MDP programs based on ZIP code with maps and driving directions; Nominate a dentist to participate in the Managed Dental Plan program.
Educational Tools and Resources	<ul style="list-style-type: none"> Gain valuable information through educational tools including interactive risk assessments, term glossaries and frequently asked questions; Download and print PDP reference cards showing your company name, group number, MetLife's claims submission address, website address, call center telephone number and phone number for International Dental Travel Assistance; View, print or order new/replacement Managed Dental Plan ID cards; Print and submit grievance forms. Forms are available in Spanish and Chinese for California and Florida residents.

To take a tour of MyBenefits, visit <http://metdemo.metlife.com/MetDemo/1318>. To access the demo, utilize your email address as the username. The password is popsicle17.

MetDental

Dentists use the MetDental website to manage their business so they can focus on doing what they do best – providing services to your employees. MetDental gives dentists instant access to participant coverage information, creating a more satisfying service experience for your employees.

MetDental for Providers	
Function	Description of Function
Patient Information	<ul style="list-style-type: none"> Identify the individuals and procedures covered under the plan; Determine if a procedure is covered and if an alternate procedure is recommended; Access rosters in real time.
Claims	<ul style="list-style-type: none"> Submit claims to any insurer online, resulting in accurate submissions and faster processing and payment; View all claim details, including explanation of benefits (EOBs); Enroll in EFT (direct deposit) for faster payments.

MetDental for Providers	
Function	Description of Function
Educational Tools and Resources	<ul style="list-style-type: none">• Email a Customer Service Representative for assistance;• Access frequently asked questions and search for specialist providers available to Managed Dental Plan patients;• Participate in educational offerings sponsored by the MetLife Quality Initiatives Program.

Until further notice, to take a tour of MetDental, visit
http://serviceatmetlife.com/demos/MetDental_Demo/html/index.html.

5. How often is your online directory of providers updated for terminations and additions?

Our electronic provider directory is updated daily.

6. Does your company have the ability to take automatic weekly eligibility updates from the City's payroll system, Cyborg, and/or Cigna Guided Solutions?

Yes.

We can accept eligibility data in virtually any file layout (format) and medium (transmission method) required.

Internet FTP is our preferred method of electronic data transfer. However, other electronic submission options are available.

File Layout

Our file layouts are standardized. If you prefer to use your own file layout, we can usually accommodate it using our Eligibility Mapping Utility tool.

Data Quality

The most important element of eligibility intake is the quality of the data itself. To ensure that our business rules are satisfied, your data elements must be provided at the product level. Accurate data provides the best possible customer service, bill accuracy and faster claim processing.

Medium

Internet FTP is our preferred method of electronic data transfer. However, we do have the following transfer options available:

- Paper/hard copy;
- Electronic eligibility file transfer;
- MetLink, our employer website.

Change Only or Full Replacement File

We can accept either a change-only or a full-replacement file. A full-replacement file is our preferred method.

Additional Costs

Any transfer method requiring a dedicated line will incur additional costs. If you do not already have PGP software, FTP using PGP encryption may also incur additional software purchase/installation costs. To determine any additional PGP software costs, visit <https://www.symantec.com/products/information-protection/encryption>.

Timeframe

For customers utilizing MetLink, employee updates can be made as often as necessary. For customers utilizing an electronic file, we like to review the file format and frequency requirements with you to set up a schedule, usually bi-weekly, for eligibility updates.

Files are typically processed to the eligibility system within two business days of receipt.

Third Party Administrators

We can accept eligibility data with virtually any TPA you request. The most important element of eligibility intake is the quality of the data itself. To ensure that our business rules are satisfied, your data elements must be provided at the product level. Accurate data provides the best possible customer service, bill accuracy and faster claim processing.

7. Are the DPPO and DHMO plans both serviced through the same toll-free number and website?

Yes.

8. Is your organization currently in compliance with Florida Department of Financial Services statutes and requirements? If no, describe why not.

To MetLife's knowledge, it is not aware any Florida Department of Financial Services statutes or requirements related to MetLife's bid with which it is not in compliance.

9. Is member satisfaction information linked to provider compensation? If so, how?

No.

10. How many verbal and written complaints were received per 1,000 members during 2015 and 2016?

As of year-end 2015, 303 quality grievances were filed. This equates to 1 quality grievance per 1,000 members.

As of year-end 2016, 959 grievances were filed. This equates to 1.78 quality grievance per 1,000 members.

11. Are claim forms ever required of patients? If so, under what circumstances?

Yes.

A claim form must be completed, signed and submitted to us for processing. Claims are filed for all services performed whether in- or out-of-network.

It's important to note that over 95% of claims for services rendered are submitted by either the dentist who performed the work or his or her staff. The dentist will complete the section outlining the services provided and the cost and will often submit the claim form directly with the patient's permission.

If an employee requires a claim form for any follow-up required, we make our claim forms available through the following sources:

- A toll-free number (via fax or mail);
- Our website at www.metlife.com/dental;
- MyBenefits and MetLink, our employee and employer websites.

12. What percentage of your primary care providers are capitated? Specialty providers?

The majority of contracted general dentists receive monthly capitation; approximate 98% overall. We have negotiated special arrangements with certain general dentists to encourage them to participate in the Managed Dental Plan network.

Participating dental care specialists are paid a negotiated fee schedule and do not receive capitation.

13. What percentage of orthodontists, maxillofacial surgeons, endodontists and periodontists have certification in their specialty from an accredited program?

100% our network dental specialists have completed a training program accredited by the American Dental Association's Commission for Advanced Specialty Education Programs.

14. What process is in place for members to nominate dentists to the DHMO and/or DPPO network? Include the estimated timeframe in which the process will be completed.

DHMO

Recruiting in specific areas can be requested by employers and individual members. We welcome dentist nominations by members and make every effort to accommodate these requests. Nominations can be made via our toll-free number or submitted through MyBenefits, our employee portal.

We monitor member-to-dentist ratios on a quarterly basis to determine where additional providers might be needed. If recruitment is needed, we invite area dentists and specialists to submit an application to join the network.

When recruiting for the Managed Dental Plan network, a regional Network Development Specialist arranges an initial meeting with the dentist or specialist and his or her staff. Once an application is submitted, full credentialing is done and, if approved, the provider will be activated in the network within four to six weeks.

In 2016, our overall MDP provider access increased by 5% from the previous year.

DPPO

You and your plan participants can nominate providers through MyBenefits, our employee portal.

Roughly 8% of all applications are denied for providers who cannot meet our credentialing standards. Our standard plan design model allows use of network and non-network providers.

Once an application is submitted, full credentialing is done and, if approved, the provider will be activated in the network within four to six weeks.

Our network is one of the nation's largest with over 370,000 national access points. The network increased by 10% in 2016.

DHMO

1. What is the current average waiting time for setting appointments for

	Broward	Miami-Dade	Palm Beach	Martin
General Dentists	Not Available	Not Available	Not Available	Not Available
Specialists	Not Available	Not Available	Not Available	Not Available

We do not track wait times for setting appointments. However, our Managed Dental Plan dentists must provide routine and recall care to new and existing patients within four weeks of making an appointment. Dentists must be available 24 hours, seven days a week to provide emergency dental care.

2. Does your proposed DHMO plan require the member to select a general dentist and what are the requirements for changing DHMO dentists?

Yes.

Selecting an Initial Dentist

Employees enrolling in the Managed Dental Plan are asked to select a contracted general dentist at enrollment. A directory of participating dentists is included in enrollment materials, which identifies the dentist's name, address, telephone number and languages spoken. The employee can access our website to find a dentist by using ZIP code, city, county or dentist's name. Customer Service Representatives are also available to assist with provider selection prior to enrollment.

If a selected general dentist is not indicated on the enrollment form, the participant's ID card will be sent showing that a dentist was not selected and instructing him or her to call customer service for assistance. The participant will appear in the organization's group file but access to care could be delayed until a dentist is chosen and entered into the system.

Changing a Primary Dentist

Participants can change their selected general provider by contacting customer service, using our interactive website, IVR telephone system or by submitting a written request.

3. Can each family member select his or her own dentist when using the DHMO?

Yes.

Each enrolled family member may select a different participating dentist.

4. How often are members permitted to change their selection of a dentist?

A member may change dentists monthly, if they choose. All transfers are effective the first day of the month following the request.

5. Does your plan require a referral to a specialist dentist? If yes, please explain the process and turn-around time for the referral.

Yes.

Participants must obtain a referral by their general dentist or our direct referral program before seeking care from a specialist.

Referrals are subject to retrospective review. In cases where the referral is deemed inappropriate, the referring dentist may be subject to a back charge to cover costs incurred from the referral. The participant will not be liable for those costs, nor will it be reflected in the customer's overall costs.

6. Please provide a description of the process and estimated timeline to add DPPO Dentists and DPPO dentists to your network.

DHMO Dentists

We use an NCQA-certified Credentialing Verification Organization to retrieve and preliminarily evaluate all credentials. Our Dental Director and credentialing committees review any issues identified during the process and determine if the applicant is an appropriate candidate for admission to the Managed Dental Plan.

The following items are verified during credentialing:

- Signed attestation is consistent with findings;
- Highest level of education;
- Work history for the previous five years (in accordance with NCQA requirements);
- Licensure with state licensing board;
- Board certification, if applicable;
- DEA and state drug registration entities;
- License sanctions;
- Malpractice insurance limits;
- NPDB history;
- Office of Inspector General;
- Medicare and Medicaid sanctions;
- Medicare Opt Out information.

After initial credentialing, documentation is rechecked every 36 months and licensing reports are checked monthly or quarterly. Any sanctions are acted upon immediately. Service and quality of care complaints, as well as member grievances and surveys, are also reviewed.

When adding a provider for the Managed Dental Plan network, a regional Network Development Specialist arranges an initial meeting with the dentist or specialist and his or her staff. Once an application is submitted, full credentialing is done and, if approved, the provider will be activated in the network within four to six weeks.

DPPPO Dentists

Our Preferred Dentist Program includes an extensive credentialing process. Through this process, we acquire documentation, conduct a utilization review, verify the primary source for credentials, scan the National Practitioner Data Bank Query and run a sanction check of any actions taken against the state license or DEA certificate.

Providers must meet the following criteria for selection and retention in our network:

- Hold a current, valid license to practice dentistry in the states in which they practice;
- Hold a current, valid federal and state Drug Enforcement Agency certificate, if applicable to the jurisdiction;
- Hold current malpractice coverage acceptable to MetLife;
- Demonstrate a malpractice claims history acceptable to MetLife;
- Demonstrate sanction-free status by federal, state and local authorities, including each jurisdiction in which they practice or previously practiced;
- Demonstrate a provider utilization profile that is acceptable to MetLife;
- Submit a signed, completed, unaltered service agreement;
- Have emergency coverage arrangements acceptable to MetLife;
- Show no history of chemical dependency or substance abuse, treated or untreated;
- Have no physical or mental health condition that impairs their ability to practice dentistry or poses risk to their patients;
- Comply with OSHA/CDC standards and those set by the profession for barrier control techniques, sterilization, infection control and handling of hazardous materials and/or waste;
- Have completed appropriate specialty training, if applicable;
- Completed and signed a self-assessment survey (verified by MetLife).

We verify submitted documents through various means such as:

- Contacts with the Dental licensing board;
- NTIS database for verification of DEA certification;
- Query of the national practitioners data bank;
- Credentialing, a process where we cross-check collected information against an independent source to verify its validity.

Our Dental Product Management Team in Bridgewater, NJ and Irvine, CA has primary responsibility for conducting our rigorous credentialing/recredentialing process. Our National Dental Director, David Guarrera, DDS, provides final determination on which dentists can participate in our network.

A complete recredentialing, which includes most items in the original credentialing process, is conducted no less than every three years. We verify credentialing items that have an

expiration date, including state licensure, DEA certificate and malpractice insurance coverage.

Once an application is submitted, full credentialing is done and, if approved, the provider will be activated in the network within four to six weeks.

7. Does your plan include a copay for each dentist office visit in addition to the copay for each defined service provided?

Yes.

8. Please describe any plans for future DHMO network growth in Broward, Miami-Dade, Palm Beach and Martin Counties. Be specific and include number and type of dentists targeted by county. If no growth is planned, please say so.

We continually work to maintain our networks and add providers in areas where there is a need for an increased dental presence. When evaluating network growth, analysis is conducted to determine the density of our member population.

Targeted recruitment efforts ensure that network participation meets all access and appointment availability standards. Recruitment is also focused on cultural diversity and the language needs of our membership. Managed Dental Plan products are cost-sensitive, and recruitment is selective and deliberate to ensure the development of a successful partnership with network dentists and facilities.

We will contact your organization's most frequented dentists and invite them to join our network.

9. What is the maximum number of members that may be assigned to a specific dentist before a practice is closed to new members? Include a description of how often this is measured and if the calculation includes other DHMO plan members.

We do not monitor contracted dental offices for the number of members enrolled in each practice. Our Managed Dental Plan network is comprised of individually-owned and operated dental practices, or practice management groups. We believe it is in the best interest of our dentists and members that the dentists set and monitor their own practice population. We do, however, monitor access to care.

Providers may opt to decline new patients if their practice is growing at a pace that does not allow them to provide an appropriate level of service. Our contracted dentists and specialists are not required to report the number of patients they will accept.

Access to care is a critical aspect of delivering a quality dental benefits program. We maintain high standards and expect contracted dentists to provide new patient appointments within four weeks of request. Our Network Development Specialists monitor contracted Managed Dental Plan offices regularly to ensure appointment availability. If a contracted office does not comply with our four-week standard, action is taken to ensure the problem is corrected.

We conduct a quarterly survey to determine compliance with appointment availability standards. We consider an office out of compliance if availability standards are not met for two consecutive quarters. Data is monitored for non-compliant offices and corrective action taken (e.g., temporary suspension of the office to new enrollment, management assistance in scheduling or termination of agreement).

10. How many participating general dentists in Broward, Miami-Dade, Palm Beach and Martin Counties left your DHMO network in 2016? How many were added in 2016?

In 2016, the percentage of general dentist in the state of Florida who left our DHMO network rate is 1.3% and who entered our DHMO network was 6%.

We do not track our DHMO providers by county.

11. How many participating specialist dentists in Broward, Miami-Dade, Palm Beach and Martin Counties left your DHMO network in 2016? How many were added in 2016?

In 2016, the percentage of specialist dentist in the state of Florida who left our DHMO network rate is 4.2% and who entered our DHMO network was 11.5%.

We do not track our DHMO providers by county.

12. Please describe your credentialing criteria and process for DHMO providers.

As previously noted, we use an NCQA-certified Credentialing Verification Organization to retrieve and preliminarily evaluate all credentials. Our Dental Director and credentialing committees review any issues identified during the process and determine if the applicant is an appropriate candidate for admission to the Managed Dental Plan.

The following items are verified during credentialing:

- Signed attestation is consistent with findings;
- Highest level of education;
- Work history for the previous five years (in accordance with NCQA requirements);
- Licensure with state licensing board;
- Board certification, if applicable;
- DEA and state drug registration entities;
- License sanctions;
- Malpractice insurance limits;
- NPDB history;
- Office of Inspector General;
- Medicare and Medicaid sanctions;
- Medicare Opt Out information.

After initial credentialing, documentation is rechecked every 36 months and licensing reports are checked monthly or quarterly. Any sanctions are acted upon immediately. Service and quality of care complaints, as well as member grievances and surveys, are also reviewed.

13. How many general dentists are not accepting new patients? Please provide this information separately for Broward, Miami-Dade, Palm Beach Counties and Monroe counties.

Broward	<u>23</u>
Miami-Dade	<u>4</u>
Palm Beach	<u>1</u>
Martin	<u>0</u>

14. What is the 2016 turnover percentage for your DHMO network of general dentists?

In 2016, the turnover percentage was 0.25%.

15. What is the process for a newly-added DHMO member to receive services if he does not yet appear in the provider's eligibility file?

Providers contact our call center to verify eligibility prior to the participant's appointment. It is important you or your administrator notify us of newly eligible participants as soon as possible to avoid this situation. The speed at which our systems are updated is based on the method of submission. For immediate addition:

- Call our eligibility unit and the update will be completed during the phone call; or
- Access MetLink, our employer website, to make real-time eligibility updates.

For large batch additions, you or your administrator may mail, fax or email eligibility file updates to our data input center and updates will be processed within 24 to 48 hours.

16. How are emergency dental services provided and/or reimbursed for members who may be out of area at time of service?

Managed Dental Plan participants may receive emergency services from any licensed dentist if the participant:

- Is more than 25 miles away from their selected general dentist;
- Cannot reach the general dentist for emergency care;
- Is unable to contact our call center for a referral to another dentist.

We must be notified of emergency care within 48 hours of treatment. Participants will be reimbursed for costs incurred up to \$50, less any applicable copayment.

Claim forms are not required. Participants must submit an invoice for services, plan information and an explanation on why they were unable to see their general dentist.

17. Provide a description of benefits available for TMJ. Include details regarding any required authorization processes.

We cover occlusal guards, repairs and relines of occlusal guards, periodontal splinting and occlusal adjustments (limited and complete). These services are often used to alleviate pain and other problems associated with TMJ and bruxism.

18. Does your proposed DHMO plan include coverage for implants? If yes, please explain the coverage.

Yes.

Under our quoted plan, includes implants and implant services with the following frequencies limitations:

- Implants are limited to no more than once for the same tooth position in a five (5) year period.
- Repairs of implants are limited to not more than once in a twelve (12) month period.
- 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.
- The following are limited to no more than two (2) each per year: Implants, Implant supported prosthetics, and Implant abutments.

Please see Section 5 - Benefit Plans - Cost & Benefit Summaries for additional information.

19. Does your proposed DHMO plan include coverage for resin-based composite fillings on posterior teeth? If so, please specify any price differences in filling materials.

Yes.

Under our quoted plan, includes resin-based composite filling services on posterior teeth.

The copay amounts for amalgam versus composite fillings are as follows:

- Amalgam: \$0 per surface
- Composite: \$30 per surface

20. What benefits, if any, are included for the detection of oral cancer?

Our plan covers brush biopsies in the detection of oral cancer screenings.

- 21. For services that are limited to a certain number of occurrences within a plan year, such as prophylaxis, periodontal maintenance, bitewings and periodic exams, please specify how the frequency is monitored (i.e. days, months, etc.). What limitations and guidelines does your company use to determine when a member is eligible for subsequent occurrences?**

Annual services such as prophylaxis, periodontal maintenance, bitewings and periodic exams are not limited by any benefit suspension periods between service visits within the plan year. Each participant is allotted a specified number of procedures in each given plan year.

Please see Section 5 - Benefit Plans - Cost & Benefit Summaries for the specific frequency limitations of these and other services.

DPPO

1. Are members required to select a dentist when enrolled in the PPO?

No.

Participants are free to select an in- or out-of-network dentist of their choice at any time.

Our provider directory identifies participating dentists in the local area. Participants can search for providers through the MyBenefits employee Web portal or by calling our toll-free customer service number.

2. What is the average turn around for a clean non-network claim submission?

We do not process claims differently for in-network versus out-of-network claims.

Our goal is to pay 85% of claims within five business days and 95% of claims within 10 business days with a financial accuracy of 99.5% and procedural accuracy of 98.75%. As of May 2016, we have paid 87.45% of claims within five business days and 97.53% of claims within 10 business days with a financial accuracy of 99.91% and procedural accuracy of 99.78%.

3. Please describe the credentialing criteria for PPO dentists.

As previously noted, our Preferred Dentist Program includes an extensive credentialing process. Through this process, we acquire documentation, conduct a utilization review, verify the primary source for credentials, scan the National Practitioner Data Bank Query and run a sanction check of any actions taken against the state license or DEA certificate.

Providers must meet the following criteria for selection and retention in our network:

- Hold a current, valid license to practice dentistry in the states in which they practice;
- Hold a current, valid federal and state Drug Enforcement Agency certificate, if applicable to the jurisdiction;
- Hold current malpractice coverage acceptable to MetLife;
- Demonstrate a malpractice claims history acceptable to MetLife;
- Demonstrate sanction-free status by federal, state and local authorities, including each jurisdiction in which they practice or previously practiced;
- Demonstrate a provider utilization profile that is acceptable to MetLife;
- Submit a signed, completed, unaltered service agreement;
- Have emergency coverage arrangements acceptable to MetLife;
- Show no history of chemical dependency or substance abuse, treated or untreated;
- Have no physical or mental health condition that impairs their ability to practice dentistry or poses risk to their patients;

- Comply with OSHA/CDC standards and those set by the profession for barrier control techniques, sterilization, infection control and handling of hazardous materials and/or waste;
- Have completed appropriate specialty training, if applicable;
- Completed and signed a self-assessment survey (verified by MetLife).

We verify submitted documents through various means such as:

- Contacts with the Dental licensing board;
- NTIS database for verification of DEA certification;
- Query of the national practitioners data bank;
- Credentialing, a process where we cross-check collected information against an independent source to verify its validity.

Our Dental Product Management Team in Bridgewater, NJ and Irvine, CA has primary responsibility for conducting our rigorous credentialing/recredentialing process. Our National Dental Director, David Guarrera, DDS, provides final determination on which dentists can participate in our network.

A complete recredentialing, which includes most items in the original credentialing process, is conducted no less than every three years. We verify credentialing items that have an expiration date, including state licensure, DEA certificate and malpractice insurance coverage.

4. Are non-network claims paid subject to usual, customary and reasonable allowances or a schedule of allowances?

Our quoted plan includes out of network coverage based on Reasonable & Customary charges in the 90th percentile.

5. Describe your company's method of determining usual, customary and reasonable charges.

Our claim system uses data accumulated through internal claim processing to establish reasonable and customary (R&C) charges. We use the 90th percentile charge to establish the R&C allowance for charges on a procedure code basis within each of our geographic areas. For example, if there are 100 charges for cleanings, the eleventh highest charge is the 90th percentile and becomes the hard value for a cleaning in that area. We believe the 90th percentile is a fair R&C level as full payment is allowed not only for average charges, but also for fees slightly above the average rate.

Because dental charges vary widely by location within the country, our R&C values differ depending upon geographical area. We use 409 statistical areas, which reflect adjacent three-digit ZIP code areas that have a relatively similar charge history. We identify these 409 areas as city/state codes and develop R&C values by procedure for each of them. If a procedure has sufficient occurrences in an area (at least 30), this experience is considered statistically solid (subject to minimal random fluctuation), and the actual charge at the 90th

percentile (the hard dollar amount) becomes the R&C allowance for that procedure in that area.

In the absence of hard data (less than 30 occurrences of a given procedure), we determine the R&C value through a calculation process, which takes into consideration the difficulty of the procedure and the cost factor for the area. These values are reviewed for practicality and consistency each time they are developed. If warranted, adjustments are made to bring them to levels consistent with amounts generally charged within the area.

In addition to the R&C values determined above, we establish individual provider profiles by procedure code, which can override the R&C value in the claim system. Under this approach, data is collected for a provider, using their dental key identification (i.e., telephone number, last and first name and state), by the American Dental Association (ADA) procedure code based on their submitted claim history with us.

We will profile a provider for the 99th percentile charge he or she has submitted for a procedure that is below the 90th R&C percentile charge we have just determined for his or her area. This amount is then considered the provider's R&C value for those profiled procedures. The new value will take precedence over the R&C value, which would have been used in its absence. The profile remains in effect for the procedure until a new profile is established. A dentist profile will only be established if they have submitted charges for a procedure and the 99th charge shown for that procedure on his or her claim history is below the R&C.

6. What database does your company use for reasonable and customary profiles? How often is it updated?

As noted above, our claim system uses data accumulated through internal claim processing from both network and non-network providers to establish reasonable and customary (R&C) charges.

R&C charges are updated annually and generally become effective in March of each year.

7. What percentile is typically used for dental R&C? What are the options?

We typically use the 90th percentile for out of network claims. The 80th, 70th, 51st and 99th percentiles are also available. You can specify the reasonable and customary (R&C) percentile for your plan; however, your choice may have pricing implications.

Upon being named a finalist, we would be happy to discuss this matter further.

8. Can your system allow certain tolerance ranges to be applied to reasonable and customary limits? Describe.

Yes.

We offer threshold tolerance options of \$5, \$10 or \$15, which may be added to the R&C limits. These are available for R&C charges at the 90th percentile.

9. Are participating dentist offices required to file claims on behalf of their members as part of the provider contract?

Yes.

Our dental claim submission process has been designed to lessen the administrative burden to employees by shifting the responsibility for claim submission to the provider. We require only one party to submit information for a claim and in accordance with our provider agreement, in-network dentists agree to the following provision:

Dentist agrees to submit complete claims, via hard copy to Metropolitan within thirty (30) days of the date on which such Dental Services were rendered. Dentist understands and agrees that Metropolitan's payment obligation extends only to complete, valid claims submitted in a timely fashion as set forth herein. At such time that Metropolitan can accept claims submission via electronic transmission, Dentist may opt to submit all claims electronically at the point of sale.

10. Do your proposed DPPO plans include coverage for resin-based composite fillings on posterior teeth? If so, please specify any price differences in filling materials.

Our quote plan covers resin and composite fillings for anterior teeth, including bicuspid, and amalgam fillings for posterior teeth. If a participant receives a posterior composite, the service will be covered for the amount of an amalgam filling. You also have the option to request that your contract covers posterior composite fillings at an additional charge. Upon being named a finalist, we would be happy to discuss this further.

Porcelain fillings are covered at the applicable in-network fee or reasonable and customary level taking into consideration the deductible, coinsurance and plan maximum.

11. What benefits, if any, are included for the detection of oral cancer?

Our plan covers brush biopsies in the detection of oral cancer screenings.

12. For services that are limited to a certain number of occurrences within a plan year, such as prophylaxis, periodontal maintenance, bitewings and periodic exams, please specify how the frequency is monitored (i.e. days, months, etc.). What limitations and guidelines does your company use to determine when a member is eligible for subsequent occurrences?

Annual services such as prophylaxis, periodontal maintenance, bitewings and periodic exams are not limited by any benefit suspension periods between service visits within the plan year. Each participant is allotted a specified number of procedures in each given plan year.

Please see Section 5 - Benefit Plans - Cost & Benefit Summaries for the specific frequency limitations of these and other services.

INTERMEDIARY AND PRODUCER COMPENSATION NOTICE

MetLife enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related products ("Products") with brokers, agents, consultants, third-party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such Products (each an "Intermediary"). MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of Products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your Products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your Products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (number of Products sold or dollar value of premium) with MetLife. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife's current supplemental compensation plan, the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on: (1) the number of Products sold through your Intermediary during a prior one-year period; (2) the amount of premium or fees with respect to Products sold through your Intermediary during a prior one-year period; (3) the persistency percentage of Products inforce through your Intermediary during a prior one-year period; (4) premium growth during a prior one-year period; (5) a fixed percentage of the premium for Products as set by MetLife. The supplemental compensation percentage will be set by MetLife prior to the beginning of each calendar year and it may not be changed until the following calendar year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our Products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium from you in relation to your Products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (e.g., insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, or reinsurance arrangements).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife's base compensation and supplemental compensation plans can be found on MetLife's Web site at www.metlife.com/brokercompensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of Products, and the compensation paid may vary based on a number of factors including the type of Product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

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PDP Plus Disclosure

MetLife Preferred Dentist Program

The Preferred Dentist Program, our dental preferred provider organization (DPPO) product, is supported by two networks – our PDP network and the expanded PDP “Plus” network. PDP Plus consists of the PDP network dentists and dentists who are contracted through certain vendor networks. The PDP Plus Network supplements MetLife’s existing network and gives plan members a greater selection of in-network options and may help lower the cost of dental care due to negotiated rates available at more locations.

The fee levels for providers available through a vendor are negotiated between those providers and the vendor. However, just as with providers who directly contract with MetLife, these providers’ negotiated fees are usually 15 to 45% less than average charges in the same community.

Providers contracted through a vendor relationship meet or exceed MetLife’s standard requirements for credentialing and re-credentialing, and are subject to the same review analysis of utilization profiling, monitoring, and claims review, as providers who directly contract with MetLife. Providers available through a vendor are subject to the vendor’s credentialing process and education programs, and other vendor requirements that may differ from PDP network requirements.

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.

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Metropolitan Life Insurance Company, New York, NY 10166

Network Summary

Please list the current number of DHMO **dentists, not dental offices**, by category by county. For general dentists, list only those currently accepting members. ***If a provider has more than 1 office he or she should be counted only once.***

	Broward	Miami-Dade	Palm Beach	Martin
General Dentists	392	458	233	68
Pediatric Dentists	59	60	32	11
Oral Surgeons	45	43	33	14
Endodontists	46	38	30	14
Periodontists	44	35	24	11
Prosthodontists	0	0	0	0
Orthodontists	58	63	38	6

Please list the current number of PPO **dentists, not dental offices**, by category by county. ***If a provider has more than 1 office he or she should be counted only once.***

	Broward	Miami-Dade	Palm Beach	Martin
General Dentists	1,362	1,513	892	231
Pediatric Dentists	133	102	83	14
Oral Surgeons	86	76	65	26
Endodontists	97	69	67	20
Periodontists	177	73	66	14
Prosthodontists	32	18	15	1
Orthodontists	99	99	73	17

CITY OF FORT LAUDERDALE

Managed Care Accessibility Analysis

March 14, 2017

A report on the accessibility of the

MetLife Dental PDP Plus Network

for the employees of

CITY OF FORT LAUDERDALE

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Summary of General and Family Dentist - With Access

Accessibility analysis specifications	
Provider group:	General and Family Dentist 282,430 providers at 101,078 locations (based on 282,430 records)
Employee group:	All Employees 282 employees
Access standard:	2 Providers within 10 Miles
Employees with desired access:	273 (96.8%)

Average distance to a choice of providers for employees with desired access					
Number of providers	1	2	3	4	5
Miles	0.8	1.1	1.4	1.6	1.8

Key geographic areas				
City	Total number of employees	Employees with desired access		
		Number	Percent	Average distance to 2 providers
FORT LAUDERDALE, FL	124	124	100.0	0.5
POMPANO BEACH, FL	33	33	100.0	0.6
HOLLYWOOD, FL	9	9	100.0	0.5
DANIA, FL	8	8	100.0	0.5
PORT SAINT LUCIE, FL	6	6	100.0	0.9
WEST PALM BEACH, FL	6	6	100.0	0.9
JUPITER, FL	4	4	100.0	2.5
MIAMI, FL	4	4	100.0	0.4
DEERFIELD BEACH, FL	3	3	100.0	0.3
BOYNTON BEACH, FL	2	2	100.0	0.5

Summary of General and Family Dentist - Without Access

Accessibility analysis specifications	
Provider group:	General and Family Dentist 282,430 providers at 101,078 locations (based on 282,430 records)
Employee group:	All Employees 282 employees
Access standard:	2 Providers within 10 Miles
Employees without desired access:	9 (3.2%)

Average distance to a choice of providers for employees without desired access					
Number of providers	1	2	3	4	5
Miles	10.6	15.2	15.6	16.6	17.1

Key geographic areas				
City	Total number of employees	Employees without desired access		
		Number	Percent	Average distance to 2 providers
LAKE PLACID, FL	3	2	66.7	16.5
LIVE OAK, FL	2	1	50.0	17.8
ASTOR, FL	1	1	100.0	15.5
AUGUSTA, GA	1	1	100.0	13.6
CHIPLEY, FL	1	1	100.0	20.6
OKEECHOBEE, FL	1	1	100.0	11.9
WESTMINSTER, SC	1	1	100.0	14.1
WRIGHTSTOWN, WI	1	1	100.0	10.2

2 General and Family Dentist within 10 Miles

All Employees							
County/City	ZIP Code	Total number of employees	Total number of providers	All employees			
				Pct w wo		Average distance to providers	
						1	2
MARSHALL - AL ALBERTVILLE	35951	1	3	100.0	0.0	5.3	8.0
PIMA - AZ TUCSON	85739	1	6	100.0	0.0	0.4	1.3
ALACHUA - FL GAINESVILLE	32606	1	17	100.0	0.0	0.7	0.7
BREVARD - FL INDIALANTIC	32903	1	1	100.0	0.0	1.7	2.9
PALM BAY	32909	1	32	100.0	0.0	0.7	1.9
BROWARD - FL DANIA	33004	8	19	100.0	0.0	0.4	0.5
DEERFIELD BEACH	33441	2	16	100.0	0.0	0.4	0.4
	33442	1	114	100.0	0.0	0.1	0.1
FORT LAUDERDALE	33301	2	101	100.0	0.0	0.3	0.3
	33304	4	20	100.0	0.0	0.3	0.3
	33305	6	8	100.0	0.0	0.3	0.4
	33306	3	16	100.0	0.0	0.1	0.1
	33308	6	177	100.0	0.0	0.1	0.3
	33309	7	5	100.0	0.0	0.4	0.6
	33311	23	25	100.0	0.0	0.5	0.6
	33312	10	22	100.0	0.0	0.5	0.6
	33313	5	45	100.0	0.0	0.3	0.5
	33314	1	8	100.0	0.0	0.6	1.1
	33315	4	9	100.0	0.0	0.6	0.6
	33316	2	9	100.0	0.0	0.3	0.5
	33317	7	44	100.0	0.0	0.6	0.7
	33319	5	33	100.0	0.0	0.2	0.3
	33321	9	154	100.0	0.0	0.5	0.6
	33322	2	22	100.0	0.0	0.5	0.6
	33323	3	69	100.0	0.0	0.2	0.3
	33324	4	151	100.0	0.0	0.1	0.3
	33325	1	1	100.0	0.0	0.8	1.0
	33326	2	114	100.0	0.0	0.4	0.8
	33328	3	134	100.0	0.0	0.3	0.3
	33334	8	11	100.0	0.0	0.4	0.7
	33345	1	0	100.0	0.0	0.8	0.9
	33351	6	51	100.0	0.0	0.2	0.5
HALLANDALE	33009	1	130	100.0	0.0	0.0	0.2
HOLLYWOOD	33019	1	5	100.0	0.0	0.9	1.8

Provider group: General and Family Dentist

Access standard:

2 Providers within 10 Miles

2 General and Family Dentist within 10 Miles

All Employees							
County/City	ZIP Code	Total number of employees	Total number of providers	All employees			
				Pct		Average distance to providers	
				w	wo	1	2
BROWARD - FL							
HOLLYWOOD	33020	2	30	100.0	0.0	0.4	0.4
	33021	3	155	100.0	0.0	0.2	0.3
	33022	1	0	100.0	0.0	0.2	0.5
	33029	1	69	100.0	0.0	0.2	0.9
	33081	1	0	100.0	0.0	0.1	0.1
POMPANO BEACH	33060	3	11	100.0	0.0	0.2	0.7
	33062	4	139	100.0	0.0	0.0	0.2
	33063	8	35	100.0	0.0	0.4	0.5
	33064	4	16	100.0	0.0	0.7	0.9
	33065	2	64	100.0	0.0	0.2	0.2
	33066	2	5	100.0	0.0	0.6	0.7
	33067	1	55	100.0	0.0	0.0	0.3
	33068	5	27	100.0	0.0	0.5	0.6
	33069	2	18	100.0	0.0	0.7	1.0
	33071	2	155	100.0	0.0	0.5	0.5
CITRUS - FL							
HERNANDO	34442	1	2	100.0	0.0	3.3	4.0
INVERNESS	34450	1	0	100.0	0.0	6.1	6.1
	34452	1	4	100.0	0.0	0.6	1.6
CLAY - FL							
FLEMING ISLAND	32003	1	59	100.0	0.0	0.6	1.0
DUVAL - FL							
JACKSONVILLE	32221	1	22	100.0	0.0	3.3	3.3
ESCAMBIA - FL							
PENSACOLA	32514	1	12	100.0	0.0	1.2	1.2
GLADES - FL							
OKEECHOBEE	34974	1	138	0.0	100.0	9.6	11.9
HIGHLANDS - FL							
LAKE PLACID	33852	3	1	33.3	66.7	5.0	14.3
INDIAN RIVER - FL							
VERO BEACH	32964	1	0	100.0	0.0	0.2	0.7
	32967	1	0	100.0	0.0	3.9	4.9
LAKE - FL							
ASTOR	32102	1	0	0.0	100.0	15.5	15.5
CLERMONT	34711	1	165	100.0	0.0	0.7	1.2
LADY LAKE	32159	2	77	100.0	0.0	1.0	1.1
TAVARES	32778	2	24	100.0	0.0	2.6	2.9

Provider group: General and Family Dentist

Access standard:

2 Providers within 10 Miles

2 General and Family Dentist within 10 Miles

All Employees							
County/City	ZIP Code	Total number of employees	Total number of providers	All employees			
				Pct		Average distance to providers	
				w	wo	1	2
LEE - FL							
ESTERO	33928	1	21	100.0	0.0	0.4	0.7
FORT MYERS	33901	1	62	100.0	0.0	0.5	0.5
LEON - FL							
TALLAHASSEE	32312	1	5	100.0	0.0	1.3	1.3
LEVY - FL							
BRONSON	32621	1	0	100.0	0.0	3.0	6.7
MARION - FL							
OCALA	34478	1	0	100.0	0.0	0.4	0.4
SUMMERFIELD	34491	1	20	100.0	0.0	1.6	1.6
MARTIN - FL							
HOBE SOUND	33455	2	2	100.0	0.0	1.8	3.9
STUART	34994	1	160	100.0	0.0	0.0	0.0
MIAMI-DADE - FL							
MIAMI	33157	1	50	100.0	0.0	0.3	0.4
	33169	1	15	100.0	0.0	0.7	0.7
	33179	1	114	100.0	0.0	0.0	0.4
	33189	1	107	100.0	0.0	0.2	0.2
MONROE - FL							
TAVERNIER	33070	1	4	100.0	0.0	0.3	0.3
NASSAU - FL							
FERNANDINA BEACH	32034	1	10	100.0	0.0	1.4	4.1
PALM BEACH - FL							
BOCA RATON	33428	1	7	100.0	0.0	0.9	0.9
BOYNTON BEACH	33435	1	114	100.0	0.0	0.3	0.4
	33436	1	10	100.0	0.0	0.4	0.6
DELRAY BEACH	33444	1	106	100.0	0.0	0.6	0.7
JUPITER	33458	1	254	100.0	0.0	0.5	0.5
	33478	3	2	100.0	0.0	1.8	3.1
LAKE WORTH	33467	2	119	100.0	0.0	0.0	0.0
WELLINGTON	33414	1	249	100.0	0.0	1.5	1.5
WEST PALM BEACH	33411	6	55	100.0	0.0	0.3	0.9
PINELLAS - FL							
SEMINOLE	33776	1	8	100.0	0.0	0.4	0.6
POLK - FL							
LAKELAND	33809	1	131	100.0	0.0	1.1	1.2
SEMINOLE - FL							
LAKE MARY	32746	1	100	100.0	0.0	0.2	0.4

Provider group: General and Family Dentist

Access standard:

2 Providers within 10 Miles

2 General and Family Dentist within 10 Miles

All Employees							
County/City	ZIP Code	Total number of employees	Total number of providers	All employees			
				Pct		Average distance to providers	
				w	wo	1	2
ST. JOHNS - FL SAINT AUGUSTINE	32086	1	29	100.0	0.0	1.1	1.3
ST. LUCIE - FL FORT PIERCE	34949	1	0	100.0	0.0	4.1	4.1
PORT SAINT LUCIE	34953	3	11	100.0	0.0	1.3	1.3
	34983	1	18	100.0	0.0	0.6	0.6
	34984	1	2	100.0	0.0	1.0	1.0
	34987	1	24	100.0	0.0	0.0	0.0
SUWANNEE - FL LIVE OAK	32060	2	0	50.0	50.0	10.0	10.2
VOLUSIA - FL DAYTONA BEACH	32118	1	5	100.0	0.0	1.3	1.3
DELAND	32724	1	7	100.0	0.0	1.8	3.1
NEW SMYRNA BEACH	32169	1	2	100.0	0.0	4.1	4.1
WASHINGTON - FL CHIPLEY	32428	1	4	0.0	100.0	17.4	20.6
COBB - GA POWDER SPRINGS	30127	1	8	100.0	0.0	0.1	0.1
FULTON - GA ATLANTA	30342	1	74	100.0	0.0	0.0	0.4
HENRY - GA MCDONOUGH	30252	1	0	100.0	0.0	1.5	2.8
RICHMOND - GA AUGUSTA	30906	1	9	0.0	100.0	8.3	13.6
HEPHZIBAH	30815	1	3	100.0	0.0	1.2	4.7
UNION - GA BLAIRSVILLE	30512	1	7	100.0	0.0	4.3	4.3
WHITE - GA SAUTEE NACOOCHIEE	30571	2	0	100.0	0.0	3.3	7.3
SCOTT - KY GEORGETOWN	40324	1	53	100.0	0.0	0.0	2.1
LAMAR - MS PURVIS	39475	1	0	100.0	0.0	1.8	1.8
CATAWBA - NC HICKORY	28602	1	36	100.0	0.0	2.4	2.4
DAVIE - NC ADVANCE	27006	1	2	100.0	0.0	2.8	3.8
HENDERSON - NC FLAT ROCK	28731	1	1	100.0	0.0	5.1	5.4

Provider group: General and Family Dentist

Access standard:

2 Providers within 10 Miles

2 General and Family Dentist within 10 Miles

All Employees							
County/City	ZIP Code	Total number of employees	Total number of providers	All employees			
				Pct w wo		Average distance to providers	
						1	2
CARROLL - NH CENTER TUFTONBORO	03816	1	0	100.0	0.0	7.7	9.5
PASSAIC - NJ BLOOMINGDALE	07403	1	1	100.0	0.0	0.9	1.1
QUEENS - NY JAMAICA	11432	1	75	100.0	0.0	0.0	0.0
SARATOGA - NY CLIFTON PARK	12065	1	29	100.0	0.0	1.2	2.1
LAKE - OH PAINESVILLE	44077	1	8	100.0	0.0	1.3	4.6
STARK - OH NAVARRE	44662	1	0	100.0	0.0	9.9	9.9
CENTRE - PA BELLEFONTE	16823	1	4	100.0	0.0	4.4	4.4
MERCER - PA GREENVILLE	16125	1	13	100.0	0.0	1.3	1.5
GREENVILLE - SC LANDRUM	29356	1	0	100.0	0.0	7.4	7.6
OCONEE - SC WESTMINSTER	29693	1	0	0.0	100.0	13.7	14.1
DAVIDSON - TN HERMITAGE	37076	1	49	100.0	0.0	0.8	0.8
KNOX - TN KNOXVILLE	37918	1	28	100.0	0.0	1.9	1.9
FORT BEND - TX MISSOURI CITY	77459	1	158	100.0	0.0	0.4	0.4
TARRANT - TX ARLINGTON	76001	1	7	100.0	0.0	0.4	0.7
TRAVIS - TX AUSTIN	78730	1	7	100.0	0.0	1.2	1.2
SKAGIT - WA ANACORTES	98221	1	8	100.0	0.0	0.8	1.3
SNOHOMISH - WA BOTHELL	98012	1	40	100.0	0.0	0.0	0.0
BROWN - WI WRIGHTSTOWN	54180	1	0	0.0	100.0	8.1	10.2
CABELL - WV HUNTINGTON	25705	1	20	100.0	0.0	1.2	1.2
TOTALS		282	5,322	96.8	3.2	1.2	1.6

Provider group: General and Family Dentist

Access standard:

2 Providers within 10 Miles

Summary of Other Specialist - With Access

Accessibility analysis specifications	
Provider group:	Other Specialist 85,490 providers at 39,172 locations (based on 85,490 records)
Employee group:	All Employees 282 employees
Access standard:	2 Providers within 10 Miles
Employees with desired access:	260 (92.2%)

Average distance to a choice of providers for employees with desired access					
Number of providers	1	2	3	4	5
Miles	1.0	1.4	1.6	1.9	2.1

Key geographic areas				
City	Total number of employees	Employees with desired access		
		Number	Percent	Average distance to 2 providers
FORT LAUDERDALE, FL	124	124	100.0	0.9
POMPANO BEACH, FL	33	33	100.0	0.9
HOLLYWOOD, FL	9	9	100.0	1.0
DANIA, FL	8	8	100.0	0.9
PORT SAINT LUCIE, FL	6	6	100.0	1.2
WEST PALM BEACH, FL	6	6	100.0	1.3
JUPITER, FL	4	4	100.0	4.6
MIAMI, FL	4	4	100.0	0.9
DEERFIELD BEACH, FL	3	3	100.0	0.9
BOYNTON BEACH, FL	2	2	100.0	1.1

Summary of Other Specialist - Without Access

Accessibility analysis specifications	
Provider group:	Other Specialist 85,490 providers at 39,172 locations (based on 85,490 records)
Employee group:	All Employees 282 employees
Access standard:	2 Providers within 10 Miles
Employees without desired access:	22 (7.8%)

Average distance to a choice of providers for employees without desired access					
Number of providers	1	2	3	4	5
Miles	15.0	18.0	19.2	20.7	22.5

Key geographic areas				
City	Total number of employees	Employees without desired access		
		Number	Percent	Average distance to 2 providers
LAKE PLACID, FL	3	3	100.0	15.0
LIVE OAK, FL	2	2	100.0	33.8
SAUTEE NACOOCHEE, GA	2	2	100.0	22.1
ADVANCE, NC	1	1	100.0	11.8
ALBERTVILLE, AL	1	1	100.0	11.4
ASTOR, FL	1	1	100.0	21.3
AUGUSTA, GA	1	1	100.0	17.8
BELLEFONTE, PA	1	1	100.0	10.7
BLAIRSVILLE, GA	1	1	100.0	18.3
BRONSON, FL	1	1	100.0	15.8

2 Other Specialist within 10 Miles

All Employees							
County/City	ZIP Code	Total number of employees	Total number of providers	All employees			
				Pct		Average distance to providers	
				w	wo	1	2
MARSHALL - AL ALBERTVILLE	35951	1	0	0.0	100.0	11.4	11.4
PIMA - AZ TUCSON	85739	1	1	100.0	0.0	3.7	8.2
ALACHUA - FL GAINESVILLE	32606	1	8	100.0	0.0	0.7	1.8
BREVARD - FL INDIALANTIC	32903	1	0	100.0	0.0	2.9	2.9
PALM BAY	32909	1	1	100.0	0.0	3.1	8.7
BROWARD - FL DANIA	33004	8	5	100.0	0.0	0.9	0.9
DEERFIELD BEACH	33441	2	5	100.0	0.0	0.7	0.7
	33442	1	56	100.0	0.0	0.3	1.4
FORT LAUDERDALE	33301	2	43	100.0	0.0	0.1	0.7
	33304	4	4	100.0	0.0	0.7	1.1
	33305	6	5	100.0	0.0	0.5	0.7
	33306	3	10	100.0	0.0	0.2	0.3
	33308	6	77	100.0	0.0	0.1	0.3
	33309	7	1	100.0	0.0	1.2	1.7
	33311	23	2	100.0	0.0	0.8	1.4
	33312	10	8	100.0	0.0	0.8	1.0
	33313	5	6	100.0	0.0	0.7	0.9
	33314	1	3	100.0	0.0	0.0	0.0
	33315	4	1	100.0	0.0	0.9	1.4
	33316	2	7	100.0	0.0	0.2	0.5
	33317	7	27	100.0	0.0	0.4	0.7
	33319	5	10	100.0	0.0	0.7	0.8
	33321	9	62	100.0	0.0	0.6	0.8
	33322	2	32	100.0	0.0	0.2	0.3
	33323	3	27	100.0	0.0	0.3	0.3
	33324	4	80	100.0	0.0	0.3	0.5
	33325	1	2	100.0	0.0	0.6	0.6
	33326	2	58	100.0	0.0	0.0	0.7
	33328	3	62	100.0	0.0	0.5	0.5
	33334	8	5	100.0	0.0	0.6	0.8
	33345	1	0	100.0	0.0	0.2	0.5
	33351	6	8	100.0	0.0	0.5	0.7
HALLANDALE	33009	1	52	100.0	0.0	0.4	0.5
HOLLYWOOD	33019	1	0	100.0	0.0	2.4	2.4

Provider group: Other Specialist

Access standard:

2 Providers within 10 Miles

2 Other Specialist within 10 Miles

All Employees							
County/City	ZIP Code	Total number of employees	Total number of providers	All employees			
				Pct		Average distance to providers	
				w	wo	1	2
BROWARD - FL							
HOLLYWOOD	33020	2	8	100.0	0.0	0.5	1.3
	33021	3	67	100.0	0.0	0.2	0.6
	33022	1	0	100.0	0.0	1.0	1.3
	33029	1	31	100.0	0.0	0.8	0.8
	33081	1	0	100.0	0.0	0.1	0.1
POMPANO BEACH	33060	3	7	100.0	0.0	1.0	1.3
	33062	4	51	100.0	0.0	0.1	0.3
	33063	8	11	100.0	0.0	0.7	0.9
	33064	4	9	100.0	0.0	0.7	0.9
	33065	2	42	100.0	0.0	0.0	0.1
	33066	2	0	100.0	0.0	1.6	2.2
	33067	1	36	100.0	0.0	0.4	0.5
	33068	5	9	100.0	0.0	0.8	0.8
	33069	2	3	100.0	0.0	1.0	1.6
	33071	2	84	100.0	0.0	0.4	0.5
CITRUS - FL							
HERNANDO	34442	1	0	100.0	0.0	5.1	5.1
INVERNESS	34450	1	0	100.0	0.0	6.1	6.2
	34452	1	1	100.0	0.0	1.6	2.2
CLAY - FL							
FLEMING ISLAND	32003	1	37	100.0	0.0	0.7	1.0
DUVAL - FL							
JACKSONVILLE	32221	1	1	100.0	0.0	6.4	6.7
ESCAMBIA - FL							
PENSACOLA	32514	1	0	100.0	0.0	1.5	1.5
GLADES - FL							
OKEECHOBEE	34974	1	0	0.0	100.0	14.5	14.5
HIGHLANDS - FL							
LAKE PLACID	33852	3	0	0.0	100.0	14.4	15.0
INDIAN RIVER - FL							
VERO BEACH	32964	1	0	100.0	0.0	1.0	1.0
	32967	1	0	100.0	0.0	3.9	3.9
LAKE - FL							
ASTOR	32102	1	0	0.0	100.0	20.9	21.3
CLERMONT	34711	1	71	100.0	0.0	1.2	1.4
LADY LAKE	32159	2	12	100.0	0.0	1.6	2.2
TAVARES	32778	2	2	100.0	0.0	4.2	4.2

Provider group: Other Specialist

Access standard:

2 Providers within 10 Miles

2 Other Specialist within 10 Miles

All Employees							
County/City	ZIP Code	Total number of employees	Total number of providers	All employees			
				Pct		Average distance to providers	
				w	wo	1	2
LEE - FL							
ESTERO	33928	1	5	100.0	0.0	0.4	0.7
FORT MYERS	33901	1	10	100.0	0.0	0.5	0.5
LEON - FL							
TALLAHASSEE	32312	1	0	100.0	0.0	2.4	2.4
LEVY - FL							
BRONSON	32621	1	0	0.0	100.0	10.8	15.8
MARION - FL							
OCALA	34478	1	0	100.0	0.0	0.1	0.2
SUMMERFIELD	34491	1	4	100.0	0.0	2.3	4.0
MARTIN - FL							
HOBE SOUND	33455	2	0	100.0	0.0	4.4	4.8
STUART	34994	1	71	100.0	0.0	0.2	0.2
MIAMI-DADE - FL							
MIAMI	33157	1	11	100.0	0.0	0.4	1.1
	33169	1	1	100.0	0.0	0.7	2.3
	33179	1	50	100.0	0.0	0.2	0.2
	33189	1	34	100.0	0.0	0.2	0.2
MONROE - FL							
TAVERNIER	33070	1	2	100.0	0.0	0.3	1.6
NASSAU - FL							
FERNANDINA BEACH	32034	1	7	100.0	0.0	2.8	2.8
PALM BEACH - FL							
BOCA RATON	33428	1	2	100.0	0.0	0.7	1.3
BOYNTON BEACH	33435	1	41	100.0	0.0	0.6	0.6
	33436	1	14	100.0	0.0	1.4	1.6
DELRAY BEACH	33444	1	42	100.0	0.0	0.6	0.7
JUPITER	33458	1	117	100.0	0.0	0.7	0.8
	33478	3	0	100.0	0.0	5.9	5.9
LAKE WORTH	33467	2	51	100.0	0.0	0.0	0.1
WELLINGTON	33414	1	103	100.0	0.0	1.5	1.7
WEST PALM BEACH	33411	6	28	100.0	0.0	0.8	1.3
PINELLAS - FL							
SEMINOLE	33776	1	0	100.0	0.0	3.0	3.3
POLK - FL							
LAKELAND	33809	1	32	100.0	0.0	1.0	1.2
SEMINOLE - FL							
LAKE MARY	32746	1	32	100.0	0.0	0.6	0.6

Provider group: Other Specialist

Access standard:

2 Providers within 10 Miles

2 Other Specialist within 10 Miles

All Employees							
County/City	ZIP Code	Total number of employees	Total number of providers	All employees			
				Pct		Average distance to providers	
				w	wo	1	2
ST. JOHNS - FL SAINT AUGUSTINE	32086	1	14	100.0	0.0	1.2	1.3
ST. LUCIE - FL FORT PIERCE	34949	1	0	100.0	0.0	4.1	4.1
PORT SAINT LUCIE	34953	3	11	100.0	0.0	1.3	1.3
	34983	1	5	100.0	0.0	0.6	1.3
	34984	1	2	100.0	0.0	1.0	1.6
	34987	1	8	100.0	0.0	0.0	0.0
SUWANNEE - FL LIVE OAK	32060	2	0	0.0	100.0	30.4	33.8
VOLUSIA - FL DAYTONA BEACH	32118	1	2	100.0	0.0	1.3	1.3
DELAND	32724	1	2	100.0	0.0	3.0	3.9
NEW SMYRNA BEACH	32169	1	7	100.0	0.0	0.0	0.0
WASHINGTON - FL CHIPLEY	32428	1	0	0.0	100.0	20.3	24.5
COBB - GA POWDER SPRINGS	30127	1	11	100.0	0.0	2.2	2.2
FULTON - GA ATLANTA	30342	1	159	100.0	0.0	0.0	0.0
HENRY - GA MCDONOUGH	30252	1	0	100.0	0.0	1.5	1.5
RICHMOND - GA AUGUSTA	30906	1	0	0.0	100.0	17.4	17.8
HEPHZIBAH	30815	1	0	0.0	100.0	11.9	11.9
UNION - GA BLAIRSVILLE	30512	1	0	0.0	100.0	16.3	18.3
WHITE - GA SAUTEE NACOOCHIEE	30571	2	0	0.0	100.0	9.0	22.1
SCOTT - KY GEORGETOWN	40324	1	24	100.0	0.0	2.1	3.0
LAMAR - MS PURVIS	39475	1	0	100.0	0.0	3.6	4.2
CATAWBA - NC HICKORY	28602	1	4	100.0	0.0	8.5	8.6
DAVIE - NC ADVANCE	27006	1	0	0.0	100.0	10.4	11.8
HENDERSON - NC FLAT ROCK	28731	1	0	100.0	0.0	6.1	6.4

Provider group: Other Specialist

Access standard:

2 Providers within 10 Miles

2 Other Specialist within 10 Miles

All Employees							
County/City	ZIP Code	Total number of employees	Total number of providers	All employees			
				Pct		Average distance to providers	
				w	wo	1	2
CARROLL - NH CENTER TUFTONBORO	03816	1	0	0.0	100.0	9.7	16.0
PASSAIC - NJ BLOOMINGDALE	07403	1	0	100.0	0.0	1.1	1.1
QUEENS - NY JAMAICA	11432	1	25	100.0	0.0	0.1	0.2
SARATOGA - NY CLIFTON PARK	12065	1	33	100.0	0.0	1.9	1.9
LAKE - OH PAINESVILLE	44077	1	5	100.0	0.0	2.8	5.5
STARK - OH NAVARRE	44662	1	0	0.0	100.0	10.8	11.2
CENTRE - PA BELLEFONTE	16823	1	0	0.0	100.0	8.3	10.7
MERCER - PA GREENVILLE	16125	1	2	100.0	0.0	2.2	2.2
GREENVILLE - SC LANDRUM	29356	1	0	0.0	100.0	15.9	16.4
OCONEE - SC WESTMINSTER	29693	1	0	0.0	100.0	17.1	26.4
DAVIDSON - TN HERMITAGE	37076	1	19	100.0	0.0	1.3	1.3
KNOX - TN KNOXVILLE	37918	1	14	100.0	0.0	0.8	0.8
FORT BEND - TX MISSOURI CITY	77459	1	58	100.0	0.0	1.4	1.6
TARRANT - TX ARLINGTON	76001	1	1	100.0	0.0	0.8	1.4
TRAVIS - TX AUSTIN	78730	1	3	100.0	0.0	0.7	1.2
SKAGIT - WA ANACORTES	98221	1	2	100.0	0.0	1.7	1.7
SNOHOMISH - WA BOTHELL	98012	1	14	100.0	0.0	0.0	0.0
BROWN - WI WRIGHTSTOWN	54180	1	0	0.0	100.0	12.0	12.0
CABELL - WV HUNTINGTON	25705	1	0	100.0	0.0	1.7	2.2
TOTALS		282	2,232	92.2	7.8	2.1	2.7

Provider group: Other Specialist

Access standard:

2 Providers within 10 Miles

CITY OF FORT LAUDERDALE

Managed Care Accessibility Analysis

March 14, 2017

A report on the accessibility of the

Benefits Provided by Safeguard Health Plan Inc.

for the employees of

CITY OF FORT LAUDERDALE

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Summary of General and Family Dentist - With Access

Accessibility analysis specifications	
Provider group:	General and Family Dentist 8,954 providers at 918 locations (based on 8,954 records)
Employee group:	All Employees 248 employees
Access standard:	2 Providers within 10 Miles
Employees with desired access:	232 (93.5%)

Average distance to a choice of providers for employees with desired access					
Number of providers	1	2	3	4	5
Miles	1.5	1.8	2.0	2.2	2.3

Key geographic areas				
City	Total number of employees	Employees with desired access		
		Number	Percent	Average distance to 2 providers
FORT LAUDERDALE, FL	124	124	100.0	1.1
POMPANO BEACH, FL	33	33	100.0	1.4
HOLLYWOOD, FL	9	9	100.0	1.1
DANIA, FL	8	8	100.0	1.0
PORT SAINT LUCIE, FL	6	6	100.0	6.8
WEST PALM BEACH, FL	6	6	100.0	3.3
JUPITER, FL	4	4	100.0	4.9
MIAMI, FL	4	4	100.0	1.0
DEERFIELD BEACH, FL	3	3	100.0	2.0
BOYNTON BEACH, FL	2	2	100.0	1.9

Summary of General and Family Dentist - Without Access

Accessibility analysis specifications	
Provider group:	General and Family Dentist 8,954 providers at 918 locations (based on 8,954 records)
Employee group:	All Employees 248 employees
Access standard:	2 Providers within 10 Miles
Employees without desired access:	16 (6.5%)

Average distance to a choice of providers for employees without desired access					
Number of providers	1	2	3	4	5
Miles	29.4	34.4	38.5	41.3	41.6

Key geographic areas				
City	Total number of employees	Employees without desired access		
		Number	Percent	Average distance to 2 providers
LAKE PLACID, FL	3	3	100.0	14.9
LIVE OAK, FL	2	2	100.0	39.9
TAVARES, FL	2	1	50.0	11.2
ASTOR, FL	1	1	100.0	20.3
BRONSON, FL	1	1	100.0	24.2
CHIPLEY, FL	1	1	100.0	82.8
FERNANDINA BEACH, FL	1	1	100.0	18.8
FORT PIERCE, FL	1	1	100.0	11.3
NEW SMYRNA BEACH, FL	1	1	100.0	15.1
OKEECHOBEE, FL	1	1	100.0	39.4

2 General and Family Dentist within 10 Miles

All Employees							
County/City	ZIP Code	Total number of employees	Total number of providers	All employees			
				Pct		Average distance to providers	
				w	wo	1	2
ALACHUA - FL							
GAINESVILLE	32606	1	4	100.0	0.0	2.1	2.1
BREVARD - FL							
INDIALANTIC	32903	1	0	100.0	0.0	3.7	3.7
PALM BAY	32909	1	1	0.0	100.0	3.1	10.2
BROWARD - FL							
DANIA	33004	8	2	100.0	0.0	0.6	1.0
DEERFIELD BEACH	33441	2	0	100.0	0.0	2.0	2.1
	33442	1	55	100.0	0.0	1.8	2.0
FORT LAUDERDALE	33301	2	52	100.0	0.0	1.0	1.0
	33304	4	7	100.0	0.0	0.8	0.8
	33305	6	0	100.0	0.0	0.7	0.8
	33306	3	5	100.0	0.0	0.2	0.3
	33308	6	68	100.0	0.0	0.6	0.6
	33309	7	1	100.0	0.0	1.3	2.0
	33311	23	5	100.0	0.0	1.3	1.5
	33312	10	9	100.0	0.0	0.6	1.1
	33313	5	6	100.0	0.0	0.5	0.9
	33314	1	2	100.0	0.0	2.0	2.0
	33315	4	0	100.0	0.0	1.2	1.5
	33316	2	2	100.0	0.0	1.0	1.0
	33317	7	10	100.0	0.0	0.8	1.1
	33319	5	15	100.0	0.0	0.7	0.7
	33321	9	54	100.0	0.0	0.9	1.3
	33322	2	6	100.0	0.0	0.5	0.9
	33323	3	62	100.0	0.0	0.3	0.3
	33324	4	64	100.0	0.0	0.4	0.7
	33325	1	0	100.0	0.0	2.2	2.2
	33326	2	82	100.0	0.0	1.0	1.0
	33328	3	56	100.0	0.0	0.9	1.1
	33334	8	2	100.0	0.0	1.0	1.2
	33345	1	0	100.0	0.0	0.7	0.7
	33351	6	7	100.0	0.0	0.7	1.0
HALLANDALE	33009	1	13	100.0	0.0	0.7	1.0
HOLLYWOOD	33019	1	0	100.0	0.0	1.8	2.2
	33020	2	17	100.0	0.0	1.1	1.1
	33021	3	68	100.0	0.0	0.7	0.7
	33022	1	0	100.0	0.0	0.5	0.5
	33029	1	10	100.0	0.0	3.1	3.1

Provider group: General and Family Dentist

Access standard:

2 Providers within 10 Miles

2 General and Family Dentist within 10 Miles

All Employees							
County/City	ZIP Code	Total number of employees	Total number of providers	All employees			
				Pct		Average distance to providers	
				w	wo	1	2
BROWARD - FL							
HOLLYWOOD	33081	1	0	100.0	0.0	0.1	0.1
POMPANO BEACH	33060	3	4	100.0	0.0	0.8	1.7
	33062	4	50	100.0	0.0	0.8	1.3
	33063	8	8	100.0	0.0	0.9	1.1
	33064	4	2	100.0	0.0	0.6	1.4
	33065	2	12	100.0	0.0	0.8	0.8
	33066	2	0	100.0	0.0	2.2	2.2
	33067	1	14	100.0	0.0	1.5	1.5
	33068	5	11	100.0	0.0	0.8	1.1
	33069	2	0	100.0	0.0	1.0	1.7
	33071	2	65	100.0	0.0	1.5	1.5
CITRUS - FL							
HERNANDO	34442	1	0	100.0	0.0	7.3	7.3
INVERNESS	34450	1	0	100.0	0.0	3.9	3.9
	34452	1	0	100.0	0.0	5.2	5.2
CLAY - FL							
FLEMING ISLAND	32003	1	41	100.0	0.0	0.7	0.7
DUVAL - FL							
JACKSONVILLE	32221	1	3	100.0	0.0	4.3	4.3
ESCAMBIA - FL							
PENSACOLA	32514	1	0	0.0	100.0	153.2	178.4
GLADES - FL							
OKEECHOBEE	34974	1	0	0.0	100.0	39.4	39.4
HIGHLANDS - FL							
LAKE PLACID	33852	3	0	0.0	100.0	14.9	14.9
INDIAN RIVER - FL							
VERO BEACH	32964	1	0	100.0	0.0	1.7	1.7
	32967	1	0	100.0	0.0	8.7	9.6
LAKE - FL							
ASTOR	32102	1	0	0.0	100.0	20.3	20.3
CLERMONT	34711	1	84	100.0	0.0	3.6	3.6
LADY LAKE	32159	2	0	100.0	0.0	7.5	8.5
TAVARES	32778	2	0	50.0	50.0	7.5	7.5
LEE - FL							
ESTERO	33928	1	0	100.0	0.0	3.7	3.7
FORT MYERS	33901	1	42	100.0	0.0	1.4	1.4
LEON - FL							
TALLAHASSEE	32312	1	0	100.0	0.0	3.0	3.0

Provider group: General and Family Dentist

Access standard:

2 Providers within 10 Miles

2 General and Family Dentist within 10 Miles

All Employees							
County/City	ZIP Code	Total number of employees	Total number of providers	All employees			
				Pct		Average distance to providers	
				w	wo	1	2
LEVY - FL BRONSON	32621	1	0	0.0	100.0	24.2	24.2
MARION - FL OCALA	34478	1	0	100.0	0.0	0.8	0.8
SUMMERFIELD	34491	1	1	100.0	0.0	6.6	7.2
MARTIN - FL HOBE SOUND	33455	2	0	100.0	0.0	6.5	6.8
STUART	34994	1	59	100.0	0.0	0.4	0.4
MIAMI-DADE - FL MIAMI	33157	1	9	100.0	0.0	0.4	0.8
	33169	1	2	100.0	0.0	0.5	1.4
	33179	1	57	100.0	0.0	0.2	0.7
	33189	1	65	100.0	0.0	1.0	1.0
MONROE - FL TAVERNIER	33070	1	0	0.0	100.0	6.9	14.5
NASSAU - FL FERNANDINA BEACH	32034	1	1	0.0	100.0	4.3	18.8
PALM BEACH - FL BOCA RATON	33428	1	0	100.0	0.0	3.0	3.3
BOYNTON BEACH	33435	1	52	100.0	0.0	1.2	1.2
	33436	1	0	100.0	0.0	2.6	2.6
DELRAY BEACH	33444	1	71	100.0	0.0	0.9	0.9
JUPITER	33458	1	128	100.0	0.0	0.9	0.9
	33478	3	0	100.0	0.0	6.3	6.3
LAKE WORTH	33467	2	54	100.0	0.0	0.6	0.9
WELLINGTON	33414	1	103	100.0	0.0	1.9	3.2
WEST PALM BEACH	33411	6	6	100.0	0.0	2.2	3.3
PINELLAS - FL SEMINOLE	33776	1	0	100.0	0.0	2.2	6.2
POLK - FL LAKELAND	33809	1	74	100.0	0.0	0.0	0.0
SEMINOLE - FL LAKE MARY	32746	1	177	100.0	0.0	1.0	1.0
ST. JOHNS - FL SAINT AUGUSTINE	32086	1	4	100.0	0.0	2.5	2.5
ST. LUCIE - FL FORT PIERCE	34949	1	0	0.0	100.0	11.3	11.3
PORT SAINT LUCIE	34953	3	0	100.0	0.0	7.6	7.6
	34983	1	0	100.0	0.0	4.7	4.7

Provider group: General and Family Dentist

Access standard:

2 Providers within 10 Miles

All Employees							
County/City	ZIP Code	Total number of employees	Total number of providers	All employees			
				Pct w wo		Average distance to providers	
						1	2
ST. LUCIE - FL PORT SAINT LUCIE	34984	1	0	100.0	0.0	5.0	5.0
	34987	1	0	100.0	0.0	8.0	8.0
SUWANNEE - FL LIVE OAK	32060	2	0	0.0	100.0	39.9	39.9
VOLUSIA - FL DAYTONA BEACH	32118	1	0	100.0	0.0	2.4	2.4
	32724	1	3	100.0	0.0	3.3	3.3
	32169	1	0	0.0	100.0	15.1	15.1
WASHINGTON - FL CHIPLEY	32428	1	0	0.0	100.0	57.4	82.8
TOTALS		248	1,887	93.5	6.5	3.3	3.9

2 Providers within 10 Miles

Summary of Other Specialist - With Access

Accessibility analysis specifications	
Provider group:	Other Specialist 4,752 providers at 934 locations (based on 4,752 records)
Employee group:	All Employees 248 employees
Access standard:	2 Providers within 10 Miles
Employees with desired access:	229 (92.3%)

Average distance to a choice of providers for employees with desired access					
Number of providers	1	2	3	4	5
Miles	1.5	1.9	2.1	2.4	2.7

Key geographic areas				
City	Total number of employees	Employees with desired access		
		Number	Percent	Average distance to 2 providers
FORT LAUDERDALE, FL	124	124	100.0	1.4
POMPANO BEACH, FL	33	33	100.0	1.4
HOLLYWOOD, FL	9	9	100.0	1.4
DANIA, FL	8	8	100.0	1.4
PORT SAINT LUCIE, FL	6	6	100.0	6.0
WEST PALM BEACH, FL	6	6	100.0	2.2
JUPITER, FL	4	4	100.0	4.8
MIAMI, FL	4	4	100.0	1.1
DEERFIELD BEACH, FL	3	3	100.0	2.5
BOYNTON BEACH, FL	2	2	100.0	1.9

Summary of Other Specialist - Without Access

Accessibility analysis specifications	
Provider group:	Other Specialist 4,752 providers at 934 locations (based on 4,752 records)
Employee group:	All Employees 248 employees
Access standard:	2 Providers within 10 Miles
Employees without desired access:	19 (7.7%)

Average distance to a choice of providers for employees without desired access					
Number of providers	1	2	3	4	5
Miles	20.4	35.0	37.5	38.7	39.1

Key geographic areas				
City	Total number of employees	Employees without desired access		
		Number	Percent	Average distance to 2 providers
LAKE PLACID, FL	3	3	100.0	36.5
INVERNESS, FL	2	2	100.0	20.2
LIVE OAK, FL	2	2	100.0	66.6
TAVARES, FL	2	1	50.0	10.2
ASTOR, FL	1	1	100.0	20.3
BRONSON, FL	1	1	100.0	23.9
CHIPLEY, FL	1	1	100.0	50.9
FORT PIERCE, FL	1	1	100.0	11.3
HERNANDO, FL	1	1	100.0	17.7
NEW SMYRNA BEACH, FL	1	1	100.0	17.5

2 Other Specialist within 10 Miles

All Employees							
County/City	ZIP Code	Total number of employees	Total number of providers	All employees			
				Pct		Average distance to providers	
				w	wo	1	2
ALACHUA - FL							
GAINESVILLE	32606	1	5	100.0	0.0	2.1	4.0
BREVARD - FL							
INDIALANTIC	32903	1	0	100.0	0.0	5.2	5.2
PALM BAY	32909	1	0	0.0	100.0	10.2	10.2
BROWARD - FL							
DANIA	33004	8	8	100.0	0.0	1.4	1.4
DEERFIELD BEACH	33441	2	0	100.0	0.0	2.2	2.7
	33442	1	37	100.0	0.0	1.8	2.0
FORT LAUDERDALE	33301	2	20	100.0	0.0	0.6	1.3
	33304	4	3	100.0	0.0	0.7	1.0
	33305	6	2	100.0	0.0	0.5	0.8
	33306	3	4	100.0	0.0	0.3	0.3
	33308	6	49	100.0	0.0	0.7	0.7
	33309	7	0	100.0	0.0	2.5	2.6
	33311	23	1	100.0	0.0	1.7	2.2
	33312	10	2	100.0	0.0	1.0	1.3
	33313	5	1	100.0	0.0	1.0	1.6
	33314	1	1	100.0	0.0	0.9	2.1
	33315	4	0	100.0	0.0	1.0	1.4
	33316	2	1	100.0	0.0	0.5	0.5
	33317	7	19	100.0	0.0	0.6	1.1
	33319	5	5	100.0	0.0	0.7	0.7
	33321	9	30	100.0	0.0	0.8	1.2
	33322	2	21	100.0	0.0	0.5	0.7
	33323	3	21	100.0	0.0	0.8	0.9
	33324	4	55	100.0	0.0	0.5	0.9
	33325	1	2	100.0	0.0	0.0	0.0
	33326	2	43	100.0	0.0	0.9	1.9
	33328	3	37	100.0	0.0	1.4	1.4
	33334	8	0	100.0	0.0	1.2	1.3
	33345	1	0	100.0	0.0	0.7	0.7
	33351	6	0	100.0	0.0	1.3	1.4
HALLANDALE	33009	1	22	100.0	0.0	0.2	0.5
HOLLYWOOD	33019	1	0	100.0	0.0	3.1	3.1
	33020	2	3	100.0	0.0	1.1	1.1
	33021	3	45	100.0	0.0	0.5	0.7
	33022	1	0	100.0	0.0	0.5	0.5
	33029	1	6	100.0	0.0	3.1	3.5

Provider group: Other Specialist

Access standard:

2 Providers within 10 Miles

2 Other Specialist within 10 Miles

All Employees							
County/City	ZIP Code	Total number of employees	Total number of providers	All employees			
				Pct		Average distance to providers	
				w	wo	1	2
BROWARD - FL							
HOLLYWOOD	33081	1	0	100.0	0.0	0.7	0.7
POMPANO BEACH	33060	3	2	100.0	0.0	1.1	1.3
	33062	4	34	100.0	0.0	0.8	1.3
	33063	8	4	100.0	0.0	1.5	1.5
	33064	4	2	100.0	0.0	1.1	1.3
	33065	2	14	100.0	0.0	0.5	0.8
	33066	2	0	100.0	0.0	2.3	2.3
	33067	1	24	100.0	0.0	0.8	1.0
	33068	5	8	100.0	0.0	1.1	1.1
	33069	2	1	100.0	0.0	0.6	2.5
	33071	2	51	100.0	0.0	0.8	0.8
CITRUS - FL							
HERNANDO	34442	1	0	0.0	100.0	7.3	17.7
INVERNESS	34450	1	0	0.0	100.0	3.9	21.1
	34452	1	0	0.0	100.0	5.2	19.4
CLAY - FL							
FLEMING ISLAND	32003	1	20	100.0	0.0	0.7	0.7
DUVAL - FL							
JACKSONVILLE	32221	1	0	100.0	0.0	6.8	8.3
ESCAMBIA - FL							
PENSACOLA	32514	1	0	100.0	0.0	2.5	2.5
GLADES - FL							
OKEECHOBEE	34974	1	0	0.0	100.0	11.3	39.4
HIGHLANDS - FL							
LAKE PLACID	33852	3	0	0.0	100.0	15.1	36.5
INDIAN RIVER - FL							
VERO BEACH	32964	1	0	100.0	0.0	3.3	3.3
	32967	1	0	100.0	0.0	4.4	6.6
LAKE - FL							
ASTOR	32102	1	0	0.0	100.0	20.3	20.3
CLERMONT	34711	1	58	100.0	0.0	1.6	3.5
LADY LAKE	32159	2	0	100.0	0.0	9.0	9.0
TAVARES	32778	2	0	50.0	50.0	6.2	6.5
LEE - FL							
ESTERO	33928	1	0	100.0	0.0	3.7	3.7
FORT MYERS	33901	1	7	100.0	0.0	1.4	1.4
LEON - FL							
TALLAHASSEE	32312	1	0	0.0	100.0	3.0	129.4

Provider group: Other Specialist

Access standard:

2 Providers within 10 Miles

2 Other Specialist within 10 Miles

All Employees							
County/City	ZIP Code	Total number of employees	Total number of providers	All employees			
				Pct		Average distance to providers	
				w	wo	1	2
LEVY - FL BRONSON	32621	1	0	0.0	100.0	19.5	23.9
MARION - FL OCALA	34478	1	0	100.0	0.0	2.0	2.2
SUMMERFIELD	34491	1	0	0.0	100.0	15.0	15.0
MARTIN - FL HOBE SOUND	33455	2	0	100.0	0.0	5.1	5.1
STUART	34994	1	43	100.0	0.0	0.0	0.0
MIAMI-DADE - FL MIAMI	33157	1	4	100.0	0.0	1.6	1.6
	33169	1	0	100.0	0.0	1.5	1.5
	33179	1	43	100.0	0.0	0.6	0.6
	33189	1	27	100.0	0.0	0.8	0.8
MONROE - FL TAVERNIER	33070	1	0	0.0	100.0	33.0	35.7
NASSAU - FL FERNANDINA BEACH	32034	1	3	100.0	0.0	6.9	6.9
PALM BEACH - FL BOCA RATON	33428	1	2	100.0	0.0	0.5	0.5
BOYNTON BEACH	33435	1	33	100.0	0.0	2.5	2.5
	33436	1	3	100.0	0.0	1.4	1.4
DELRAY BEACH	33444	1	63	100.0	0.0	0.9	0.9
JUPITER	33458	1	89	100.0	0.0	0.9	0.9
	33478	3	0	100.0	0.0	6.0	6.1
LAKE WORTH	33467	2	19	100.0	0.0	2.1	2.2
WELLINGTON	33414	1	73	100.0	0.0	1.9	2.3
WEST PALM BEACH	33411	6	18	100.0	0.0	1.2	2.2
PINELLAS - FL SEMINOLE	33776	1	1	100.0	0.0	1.6	3.9
POLK - FL LAKELAND	33809	1	30	100.0	0.0	0.0	0.0
SEMINOLE - FL LAKE MARY	32746	1	14	100.0	0.0	1.1	1.6
ST. JOHNS - FL SAINT AUGUSTINE	32086	1	5	100.0	0.0	2.5	2.5
ST. LUCIE - FL FORT PIERCE	34949	1	0	0.0	100.0	6.7	11.3
PORT SAINT LUCIE	34953	3	0	100.0	0.0	4.3	6.2
	34983	1	0	100.0	0.0	4.3	4.3

Provider group: Other Specialist

Access standard:

2 Providers within 10 Miles

All Employees							
County/City	ZIP Code	Total number of employees	Total number of providers	All employees			
				Pct w wo		Average distance to providers	
						1	2
ST. LUCIE - FL PORT SAINT LUCIE	34984	1	1	100.0	0.0	3.1	5.0
	34987	1	0	100.0	0.0	6.6	8.0
SUWANNEE - FL LIVE OAK	32060	2	0	0.0	100.0	64.6	66.6
VOLUSIA - FL DAYTONA BEACH	32118	1	0	100.0	0.0	1.9	2.5
DELAND	32724	1	0	100.0	0.0	4.8	4.8
NEW SMYRNA BEACH	32169	1	0	0.0	100.0	17.5	17.5
WASHINGTON - FL CHIPLEY	32428	1	0	0.0	100.0	50.9	50.9
TOTALS		248	1,139	92.3	7.7	3.0	4.4

2 Providers within 10 Miles

CITY OF FORT LAUDERDALE

Managed Care Accessibility Analysis

March 14, 2017

A report on the accessibility of the

Benefits Provided by MetLife Health Plan Inc.

for the employees of

CITY OF FORT LAUDERDALE

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Summary of General and Family Dentist - With Access

Accessibility analysis specifications	
Provider group:	General and Family Dentist 723 providers at 128 locations (based on 723 records)
Employee group:	All Employees 1 employee
Access standard:	2 Providers within 10 Miles
Employees with desired access:	0 (0.0%)

Average distance to a choice of providers for employees with desired access					
Number of providers	1	2	3	4	5
Miles	---	---	---	---	---

Key geographic areas				
City	Total number of employees	Employees with desired access		
		Number	Percent	Average distance to 2 providers
NO EMPLOYEES MEET THE SPECIFICATIONS				

Summary of General and Family Dentist - Without Access

Accessibility analysis specifications	
Provider group:	General and Family Dentist 723 providers at 128 locations (based on 723 records)
Employee group:	All Employees 1 employee
Access standard:	2 Providers within 10 Miles
Employees without desired access:	1 (100.0%)

Average distance to a choice of providers for employees without desired access					
Number of providers	1	2	3	4	5
Miles	10.7	10.7	10.8	12.5	13.9

Key geographic areas				
City	Total number of employees	Employees without desired access		
		Number	Percent	Average distance to 2 providers
BLOOMINGDALE, NJ	1	1	100.0	10.7

Summary of Other Specialist - With Access

Accessibility analysis specifications	
Provider group:	Other Specialist 957 providers at 247 locations (based on 957 records)
Employee group:	All Employees 1 employee
Access standard:	2 Providers within 10 Miles
Employees with desired access:	1 (100.0%)

Average distance to a choice of providers for employees with desired access					
Number of providers	1	2	3	4	5
Miles	1.8	5.3	7.5	9.0	10.7

Key geographic areas				
City	Total number of employees	Employees with desired access		
		Number	Percent	Average distance to 2 providers
BLOOMINGDALE, NJ	1	1	100.0	5.3

Summary of Other Specialist - Without Access

Accessibility analysis specifications	
Provider group:	Other Specialist 957 providers at 247 locations (based on 957 records)
Employee group:	All Employees 1 employee
Access standard:	2 Providers within 10 Miles
Employees without desired access:	0 (0.0%)

Average distance to a choice of providers for employees without desired access					
Number of providers	1	2	3	4	5
Miles	---	---	---	---	---

Key geographic areas				
City	Total number of employees	Employees without desired access		
		Number	Percent	Average distance to 2 providers
NO EMPLOYEES MEET THE SPECIFICATIONS				

All Employees							
County/City	ZIP Code	Total number of employees	Total number of providers	All employees			
				Pct w wo		Average distance to providers	
						1	2
PASSAIC - NJ							
BLOOMINGDALE	07403	1	0	100.0	0.0	1.8	5.3
TOTALS		1	0	100.0	0.0	1.8	5.3

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CITY OF FORT LAUDERDALE

Managed Care Accessibility Analysis

March 14, 2017

A report on the accessibility of the

Benefits Provided by Metropolitan Life Insurance Company

for the employees of

CITY OF FORT LAUDERDALE

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Summary of General and Family Dentist - With Access

Accessibility analysis specifications	
Provider group:	General and Family Dentist 606 providers at 339 locations (based on 606 records)
Employee group:	All Employees 2 employees
Access standard:	2 Providers within 10 Miles
Employees with desired access:	1 (50.0%)

Average distance to a choice of providers for employees with desired access					
Number of providers	1	2	3	4	5
Miles	0.8	1.0	1.0	1.1	1.1

Key geographic areas				
City	Total number of employees	Employees with desired access		
		Number	Percent	Average distance to 2 providers
JAMAICA, NY	1	1	100.0	1.0

Summary of General and Family Dentist - Without Access

Accessibility analysis specifications	
Provider group:	General and Family Dentist 606 providers at 339 locations (based on 606 records)
Employee group:	All Employees 2 employees
Access standard:	2 Providers within 10 Miles
Employees without desired access:	1 (50.0%)

Average distance to a choice of providers for employees without desired access					
Number of providers	1	2	3	4	5
Miles	88.6	95.8	95.8	95.8	95.8

Key geographic areas				
City	Total number of employees	Employees without desired access		
		Number	Percent	Average distance to 2 providers
CLIFTON PARK, NY	1	1	100.0	95.8

GeoAccess Φ_0

Access standard:

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Summary of Other Specialist - With Access

Accessibility analysis specifications	
Provider group:	Other Specialist 487 providers at 296 locations (based on 487 records)
Employee group:	All Employees 2 employees
Access standard:	2 Providers within 10 Miles
Employees with desired access:	1 (50.0%)

Average distance to a choice of providers for employees with desired access					
Number of providers	1	2	3	4	5
Miles	0.4	0.8	0.8	0.8	0.8

Key geographic areas				
City	Total number of employees	Employees with desired access		
		Number	Percent	Average distance to 2 providers
JAMAICA, NY	1	1	100.0	0.8

Summary of Other Specialist - Without Access

Accessibility analysis specifications	
Provider group:	Other Specialist 487 providers at 296 locations (based on 487 records)
Employee group:	All Employees 2 employees
Access standard:	2 Providers within 10 Miles
Employees without desired access:	1 (50.0%)

Average distance to a choice of providers for employees without desired access					
Number of providers	1	2	3	4	5
Miles	88.6	90.1	91.4	94.9	100.0

Key geographic areas				
City	Total number of employees	Employees without desired access		
		Number	Percent	Average distance to 2 providers
CLIFTON PARK, NY	1	1	100.0	90.1

GeoAccess 

2 Providers within 10 Miles

CITY OF FORT LAUDERDALE

Managed Care Accessibility Analysis

March 14, 2017

A report on the accessibility of the

Benefits Provided by Safeguard Health Plan Inc.

for the employees of

CITY OF FORT LAUDERDALE

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Summary of General and Family Dentist - With Access

Accessibility analysis specifications	
Provider group:	General and Family Dentist 3,923 providers at 418 locations (based on 3,923 records)
Employee group:	All Employees 3 employees
Access standard:	1 Provider within 20 Miles
Employees with desired access:	3 (100.0%)

Average distance to a choice of providers for employees with desired access					
Number of providers	1	2	3	4	5
Miles	3.0	3.9	3.9	3.9	4.0

Key geographic areas				
City	Total number of employees	Employees with desired access		
		Number	Percent	Average distance to 1 provider
ARLINGTON, TX	1	1	100.0	2.3
AUSTIN, TX	1	1	100.0	4.2
MISSOURI CITY, TX	1	1	100.0	2.6

Summary of General and Family Dentist - Without Access

Accessibility analysis specifications	
Provider group:	General and Family Dentist 3,923 providers at 418 locations (based on 3,923 records)
Employee group:	All Employees 3 employees
Access standard:	1 Provider within 20 Miles
Employees without desired access:	0 (0.0%)

Average distance to a choice of providers for employees without desired access					
Number of providers	1	2	3	4	5
Miles	---	---	---	---	---

Key geographic areas				
City	Total number of employees	Employees without desired access		
		Number	Percent	Average distance to 1 provider
NO EMPLOYEES MEET THE SPECIFICATIONS				

All Employees						
County/City	ZIP Code	Total number of employees	Total number of providers	All employees		
				Pct w	Pct wo	Average distance to a choice of 1 provider
FORT BEND - TX MISSOURI CITY	77459	1	62	100.0	0.0	2.6
TARRANT - TX ARLINGTON	76001	1	0	100.0	0.0	2.3
TRAVIS - TX AUSTIN	78730	1	0	100.0	0.0	4.2
TOTALS		3	62	100.0	0.0	3.0

CAM 17-0756
Exhibit 6
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Summary of Other Specialist - With Access

Accessibility analysis specifications	
Provider group:	Other Specialist 2,296 providers at 527 locations (based on 2,296 records)
Employee group:	All Employees 3 employees
Access standard:	1 Provider within 20 Miles
Employees with desired access:	3 (100.0%)

Average distance to a choice of providers for employees with desired access					
Number of providers	1	2	3	4	5
Miles	3.9	4.2	4.2	4.2	4.3

Key geographic areas				
City	Total number of employees	Employees with desired access		
		Number	Percent	Average distance to 1 provider
ARLINGTON, TX	1	1	100.0	2.3
AUSTIN, TX	1	1	100.0	6.4
MISSOURI CITY, TX	1	1	100.0	2.9

Summary of Other Specialist - Without Access

Accessibility analysis specifications	
Provider group:	Other Specialist 2,296 providers at 527 locations (based on 2,296 records)
Employee group:	All Employees 3 employees
Access standard:	1 Provider within 20 Miles
Employees without desired access:	0 (0.0%)

Average distance to a choice of providers for employees without desired access					
Number of providers	1	2	3	4	5
Miles	---	---	---	---	---

Key geographic areas				
City	Total number of employees	Employees without desired access		
		Number	Percent	Average distance to 1 provider
NO EMPLOYEES MEET THE SPECIFICATIONS				

All Employees						
County/City	ZIP Code	Total number of employees	Total number of providers	All employees		
				Pct w	Pct wo	Average distance to a choice of 1 provider
FORT BEND - TX MISSOURI CITY	77459	1	29	100.0	0.0	2.9
TARRANT - TX ARLINGTON	76001	1	0	100.0	0.0	2.3
TRAVIS - TX AUSTIN	78730	1	0	100.0	0.0	6.4
TOTALS		3	29	100.0	0.0	3.9

CAM 17-0756
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**City of Fort Lauderdale
Top 250 DPPO Providers
Claims Paid 1/1/2016 - 12/31/2016**

Company Name: Metropolitan Life Insurance Company

Indicate which of the listed providers is included in your company's proposed DPPO network and include a hard copay as well as an Excel file in your response.

Rank	Federal Employer ID	Name	Address	City	State	Zip	In Network? Yes or No
1	461185149	Destefon, John J	30 NE 3rd St	Ft Lauderdale	FL	33301	Yes
2	591389949	Rosenthal, Barry W	9200 NW 44th St	Sunrise	FL	33351	No
3	202058007	Leibowitz, Jayson R	10080 NW 1st Ct	Plantation	FL	33324	Yes
4	650341505	Moore, Keith E	901 S Federal Hwy Ste 301	Fort Lauderdale	FL	33316	No
5	453626385	Young, Jared M	1930 Ne 34th Ct	Lighthouse Point	FL	33064	Yes
6	592495753	Barr, Scott I	300 NW 70 Ave, #206	Plantation	FL	33317	No
7	203791829	Robinson, Sharon R	6738 W Sunrise Blvd, Ste 105	Plantation	FL	33313	Yes
8	650666819	Bartlett, Jeffrey C	2440 E Sunrise Blvd	Fort Lauderdale	FL	33304	Yes
9	943420892	Horst, Nadja A	104 SE 1st St	Ft Lauderdale	FL	33301	Yes
10	461919850	Douglass, Richard C	660 N State Road 7, Ste 12	Plantation	FL	33317	Yes
11	461543139	Alexander, Allison	113 SW 11th Ct, Ste A	Ft Lauderdale	FL	33315	Yes
12	412220291	Giraldo, Andrea	114 SW 10th St	Fort Lauderdale	FL	33315	Yes
13	591541047	Bennett, James G	1023 Atlantic Blvd	Atlantic Beach	FL	32233	Yes
14	223703976	Mankame, Dipak M	300 NW 70th Ave, Ste 109	Plantation	FL	33317	Yes
15	650985810	Yang, James T	10189 Cleary Blvd, Ste 201	Plantation	FL	33324	Yes
16	421650718	Stanton, Robert B	1776 N Pine Island Rd, Ste 300	Plantation	FL	33322	Yes
17	650700287	George, Ronald A	4100 S Hospital Dr, Ste 107	Plantation	FL	33317	Yes
18	208195969	Polasky, Dawn L	6231 N Federal Hwy, Ste 109	Ft Lauderdale	FL	33308	Yes
19	271200319	Riley, Marilyn P	3909 N Andrews Ave	Oakland Park	FL	33309	Yes
20	591425149	Wilentz, Abby T	7400 NW 5th St	Plantation	FL	33317	No
21	592208015	Zenga, William T	2500 N University Dr, Ste 9	Sunrise	FL	33322	Yes
22	760741305	Johnson Leong, Charmaine	2717 E Oakland Park Blvd Ste 1	Fort Lauderdale	FL	33306	No
23	200185918	Lane, Thomas R	1831 NE 45th St, Suite B	Fort Lauderdale	FL	33308	Yes
24	271835567	Toral, Armando	4811 Hollywood Blvd, Ste A	Hollywood	FL	33021	Yes
25	900723233	Benedetti, Ana P	1535 Sunset Dr	Coral Gables	FL	33143	No
26	264305407	Tendler, Minelle M	199 W Palmetto Park Rd, Ste D	Boca Raton	FL	33432	Yes
27	550881045	Freeman, Christopher S	8200 W Sunrise Blvd, Suite B-3	Plantation	FL	33322	Yes
28	471820802	Rieger, Eric R	1200 Yamato Rd, Ste A4	Boca Raton	FL	33431	Yes
29	202058007	Palenzuela, Mary A	10080 NW 1st Ct	Plantation	FL	33324	Yes
30	650089306	Berger, Joel S	1890 N University Dr, Ste 210	Coral Springs	FL	33071	Yes

31	202058007	Herbert, Brent	10080 NW 1st Ct	Plantation	FL	33324	Yes
32	460771294	Naierman, Eric H	3333 Sheridan St	Hollywood	FL	33021	Yes
33	650019957	Blitman, Robert	8430 W Broward Blvd, Ste 100	Plantation	FL	33324	Yes
34	650075019	Boukzam, Mark A	4048 W Hillsboro Blvd	Deerfield Beach	FL	33442	Yes
35	650969035	Canizales, Jacqueline	10640 Griffin Rd, Ste 107	Davie	FL	33328	Yes
36	471526151	Berley, Joel A	7110 Southgate Blvd	Margate	FL	33068	Yes
37	650746314	Hernandez, Peter M	10051 Pines Blvd Ste C	Pembroke Pines	FL	33024	No
38	651100498	Mccawley, Daniel W	1625 E Las Olas Blvd	Fort Lauderdale	FL	33301	No
39	471755265	Sherman, Richard L	2249 N University Dr	Pembroke Pines	FL	33024	Yes
40	203141319	Kerns, James M	2991 Myrtle Oak Cir	Davie	FL	33328	Yes
41	452816684	Martin, Sidney S	660 N State Road 7, Ste 12	Plantation	FL	33317	Yes
42	650000707	Chencin, Josef	3015 Bayview Dr, Ste D	Fort Lauderdale	FL	33306	Yes
43	650461148	Zakko, Dalal	2826 E Oakland Park Blvd, Ste 300	Fort Lauderdale	FL	33306	Yes
44	260849265	Hernandez, Roland A	1625 SE 3rd Avenue, Suite 802	Ft Lauderdale	FL	33316	Yes
45	204587282	Dixon, Scott E	1620 SE 4th Ave	Ft Lauderdale	FL	33316	No
46	275197554	Joh, Julia H	4301 N Federal Hwy, Ste 5	Pompano Beach	FL	33064	Yes
47	043589759	Castillo, Pedro L	1300 N Federal Hwy, Suite 1	Lake Worth	FL	33460	Yes
48	611734577	Bates, Barbara A	1096 W Indiantown Rd, Ste 200	Jupiter	FL	33458	Yes
49	650914866	Fredrick, Jason W	10156 W Indiantown Rd	Jupiter	FL	33478	Yes
50	591425149	Lustman, Craig	809 State Route 208	Monroe	NY	10950	No
51	650980524	Jones, Ian C	6300 W Atlantic Blvd	Margate	FL	33063	Yes
52	461543139	Arocha, Arianny	113 SW 11th Ct Ste A	Fort Lauderdale	FL	33315	Yes
53	592603212	Heinsen, Gretchen	2480 E Commercial Blvd, Ste 2	Fort Lauderdale	FL	33308	Yes
54	592681987	Barnard, Michael R	1209 W Broward Blvd	Ft Lauderdale	FL	33312	Yes
55	471755265	Templeton, Patricia G	2249 N University Dr	Pembroke Pines	FL	33024	Yes
56	650631864	Rozen, Henry	9154 Wiles Rd	Coral Springs	FL	33067	Yes
57	650863385	Colella, Candace R	4690 N State Rd 7 Ste 201	Coconut Creek	FL	33073	Yes
58	161685076	Mazzei, Leanne	9387 W Sample Rd	Coral Springs	FL	33065	Yes
59	592397569	Scharf, Blair	2801 N University Dr, Suite 101	Coral Springs	FL	33065	No
60	592211352	Behn, Jack W	8200 W Sunrise Blvd, Ste A1	Plantation	FL	33322	Yes
61	134205825	Khakhria, Milan L	104 NW 100th Ave	Plantation	FL	33324	Yes
62	650161743	Bracco, Brent J	2467 E Commercial Blvd	Fort Lauderdale	FL	33308	Yes
63	650947659	Simon, David G	10115 Forest Hill Blvd Ste 301	Wellington	FL	33414	Yes
64	205407398	Chen, Timothy P	12741 Miramar Pkwy, Ste 203	Miramar	FL	33027	Yes
65	650246176	Spector, Lawrence A	9132 Wiles Rd	Coral Springs	FL	33067	Yes
66	900723233	Benedetti, Ana P	1535 Sunset Dr	Coral Gables	FL	33143	No
67	592661313	Schloss, Christopher M	2916 Bayview Dr	Fort Lauderdale	FL	33306	No
68	271499087	Forum, Richard B	320 SE 18th St	Fort Lauderdale	FL	33316	No
69	261365336	Shelling, Robert	19615 State Road 7, Ste 33	Boca Raton	FL	33498	Yes
70	453626385	Young, Catherine R	1930 NE 34th Ct	Lighthouse Point	FL	33064	Yes
71	651147593	Listopad, Howard D	10161 W Sample Rd, Ste A	Coral Springs	FL	33065	Yes
72	010574562	Jarrett, Brent J	7312 W Atlantic Blvd	Margate	FL	33063	Yes
73	753136614	Maye, Frank J	19615 33 S State Rd 7	Boca Raton	FL	33498	Yes

74	650401664	Weiner, Seymour	8200 W Sunrise Blvd, Ste B2	Plantation	FL	33322	Yes
75	591928451	Wiener, B H	800 E Broward Blvd, Ste 305	Ft Lauderdale	FL	33301	Yes
76	203987895	Malpica, Omar A	14201 W Sunrise Blvd Ste 106	Sunrise	FL	33323	No
77	611734577	Bates, Barbara A	1096 W Indiantown Rd, Ste 200	Jupiter	FL	33458	Yes
78	591425149	Trupkin, Denis P	7400 NW 5th St	Plantation	FL	33317	No
79	461185149	Cook, Jonathan H	30 Ne 3Rd St	Ft Lauderdale	FL	33301	Yes
80	112596095	Jaeger, Michael E	12012 S Shore Blvd, Ste 101	Wellington	FL	33414	Yes
81	650937178	Fong, Ian S	1900 N University Dr, Ste 201	Pembroke Pines	FL	33024	Yes
82	650766393	Rosenberg, Steven A	7500 NW 5th St, Ste 115	Plantation	FL	33317	Yes
83	463189195	Hernandez Rivera, Ricardo N	522 E 25Th St	Hialeah	FL	33013	Yes
84	452733082	Bouchard Lavenka, Cynthia R	14771 Biscayne Blvd	North Miami	FL	33181	Yes
85	272813237	Rubenstein, Evan	2151 NW 2nd Ave, Ste 102	Boca Raton	FL	33431	Yes
86	650807157	Douglas, Easton	2609 W Oakland Park Blvd	Fort Lauderdale	FL	33311	No
87	452382491	Olivera, Marisabel	4800 NE 20th Ter, Ste 301S	Ft Lauderdale	FL	33308	Yes
88	043683245	Ferrer, Deborah A	1500 E Broward Blvd	Ft Lauderdale	FL	33301	Yes
89	650456698	Graff, Brad W	3107 Stirling Rd, Ste 108	Ft Lauderdale	FL	33312	Yes
90	261147142	Ginzler, Bradley M	12651 W Sunrise Blvd, Ste 204	Sunrise	FL	33323	Yes
91	592550069	Mandell, Charles S	3220 Stirling Rd	Hollywood	FL	33021	Yes
92	592343174	Llera, Julio A	2607 Davie Blvd	Fort Lauderdale	FL	33312	Yes
93	760706979	Giol, Victor J	2474 SE Federal Hwy	Stuart	FL	34994	Yes
94	592427954	Russo, Charles D	2801 N University Dr, Ste 102	Coral Springs	FL	33065	Yes
95	208577828	Urrea Feldsberg, Helena	12301 Taft St Ste 300	Pembroke Pines	FL	33026	Yes
96	651025280	Gomez, Luis F	4651 N State Road 7, Ste 4	Coconut Creek	FL	33073	Yes
97	412132420	Warner, David K	1946 Wilton Dr	Wilton Manors	FL	33305	Yes
98	454014601	Miresmaili, Mandana	3035 E Commercial Blvd	Fort Lauderdale	FL	33308	Yes
99	592229420	Lipson, Frank D	333 NW 70th Ave, Ste 104	Plantation	FL	33317	Yes
100	300012213	Quesada, Robert E	1500 E Broward Blvd	Fort Lauderdale	FL	33301	Yes
101	263766926	Barbag, Adam C	9172 Glades Rd	Boca Raton	FL	33434	Yes
102	591366609	Miller, Robert J	8903 Glades Rd Ste D6	Boca Raton	FL	33434	Yes
103	264848166	Moore, Keith E	901 S Federal Hwy Ste 301	Fort Lauderdale	FL	33316	No
104	272119748	Wagner, Robert M	1275 York Ave	New York	NY	10065	Yes
105	273006462	Finkelstein, Heidi R	333 NW 70th Ave	Fort Lauderdale	FL	33317	No
106	270812901	Caponera, Rinaldo	7420 NW 5th St, Ste 108	Plantation	FL	33317	Yes
107	412139274	Schaumburg, Jennifer S	21150 Biscayne Blvd, Ste 401	Aventura	FL	33180	Yes
108	591425149	Babyak, George R	7400 Nw 5th St	Plantation	FL	33317	No
109	208445461	Shehadeh, Eyad	973 N Nob Hill Rd	Plantation	FL	33324	Yes
110	650713391	Nudelberg, Michael E	550 SW 3rd St	Pompano Beach	FL	33060	Yes
111	650792969	Montamarta, Francisco T	100 S Military Trl, Ste 4	Deerfield Beach	FL	33442	Yes
112	591541047	Rothberg, Melanie R	5458 Town Center Rd, Ste 16	Boca Raton	FL	33486	Yes
113	260829624	Briceno Crespi, Carmen	7615 SW 62nd Ave	South Miami	FL	33143	No
114	473696720	Lepore, Krystina M	9109 Baymeadows Rd, Ste 1	Jacksonville	FL	32256	Yes
115	264429924	Vultaggio, Francesco P	841 SE 8th Ave	Deerfield Bch	FL	33441	Yes
116	650165775	Hosseini, Heather G	1040 Weston Rd, Ste 225	Weston	FL	33326	Yes

117	464571377	Short, Steven T	5400 N Federal Hwy	Fort Lauderdale	FL	33308	Yes
118	421598932	Roud, Taras	7015 Beracasa Way, Ste 101	Boca Raton	FL	33433	Yes
119	650654799	Thomas, Christian M	3471 N Federal Hwy, Ste 501	Ft Lauderdale	FL	33306	Yes
120	208036431	Marranzini Grosma, Maria G	4401 S Flamingo Rd, Ste 109	Davie	FL	33330	Yes
121	651146878	Fuerst, Peter F	2706 N University Dr	Sunrise	FL	33322	Yes
122	650184844	Marks, Lawrence H	5100 Hollywood Blvd Ste 2	Hollywood	FL	33021	No
123	650717556	Feuer, Mitchell R	900 S Federal Hwy	Hollywood	FL	33020	Yes
124	650688337	Simon, David S	7101 W McNab Rd, Ste 102	Tamarac	FL	33321	Yes
125	010712049	Slatkoff, Joshua M	2151 NW Boca Raton Blvd, Ste 10	Boca Raton	FL	33431	Yes
126	650668849	Wong, Albert G	300 NW 70th Ave, Suite 304	Plantation	FL	33317	No
127	201577593	Scerbo, Peter M	6600 W 12th Ave	Hialeah	FL	33012	Yes
128	542080841	Grandison, Nigel D	10117 Cleary Blvd	Plantation	FL	33324	Yes
129	510446273	Najarian, Stephen	815 S University Dr, Ste 101	Plantation	FL	33324	Yes
130	202996316	Bons, Brian K	1637 N Hiatus Rd	Pembroke Pines	FL	33026	Yes
131	464401786	Garg, Arun K	700 N Hiatus Rd, Ste 102	Pembroke Pines	FL	33026	Yes
132	462882102	Deture, Christopher N	1500 E Hillsboro Blvd	Deerfield Beach	FL	33441	No
133	650132415	Blum, Michael R	648 NE 3rd Ave	Fort Lauderdale	FL	33304	Yes
134	204399325	Smith, Austin F	10794 Pines Blvd, Ste 101	Pembroke Pines	FL	33026	Yes
135	650787194	Taylor, Henderson P	3131 Inverrary Blvd W	Lauderhill	FL	33319	Yes
136	263118748	Sainsbury, James W	2700 E Bay Dr, Ste 207	Largo	FL	33771	Yes
137	464114693	Selmic, Nadezda	401 E Las Olas Blvd, Ste 140	Fort Lauderdale	FL	33301	Yes
138	592756022	Fistel, Alan	7522 Wiles Rd, Ste 104	Coral Springs	FL	33067	Yes
139	592724644	Mccauley, Mark C	3115 South Federal Highway	Delray Beach	FL	33483	Yes
140	272813237	Gul, Yousaf A	4189 Southpoint Dr E	Jacksonville	FL	32216	Yes
141	271509276	Taha, Ahmed A	1640 S Federal Hwy	Delray Beach	FL	33483	Yes
142	275473032	Iqualada Heine, Kristen N	8585 Sunset Dr, Ste 101	Miami	FL	33143	Yes
143	582676964	Rosado, Itza M	12781 Miramar Pkwy, Ste 201	Miramar	FL	33027	Yes
144	205614193	Benda, Natalia M	6361 N Andrews Ave	Fort Lauderdale	FL	33309	Yes
145	270129674	Fox, Eric G	5551 N University Dr, Ste 203	Coral Springs	FL	33067	Yes
146	650821596	Brady, Michael	4330 W Broward Blvd, Suit T	Plantation	FL	33317	No
147	650975638	Garcia, Kathy	1019 S University Dr	Plantation	FL	33324	Yes
148	591693658	Bussell, Alan J	6269 N University Dr	Tamarac	FL	33321	Yes
149	650121690	Garcia, Juan M	1490 W 49th Pl, Ste 450	Hialeah	FL	33012	Yes
150	113697263	Most, Douglas S	544 NW University Blvd, Ste 105	Port Saint Lucie	FL	34986	Yes
151	030576797	Sorroza, Jennifer P	435 E Sheridan St	Dania	FL	33004	Yes
152	463455311	Israel, Elie	305 E Altamonte Springs Dr, Ste 1020	Altamonte Springs	FL	32701	Yes
153	650559387	Pyle, Stephen J	2239 N Commerce Pkwy, Suite 1	Weston	FL	33326	No
154	650632466	Hernandez, Liliana J	4750 NW 7th St, Ste 10	Miami	FL	33126	Yes
155	010718993	Nudel, Tatyana	7321 N State Road 7	Parkland	FL	33073	Yes
156	650943768	Lichstrahl, Jared E	301 NW 84th Ave, Ste 203	Plantation	FL	33324	Yes
157	261669042	Brilliant, Margo K	18851 NE 29th Ave, Ste 300	Aventura	FL	33180	Yes
158	260353884	Cimand, Tami	7797 N University Dr, Ste 201	Tamarac	FL	33321	Yes
159	650908498	Darojat, Zuhdiyah M	305 E Altamonte Springs Dr, Ste 1020	Altamonte Springs	FL	32701	Yes

160	263394448	Hilali, Manal	10151 W Commercial Blvd	Sunrise	FL	33351	Yes
161	208737121	Browne, Andrew M	9789 Glades Rd	Boca Raton	FL	33434	Yes
162	465601000	Casas, Silvia B	951 NE 167th St, Ste 104	North Miami Beach	FL	33162	Yes
163	650043559	Arenas, Jorge A	10271 Pines Blvd	Pembroke Pines	FL	33026	Yes
164	650387750	Fedele, Mark W	500 NW Dixie Hwy South	Stuart	FL	34994	No
165	651030631	Arnold, Patrick B	4800 NE 20th Ter, Ste 205	Ft Lauderdale	FL	33308	Yes
166	591263751	Bluth, Barry A	4175 SW 64th Ave, Ste 103-104	Davie	FL	33314	Yes
167	592582825	Kushner, Benn M	10031 Pines Blvd, Ste W101	Pembroke Pines	FL	33024	Yes
168	593752296	Bender, Fara	6169 Jog Rd, Suite B-5	Lake Worth	FL	33467	Yes
169	650976774	Ring, Christian D	1776 N Pine Island Rd, Ste 300	Plantation	FL	33322	Yes
170	591944868	Parker, Stephen T	1003 N 35th Ave	Hollywood	FL	33021	Yes
171	200185918	Plower, Katarzyna J	2275 20th St	Vero Beach	FL	32960	Yes
172	260518079	Rezaie, Yeganeh	3801 Hollywood Blvd, Ste 225	Hollywood	FL	33021	Yes
173	592459372	Spoont, E R	21301 Powerline Rd, Suite 208	Boca Raton	FL	33433	Yes
174	391221409	Steinmetz, Mark J	W3132 Van Roy Rd	Appleton	WI	54915	No
175	592051908	Rosenthal, Allen H	3836 N University Dr	Sunrise	FL	33351	Yes
176	453740998	Sevel, Dennis S	1350 SW 160th Ave	Weston	FL	33326	Yes
177	650234930	Gittess, Laurie B	1625 N Commerce Pkwy, Ste 317	Weston	FL	33326	Yes
178	562338791	Kawa, Larry B	20423 State Road 7, Ste F18	Boca Raton	FL	33498	Yes
179	273533121	James, Kevin K	685 Royal Palm Beach Blvd, Ste 204	Royal Palm Beach	FL	33411	Yes
180	650518576	Davis Iii, John M	19 NE 22nd Ave	Pompano Beach	FL	33062	No
181	651081473	Neuls, Julia W	2633 E Commercial Blvd Ste B	Fort Lauderdale	FL	33308	Yes
182	201677120	Shullman, Howard B	12634 Pines Blvd	Pembroke Pines	FL	33027	Yes
183	592343174	Llera, Antonio J	2607 Davie Blvd	Fort Lauderdale	FL	33312	Yes
184	048949574	Ghodsi, Shayan	9375 W Sample Rd	Coral Springs	FL	33065	Yes
185	451484825	Friedland, Bryan J	4800 NE 20th Ter, Ste 215	Ft Lauderdale	FL	33308	Yes
186	592530483	Ongley, B Linda	1945 N Pine Island Rd	Sunrise	FL	33322	Yes
187	651021909	Romasan, Oana	1700 NE 26th St, Ste 1	Wilton Manors	FL	33305	Yes
188	454337609	Bautista, Enrico S	1776 N Pine Island Rd, Ste 300	Plantation	FL	33322	Yes
189	200185918	Rodriguez, Jorge A	11130 N Kendall Dr, Ste 202	Miami	FL	33176	Yes
190	471565474	Fallah, Rouhollah	7100 W Commercial Blvd, Ste 108	Lauderhill	FL	33319	Yes
191	454640768	Elliot, Jeffrey F	9600 W Sample Rd, Ste 504	Coral Springs	FL	33065	Yes
192	471601631	Mingel, Marc A	6702 N University Dr	Tamarac	FL	33321	Yes
193	901032331	Ochoa, Luis H	5740 Hollywood Blvd	Hollywood	FL	33021	Yes
194	650601646	Porras, Edgar J	12251 Taft St, Ste 404	Pembroke Pines	FL	33026	Yes
195	263005908	Spencer, Scott B	210 Jupiter Lakes Blvd, Bldg 5000 Ste 204	Jupiter	FL	33458	Yes
196	650286174	Gorfinkel, Michael S	111 N Pine Island Rd, Ste 101	Plantation	FL	33324	Yes
197	650879389	Klein, Mitchell J	7228 W Oakland Park Blvd	Lauderhill	FL	33313	No
198	591290474	Ozga, Gary F	1296 S Federal Hwy	Pompano Beach	FL	33062	Yes
199	208754293	Roseff, Michael J	8784 Boynton Beach Blvd, Ste 103	Boynton Beach	FL	33472	Yes
200	810671550	Aron, Robert S	1874 W Hillsboro Blvd	Deerfield Beach	FL	33442	Yes
201	911891746	Cirtaut, Linda M	Po Box 13828	Mill Creek	WA	98082	Yes
202	592289312	Berry, Bryan W	800 E Broward Blvd Ste 410	Ft Lauderdale	FL	33301	No

203	650908498	Proano Wise, Nancy L	2600 W Flagler St	Miami	FL	33135	Yes
204	200185918	Waldee, Kerry G	817 S University Dr, Suite 103	Plantation	FL	33324	Yes
205	582407716	Yates, David W	2474 SE Federal Hwy	Stuart	FL	34994	No
206	650731323	Krimsky, Peter K	7408 NW 5th St	Plantation	FL	33317	Yes
207	651007689	Rothfield, Elizabeth A	4601 Hollywood Blvd	Hollywood	FL	33021	Yes
208	591614126	Barogiannis, Constantinos	2440 E Commercial Blvd	Fort Lauderdale	FL	33308	No
209	223868692	Oklin, Richard S	6805 Pembroke Rd	Hollywood	FL	33023	Yes
210	651077289	Bennett, David A	10305 NW 41st St, Ste 207	Doral	FL	33178	Yes
211	273480873	Anand, Payal M	2410 N University Dr	Coral Springs	FL	33065	Yes
212	593694196	Huhn, Clete F	1100 S Orange Ave	Orlando	FL	32806	Yes
213	650349658	Ziadie, Elizabeth T	9720 Stirling Rd, Ste 211	Cooper City	FL	33024	Yes
214	650006275	Shiffman, Harvey S	8200 S Jog Rd, Ste 201	Boynton Beach	FL	33472	Yes
215	461139956	Lekkas, Nick	2870 Ne 8th St	Homestead	FL	33033	Yes
216	200185918	Hohimer Jr, David M	817 S University Dr Su	Plantation	FL	33324	Yes
217	542079759	Kaufman, Robert H	4665 W Atlantic Ave	Delray Beach	FL	33445	Yes
218	650144056	Cohen, Jeffrey	4324 Forest Hill Blvd	West Palm Beach	FL	33406	Yes
219	650854084	Meier, Scott F	500 University Blvd, Ste 112	Jupiter	FL	33458	Yes
220	200010251	Marchetto, John J	1600 Town Center Blvd Ste A	Weston	FL	33326	No
221	592714865	Lunsford, Joseph L	6736 Forest Hill Blvd	Greenacres	FL	33413	No
222	260042734	Morrow, Richard S	1881 N University Dr, Ste 2012	Coral Springs	FL	33071	Yes
223	582592630	Reilly, James W	1150 Hammond Dr Ste 200	Atlanta	GA	30328	No
224	650642600	Darling, Steven G	8190 S Jog Rd, Ste 200	Boynton Beach	FL	33472	Yes
225	591273519	Sands, James D	5890 Hallandale Beach Blvd	West Hollywood	FL	33023	Yes
226	650481999	Wasserman, Alan G	22053 State Road 7	Boca Raton	FL	33428	Yes
227	204132428	Saidi, Ardavan	119 Washington Ave, Suite 601	Miami Beach	FL	33139	Yes
228	650719035	Starkman, Jeffrey A	11682B US Highway 1, Ste 60	Palm Beach Gardens	FL	33408	Yes
229	010924720	Kocher, Jennifer C	7593 Boynton Beach Blvd, Ste 200	Boynton Beach	FL	33437	Yes
230	205495196	Gomez Trainor, Sandra P	1740 E Commercial Blvd	Fort Lauderdale	FL	33334	Yes
231	650019957	Epstein, Mitchell R	8430 W Broward Blvd, Ste 100	Plantation	FL	33324	Yes
232	650721202	Vallejo, Freddy A	600 S Pine Island Rd, Suit #201	Plantation	FL	33324	Yes
233	592135962	Walsh, Joseph C	2600 N Military Trl Ste 3	Boca Raton	FL	33431	No
234	264306631	Shults, Randall C	1200 Corporate Center Way, Suite 100	Wellington	FL	33414	Yes
235	592303705	Patel, Jitendra L	4651 NW 31st Ave	Tamarac	FL	33309	Yes
236	451797933	Zombek, Steven J	Emerald Hills Medical Squ, 4480 Sheridan St	Hollywood	FL	33021	Yes
237	830401313	Winton, Adam J	1201 E Sample Rd, Ste 101	Pompano Beach	FL	33064	Yes
238	650981758	Stokesberry, Douglas A	9204 NE 6th Ave	Miami Shores	FL	33138	No
239	591967618	Lev, Robert J	8383 Pines Blvd	Pembroke Pines	FL	33024	Yes
240	900923182	Fendrich, Laurence E	18431 Miramar Pkwy	Miramar	FL	33029	Yes
241	461424382	Friedel, Lee M	1605 Town Center Blvd, Ste B	Weston	FL	33326	Yes
242	471526151	Krohn, Mel R	7500 NW 5th St, Ste 105	Plantation	FL	33317	Yes
243	650795660	Baghdassarian, Rosemary	1608 E Commercial Blvd	Oakland Park	FL	33334	Yes
244	203965948	Sajoo, Sameer	3471 N Federal Hwy Ste 200	Fort Lauderdale	FL	33306	Yes
245	264745380	Blanco, Yamilet	800 E Merritt Island Cswy, Ste 105	Merritt Island	FL	32952	Yes

246	650962928	Eggnatz, Michael D	17190 Royal Palm Blvd, Suite #4	Weston	FL	33326	No
247	650796764	Desenze, Philip S	540 E McNab Rd, Ste E	Pompano Beach	FL	33060	Yes
248	592655484	Malik, Sawan K	1027 SE 17th St	Fort Lauderdale	FL	33316	Yes
249	203404121	Ardalan, Amir R	374 SW Prima Vista Blvd.	Port St. Lucie	FL	34983	Yes
250	651131832	Martinez, Mario J	6601 SW 80th St Ste 212	Miami	FL	33143	No

City of Fort Lauderdale
DHMO Top Providers Chosen by Subscriber Count

Company Name: Metropolitan Life Insurance Company

Indicate which of the listed DHMO providers is included in your company's proposed DHMO network and include a hard copy as well as an Excel sheet in your proposal.

	Tax ID	Facility	Address	City	State	Zip	In Network? Yes or No
		PCD Unassigned	Call Customer Care or visit	Gainesville	FL	32601	No
1	30576792	TLC Dental East	3001 E Commercial Blvd	Fort Lauderdale	FL	33308	Yes
2	592681987	Barnard, DDS, Michael	1209 W Broward Blvd	Ft Lauderdale	FL	33312	Yes
3	650461148	Bayview Dental Associates PA	2826 E OkInd Prk Blvd Ste 300	Ft Lauderdale	FL	33306	Yes
4	650908498	Sage Dental of Plantation PA	8440 W Broward Blvd	Plantation	FL	33324	Yes
5	591399832	Emerald Hills Dental Center	3856 Sheridan St	Hollywood	FL	33021	Yes
6	731723037	Jacardanda Dental Associates	600 S Pine Island Rd Ste 201	Plantation	FL	33324	Yes
7	462896556	True Original Smiles Inc	5863 N University Dr	Tamarac	FL	33321	No
8	30576797	TLC Dental North	7110 Southgate Blvd	N Lauderdale	FL	33068	Yes
9	562315803	The Dental Group	2609 W Oakland Park Blvd	Ft Lauderdale	FL	33311	Yes
10	650924956	Sage Dental of Pompano Beach P	1650 N Federal Hwy Ste 105	Pompano Beach	FL	33062	Yes
11	263699117	Dr. Max A Zaslavsky	6451 N Federal Hwy	Ft Lauderdale	FL	33308	No
12	592530483	Ongley/Jacaranda Square Dent	1945 N Pine Island Rd	Sunrise	FL	33322	Yes
13	271436445	Sage Dental of Cooper City PLL	12129 Sheridan St	Hollywood	FL	33026	Yes
14	203993947	Jeremy Gerber DMD PA	1332 SE 17th St	Fort Lauderdale	FL	33316	Yes
15	421650718	Stanton Dental Excellence	5400 N Federal Hwy Ste 101	Ft Lauderdale	FL	33308	Yes
16	272813237	Sage Dental of Coral Springs P	987 N University Dr	Coral Springs	FL	33071	Yes
17	650132415	Centre for the Dental Arts	648 NE 3rd Ave	Fort Lauderdale	FL	33304	No
18	650076718	Karpel, DDS, Joel	7193 W Oakland Park Blvd	Lauderhill	FL	33313	Yes
19	471565474	Fresh Dental Smiles	7100 W Commercial Blvd Ste 108	Lauderhill	FL	33319	Yes
20	203175411	Veneto Dental Care	3600 Red Rd Ste 604	Miramar	FL	33025	Yes
21	263005908	Sage Dental of Coconut Creek P	5463 Lyons Rd Ste C	Coconut Creek	FL	33073	Yes
22	650234930	Family Dental Associates	6130 W Atlantic Blvd Ste 4	Margate	FL	33063	Yes
23	650129699	Plantation Dental Services	314 S University Dr	Plantation	FL	33324	Yes
24	650467002	Dallas, DDS, Michele	620 NE 3rd St	Fort Lauderdale	FL	33301	No
25	650509660	Sunrise Intracoastal Dtl Ctr	900 NE 26th Ave Ste 200	Fort Lauderdale	FL	33304	Yes
26	650043559	G & G Dental Associates	7030 NW 57th St	Tamarac	FL	33319	Yes
27	271168262	Healthy Family Dentistry	5350 W Hillsboro Blvd Ste 201	Coconut Creek	FL	33073	No
28	203141319	James Kerns Dmd Pllc	6905 W Broward Blvd Ste 101	Plantation	FL	33317	No
29	592549495	L G James DMD Professional	4101 S Hospital Dr Ste 4	Plantation	FL	33317	Yes
30	30576799	TLC Dental Dania	435 E Sheridan St	Dania	FL	33004	Yes
31	273480873	Coral Springs Smiles PA	2929 N University Dr Ste 203	Coral Springs	FL	33065	Yes
32	650719035	Dental Health Grp II Pem Pines	140 S University Dr	Pembroke Pines	FL	33025	Yes
33	592655484	Gentle Family Dentistry	10167 W Sunrise Blvd Ste 101	Plantation	FL	33322	Yes

34	650322438	Mehler, DDS, Eric	7800 W OakInd Pk Blvd Ste 114	Sunrise	FL	33351	Yes
35	474657069	Sage Dental Of Tamarac Pllc	5779 N University Dr	Tamarac	FL	33321	Yes
36	205495196	Gomez Trainor, DDS PA, Sandra	1831 NE 45th St Ste A	Ft Lauderdale	FL	33308	No
37	591788725	Deerfield Dental Services	1800 W Hillsboro Blvd Ste 210	Deerfield Beach	FL	33442	Yes
38	200171638	Dental Care Ctr of Hollywood	3900 Hollywood Blvd Ste 304	Hollywood	FL	33021	Yes
39	471035515	Optum Dental Care Llc	1854 N Nob Hill Rd	Plantation	FL	33322	Yes
40	272808186	Sage Dental of Deerfield Beach	2265 W Hillsboro Blvd	Deerfield Bch	FL	33442	Yes
41	650411776	Premiere Dental Care Center	17901 NW 5th St Ste 206	Pembroke Pines	FL	33029	Yes
42	273944632	BL Dental Associates LLC	3233 Palm Ave	Hialeah	FL	33012	Yes
43	592665788	Pine, DDS, Philip A.	1600 E Atlantic Blvd Fl 2	Pompano Beach	FL	33060	Yes
44	223967347	Tamarac Dental Associates	7351 W OakInd Pk Blvd Ste 102	Lauderhill	FL	33319	Yes
45	352163655	Howard Finnk DDS PA	10071 Sunset Strip	Sunrise	FL	33322	Yes
46	473696720	Sage Dental Of Downtown Fort L	551 N Federal Hwy Ste 900	Fort Lauderdale	FL	33301	Yes
47	593508140	Coast Dental - Sebring	901 US Highway 27 N Ste 60	Sebring	FL	33870	Yes
48	263394448	Gentle Dentistry of Tamarac	10151 W Commercial Blvd	Sunrise	FL	33351	No
49	650456698	Graff, DMD, PA, Brad W.	3107 Stirling Rd Ste 108	Ft Lauderdale	FL	33312	No



SAMPLE Insured Dental Reporting Package

SAMPLE
DENTAL INSURANCE
PREMIUM VERSUS CLAIMS REPORT

MetLife®

PREMIUM VERSUS CLAIMS REPORT

This report indicates a monthly and policy year roll up accounting for premiums, paid claims and paid claims by ratios by line of coverage for insured groups. Self-insured groups receive monthly and year to date roll ups for paid claims by line of coverage. The report can be broken down by employee classes, branches, or subdivisions.

It is useful in:

- Determining plan cost charge backs to internal cost center codes.
- Forecasting future budgetary allocations.

Sample Customer
Premium vs Claims Report

From : 01/01/20XX To : 06/30/20XX

Report Parameters:
Customer Number:1234567
Coverage Category DENTAL
Premium Level: Experience
Claim Level: None
Claim View: Customer Reporting Date

Experience
1234567

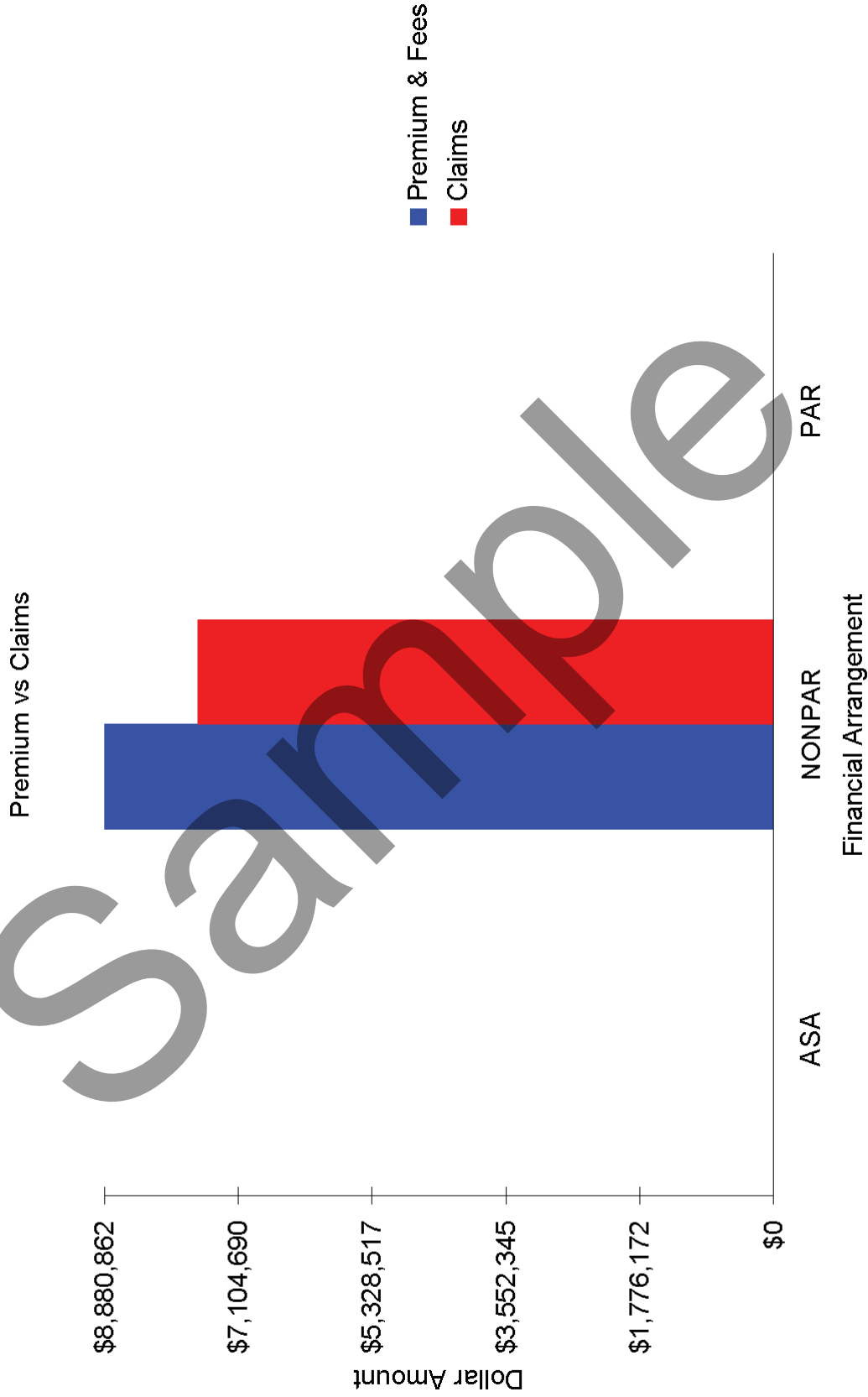
Bill Formats
Sample Customer

ALL

***If this is the only page you received please return to Edit this Report Package and review your parameter selections from the 'Re-run the Report Package Wizard' option.

Sample Customer

Premium vs Claims Report



note:

- * If this is the only page that you received return to the reportrequest screen, check your selections and resubmit your report request.
- * Premium and claims information on this report has been matched at the most detailed level possible based on your billing and claims structure.

4/7/20XX 11:34:22 AM

MetLink eReporting

Sample Customer Premium vs Claims Report

PVC Rollup at Customer Level

01/01/20XX - 06/30/20XX

Summary by Experience Number for Non-Participating (NONPAR) Arrangement

Experience Number
1234567 Sample Customer
Sub-Total

Current Month		Report Period to Date	
Premium	Claims	Premium	Percent
\$1,483,672	\$1,240,146	\$8,880,862	86%
\$1,483,672	\$1,240,146	\$7,647,118	86%

Customer Summary

Financial Arrangement
NONPAR
Grand Total

Current Month		Report Period to Date	
Premium/Fees	Claims	Premium/Fees	Percent
\$1,483,672	\$1,240,146	\$8,880,862	86%
\$1,483,672	\$1,240,146	\$7,647,118	86%

note:

* Summary premium includes deposit liability if applicable

Sample Customer Premium vs Claims Report

Experience Level Summary
01234567 Sample Customer



Customer

01234567

Experience	From	Thru	Claim View
01234567	01/20XX	6/20XX	Customer Reporting

Customer Information	Per/Dep	Premium & Deposit Liability	Claims
Product Experience 01234567			
Name Sample Customer		Zone/Admin 0 Account Specialist n Phone XXX-XXX-XXXX	

Product Summary	Current Month	Report Period to Date	Ratio Claims to Premium
		Premium & Deposit Liability	
DENTAL	D	\$216,291	\$637,970
DENTAL	P	\$1,267,381	\$602,177
	Total	\$1,483,672	\$1,240,146

Monthly Summary	Act/Est	Report Period to Date	Ratio Claims to Premium
		Premium & Deposit Liability	
Month 01/20XX	A	\$1,446,308	\$1,331,712
02/20XX	A	\$1,485,067	\$1,282,364
03/20XX	A *	\$1,504,328	\$1,277,658
04/20XX	A *	\$1,478,332	\$1,276,390
05/20XX	A	\$1,483,156	\$1,238,848
06/20XX	A	\$1,483,672	\$1,240,146

note:
Premium and claims information on this report has been matched at the most detailed level possible based on your billing and claims structure.
* Actual premium reflects received and processed bills. Estimated premium reflects bills not yet processed.
* Under an insured arrangement, claims paid may not fully reflect the plan's liability. Additional charges may apply in underwriting and financial accounting.
* The current month premium includes adjustments. The adjustments reflect changes to previously reported premium.

SAMPLE

**DENTAL INSURANCE
DETAIL CLAIM LISTING**

MetLife®

DETAIL CLAIM LISTING

This report shows summary claim information by employee plan benefit participant. It indicates the amount paid, date paid, claim reference number, and if the benefit was paid on behalf of the employee or dependent. The report can be formatted alphabetically or by social security number. It can also be broken down by employee class, subdivision, branch, etc.

It is useful in:

- Auditing and verifying benefit payments and recipients.
- Monitoring health care expenditures on a monthly basis and highlighting potential abuse areas.



MetFACS DETAIL CLAIM REPORT

<u>POLICYHOLDER NAME</u> <u>AND ADDRESS</u>		<u>EXPERIENCE NO</u> <u>REPORT NO.</u>	<u>ZONE 05 ADM. B</u> <u>SUB. DIV. 0001</u>	<u>CURRENCY</u> <u>PAYPOINT</u>	1	<u>RENEWAL DATE</u> <u>REPORT PERIOD</u>	0501 07/XX
0001	0001	570-0	DEP DENTAL	283.40			
0001	0001	670-0	PERS DENTAL	185.00			
0001	0001	870-0	PERS DENTAL-PPO	585.20			
SUB DIVISION 0001 TOTALS			PERSONAL 'HEALTH DEPENDENT HEALTH		770.20 283.40		
REPORT 0090959 TOTALS			BULK PERSONAL HEALTH DEPENDENT HEALTH		770.20 283.40		
GRAND TOTAL			BULK		1,053.60		



MetFACS DETAIL CLAIM REPORT

DETAILS PAGE 1

<u>POLICYHOLDER NAME</u>	<u>EXPERIENCE NO</u>	<u>ZONE 05 ADM. B</u>	<u>CURRENCY</u>	<u>1</u>	<u>RENEWAL DATE</u>	<u>0501</u>
<u>AND ADDRESS</u>	<u>REPORT NO</u>	<u>SUB. DIV. 0001</u>	<u>PAYPOINT0001</u>		<u>REPORT PERIOD</u>	<u>07/XX</u>
<u>NAME OF INSURED EMPLOYEE ID</u>	<u>CLAIM NUMBER</u>	<u>DATE PAID OR APPROVED</u>	<u>DATEINC MM/YY</u>	<u>CLMT CODE</u>	<u>COVERAGE CODE</u>	<u>BENEFIT AMOUNT</u>
	999999999999	07/13/XX	5/XX	4	DEP DENTAL	74.40
	999999999999	07/13/XX	5/XX	4	DEP DENTAL	130.00
	999999999999	07/27/XX	7/XX	4	DEP DENTAL	711.00
TOTAL						915.40
	999999999999	07/13/XX	8/XX	2	PERS DENTAL	50.00
	999999999999	07/11/XX	7/XX	1	PERS DENTAL	
	999999999999	07/11/XX	6/XX	1	PERS DENTAL	80.00
	999999999999	07/17/XX	5/XX	2	PERS DENTAL	55.00
TOTAL						185.00
	999999999999	07/05/XX	7/XX	1	PER DENTAL-PPO	
	999999999999	07/18/XX	5/XX	2	PER DENTAL-PPO	111.00
	999999999999	07/27/XX	7/XX	1	PER DENTAL-PPO	56.00
	999999999999	07/25/XX	7/XX	2	PER DENTAL-PPO	
	999999999999	07/31/XX	6/XX	2	PER DENTAL-PPO	167.00
	999999999999	07/10/XX	6/XX	1	PER DENTAL-PPO	102.00
	999999999999	07/24/XX	5/XX	2	PER DENTAL-PPO	67.00
TOTAL						249.20
PAYPOINT 0001 TOTALS					PERSONAL HEALTH	418.20
					DEPENDENT HEALTH	770.20
					BULK	915.40



MetFACS DETAIL CLAIM REPORT

<u>POLICYHOLDER NAME</u>		<u>EXPERIENCE NO</u>	<u>ZONE 05 ADM.B</u>	<u>CURRENCY</u>	1	<u>RENEWAL DATE</u>	0501
<u>AND ADDRESS</u>		<u>REPORT NO</u>	<u>SUB. DIV.</u>	<u>0001</u>	<u>PAYPOINT</u>	<u>REPORT PERIOD</u>	07/XX
SUB DIVISION		COVERAGE CODE	BENEFIT TOTAL				
0001		570-0 DEP DENTAL	283.40				
0001		870-0 PERS DENTAL	185.00				
0001		670-0 PERS DENTAL-PPO	585.20				
SUB-DIVISION 0001 TOTALS							
			PERSONAL HEALTH				
			DEPENDENT HEALTH				
			LTD				
			BULK				
			770.20				
			283.40				



Metropolitan Life Insurance Company

SAMPLE

Preferred Dental Savings Report

The material that follows is being furnished for illustrative purposes only. Actual contractual material used in administering the program may be adjusted to reflect specific program and situs requirements.

MetLife[®] Enterprise Reporting

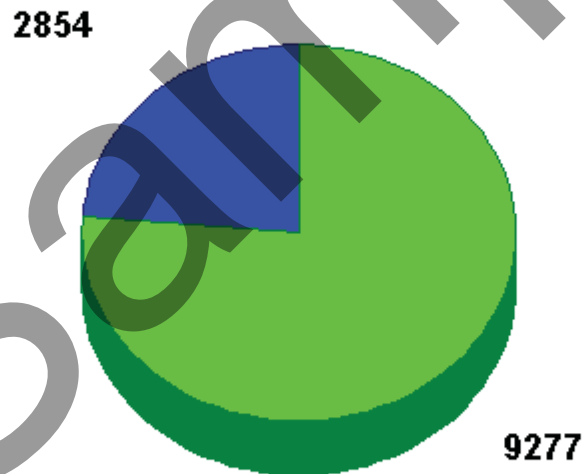
Summary of Preferred Dental Savings Report

SAMPLE COMPANY

Customer #: 12345
Experience #: All
Group #: All
Subdivision #: All
Branch #: All
Plan #: All

Processed: 1/1/XX through 12/31/XX

Services Rendered



■ In-Network ■ Out-Of-Network

MetLife® Enterprise Reporting

Explanation of Preferred Dental Savings Report

SAMPLE COMPANY

2854 or 24% of the 12,131 dental procedures were rendered by PDP dentists. The PDP charges of \$131,644.00. for the 2854 procedures accounted for 17% of total PDP and Non-PDP charges of \$763,846.18

The total employer and employee savings of \$93,426 represents 19% of the total benefits paid of \$484,340.34. This includes employer savings of \$2,802 which occurs because participating dentists are permitted to charge each patient for *one* periodic exam (Procedure Code 0120) per year.

Of the total employee, employer savings of \$93,426, \$28,287 or 61% accrued to the employees.

The total Employer savings of \$65,138 represents 12% of the total benefit claim amount of \$484,340.34.

The average charge per procedure was \$46.13 inside the network, as opposed to \$68.15 outside the network.

Overall the in-network penetration was 26% by procedure count, 20% for charges and 21% for Benefits paid. These percentages exclude the periodic oral exam, as well as repetitive orthodontia.

For SAMPLE COMPANY, network utilization is as follows:

- 24% of services were rendered by PPO dentists.

- 19% of dollars were paid to PPO offices.

We know greater claims savings are realized as network participation increase. It is our intent to point out the level participation for SAMPLE COMPANY in order that you might evaluate the current trend and discuss issues to improve participation by SAMPLE COMPANY's employees. Our goal is to remain the dental benefit of choice when the benefit plan is reviewed.

Summary of PDP Savings

Customer: SAMPLE COMPANY

Period: 1/1/XX through 12/31/XX

Procedure Class	In-Network				Out-of-Network				Savings				
	Count	Charges	Benefit Paid	Average Charge	Average Benefit Paid	Count	Charges	Benefit Paid	Average Charge	Average Benefit Paid	Total Savings	Employer Savings	Employee Savings
Periodic Exam (ADA code 120)	624	\$7,494	\$7,494	\$12.00	\$12.00	2,177	\$45,688	\$44,271	\$20.98	\$20.33	\$5,604	\$5,604	\$0
Adult Prophylaxis (code 1110)	500	\$18,807	\$18,770	\$37.61	\$37.54	1,781	\$78,487	\$75,267	\$44.06	\$42.26	\$3,225	\$3,219	\$6
Preventive (except code 1110)	328	\$8,184	\$8,071	\$24.95	\$24.60	984	\$26,736	\$26,226	\$63.86	\$26.65	\$12,762	\$12,583	\$179
Diagnostic (except code 120)	491	\$9,325	\$9,255	\$18.99	\$18.84	1,379	\$40,034	\$38,279	\$38.87	\$27.75	\$9,761	\$9,684	\$77
Restorative, Basic	499	\$30,792	\$17,802	\$61.70	\$35.67	1,335	\$108,498	\$60,113	\$95.11	\$45.02	\$16,672	\$9,638	\$7,033
Restorative, Major	61	\$16,799	\$7,592	\$275.39	\$124.45	214	\$96,597	\$40,648	\$476.22	\$189.94	\$12,251	\$5,536	\$6,715
Endodontics	27	\$7,316	\$5,322	\$270.96	\$197.12	91	\$33,936	\$24,298	\$283.05	\$267.01	\$326	\$237	\$89
Periodontics	37	\$4,356	\$2,913	\$117.72	\$78.74	75	\$15,018	\$8,785	\$298.57	\$117.13	\$6,691	\$4,476	\$2,216
Oral Surgery	202	\$11,180	\$6,235	\$55.34	\$30.86	312	\$34,985	\$21,311	\$144.69	\$68.30	\$18,049	\$10,065	\$7,984
Prosthodontics, Fixed	11	\$5,061	\$2,345	\$460.09	\$213.17	31	\$16,413	\$4,652	\$485.82	\$150.06	\$283	\$131	\$152
Prosthodontics, Removable	18	\$7,843	\$3,709	\$435.72	\$206.06	55	\$22,775	\$10,711	\$291.91	\$194.74	\$0	\$0	\$0
Implants	0	\$0	\$0	\$0.00	\$0.00	0	\$0	\$0	\$0.00	\$0.00	\$0	\$0	\$0
Adjunctive General Services	26	\$1,890	\$1,031	\$72.69	\$39.66	82	\$12,761	\$7,900	\$126.64	\$96.33	\$1,403	\$765	\$637
Initial Ortho Workup (code 8665)	0	\$0	\$0	\$0.00	\$0.00	12	\$2,577	\$1,289	\$214.75	\$107.37	\$0	\$0	\$0
Repetitive Orthodontics	30	\$2,597	\$1,299	\$86.56	\$43.28	749	\$97,697	\$28,754	\$299.86	\$38.38	\$6,399	\$3,200	\$3,200
Total	2,854	\$131,644	\$91,837	\$46.13	\$32.18	9,277	\$632,202	\$392,503	\$68.15	\$42.31	\$47,479	\$32,841	\$14,638

In-Network Penetration

Procedure Class	Count	Charges	Benefit Paid
Periodic Exam (ADA code 120)	22.3%	14.1%	14.5%
Adult Prophylaxis (code 1110)	21.9%	19.3%	20.0%
Preventive (except code 1110)	25.0%	23.4%	23.5%
Diagnostic (except code 120)	26.3%	18.9%	19.5%
Restorative, Basic	27.2%	22.1%	22.8%
Restorative, Major	22.2%	14.8%	15.7%
Endodontics	22.9%	17.7%	18.0%
Periodontics	33.0%	22.5%	24.9%
Oral Surgery	39.3%	24.2%	22.6%
Prosthodontics, Fixed	26.2%	23.6%	33.5%
Prosthodontics, Removable	24.7%	25.6%	25.7%
Implants	0.0%	0.0%	0.0%
Adjunctive General Services	24.1%	12.9%	11.5%
Initial Ortho Workup (code 8665)	0.0%	0.0%	0.0%
Repetitive Orthodontics	3.9%	2.6%	4.3%
Total	23.5%	17.2%	19.0%
In-Network Penetration	25.7%	19.9%	20.6%

Employer Savings Percentage	11.9%
In-Network Penetration	25.7%
Implicit Discount	46.1%



Metropolitan Life Insurance Company

SAMPLE
Dental DataMart Report Package

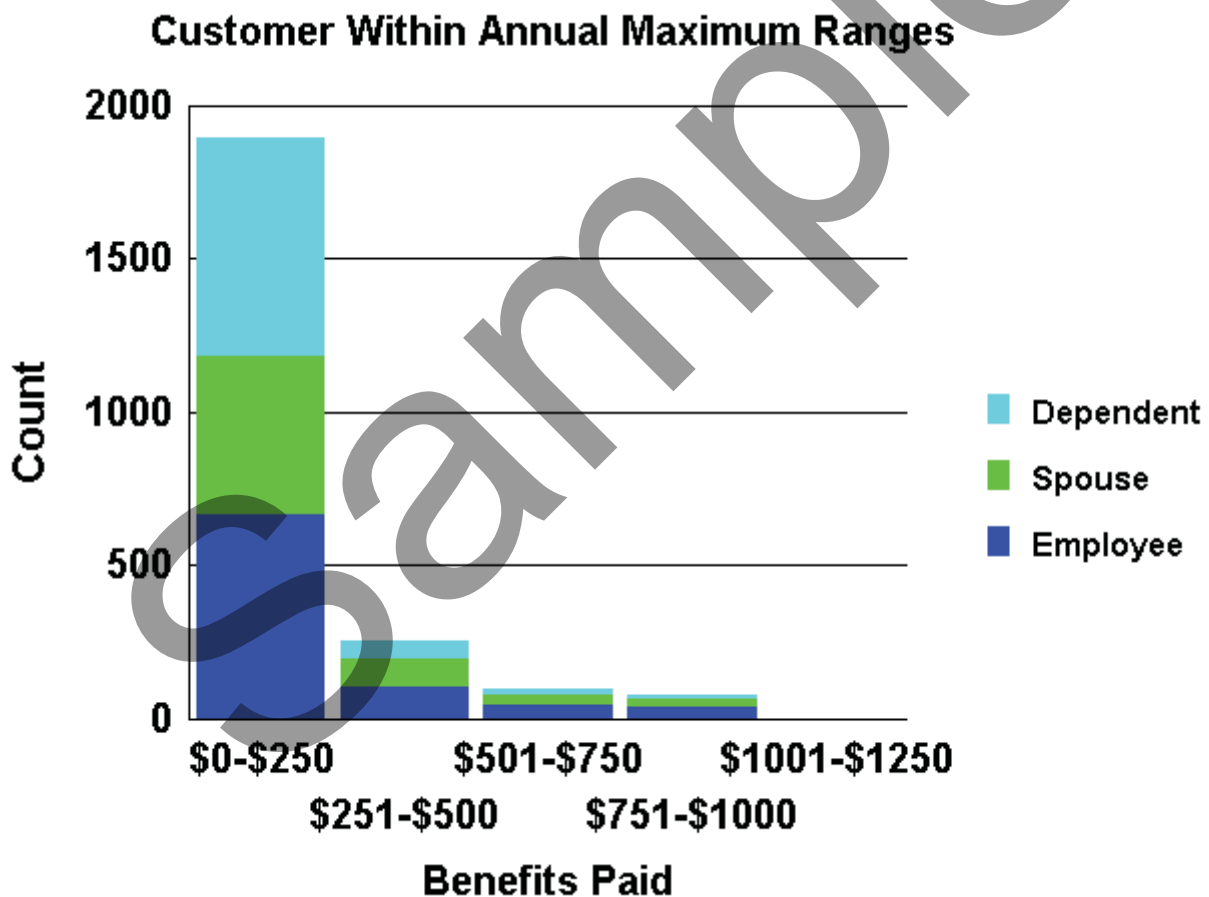
The material that follows is being furnished for illustrative purposes only.

MetLife® Enterprise Reporting

Annual Maximum Summary SAMPLE COMPANY

Customer #: 12345
Experience #: All
Group #: All
Subdivision #: All
Branch #: All
Plan #: All

Service Incurred Date: 1/1/XX through 12/31/XX



[Click on the chart to view the details of this report](#)

Annual Maximum Summary

Report Group By: Customer

Customer #: 12345

Service Incurred: 1/1/XX through 12/31/XX

Plan Max Type: A

Patient Type: Employee

Net Paid Amount Bracket	# Claimants	% of Total Claimants	Total Net Amount Paid	% of Total Amount Paid
\$0	2	0.2%	\$0.00	0.0%
\$ 1 - \$ 100	284	33.3%	\$17,964.50	10.3%
\$ 101 - \$ 200	328	38.5%	\$46,071.90	26.4%
\$ 201 - \$ 300	78	9.2%	\$18,606.80	10.7%
\$ 301 - \$ 400	37	4.3%	\$12,625.50	7.2%
\$ 401 - \$ 500	42	4.9%	\$18,956.20	10.9%
\$ 501 - \$ 600	18	2.1%	\$9,830.20	5.6%
\$ 601 - \$ 700	19	2.2%	\$12,228.50	7.0%
\$ 701 - \$ 800	18	2.1%	\$13,602.70	7.8%
\$ 801 - \$ 900	7	0.8%	\$6,071.30	3.5%
\$ 901 - \$1,000	19	2.2%	\$18,749.70	10.7%
Total	852	100.0%	\$174,707.30	100.0%

Annual Maximum Summary

Report Group By: Customer

Customer #: 12345

Service Incurred: 1/1/XX through 12/31/XX

Plan Max Type: A

Patient Type: Spouse

Net Paid Amount Bracket	# Claimants	% of Total Claimants	Total Net Amount Paid	% of Total Amount Paid
\$0	6	0.9%	\$0.00	0.0%
\$ 1 - \$ 100	270	40.1%	\$17,485.11	12.7%
\$ 101 - \$ 200	212	31.5%	\$30,266.60	21.9%
\$ 201 - \$ 300	48	7.1%	\$11,933.10	8.6%
\$ 301 - \$ 400	43	6.4%	\$14,828.20	10.7%
\$ 401 - \$ 500	26	3.9%	\$11,770.40	8.5%
\$ 501 - \$ 600	14	2.1%	\$7,830.10	5.7%
\$ 601 - \$ 700	16	2.4%	\$10,154.20	7.4%
\$ 701 - \$ 800	11	1.6%	\$8,219.14	6.0%
\$ 801 - \$ 900	6	0.9%	\$5,120.70	3.7%
\$ 901 - \$1,000	20	3.0%	\$19,485.20	14.1%
Total	672	100.0%	\$137,092.75	100.0%

Annual Maximum Summary

Report Group By: Customer

Customer #: 12345

Service Incurred: 1/1/XX through 12/31/XX

Plan Max Type: A

Patient Type: Children

Net Paid Amount Bracket	# Claimants	% of Total Claimants	Total Net Amount Paid	% of Total Amount Paid
\$0	5	0.6%	\$0.00	0.0%
\$ 1 - \$ 100	373	46.7%	\$25,321.18	21.8%
\$ 101 - \$ 200	291	36.4%	\$40,927.30	35.2%
\$ 201 - \$ 300	73	9.1%	\$17,824.70	15.3%
\$ 301 - \$ 400	15	1.9%	\$5,088.20	4.4%
\$ 401 - \$ 500	14	1.8%	\$6,065.70	5.2%
\$ 501 - \$ 600	8	1.0%	\$4,456.50	3.8%
\$ 601 - \$ 700	6	0.8%	\$3,754.70	3.2%
\$ 701 - \$ 800	3	0.4%	\$2,261.80	1.9%
\$ 801 - \$ 900	2	0.3%	\$1,754.20	1.5%
\$ 901 - \$1,000	9	1.1%	\$8,939.00	7.7%
Total	799	100.0%	\$116,393.28	100.0%

Annual Maximum Summary

Report Group By: Customer

Customer #: 12345

Service Incurred: 1/1/XX through 12/31/XX

Plan Max Type: Z

Patient Type: Employee

Net Paid Amount Bracket	# Claimants	% of Total Claimants	Total Net Amount Paid	% of Total Amount Paid
\$ 1 - \$ 100	1	100.0%	\$56.50	100.0%
Total	1	100.0%	\$56.50	100.0%

[illegible]

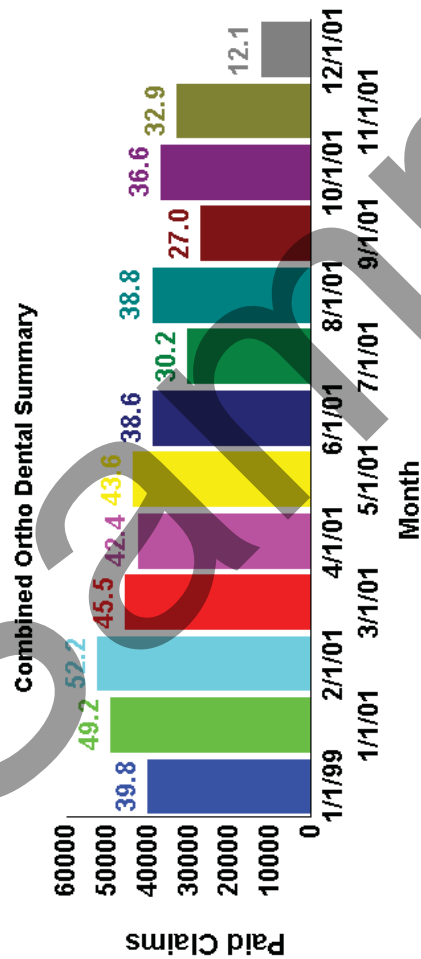
Dental Claim Lag Report

Dental claims incurred	01/01/20XX - 12/31/20XX	and paid During	1/01/2001 - 12/31/20XX

\$449,003.73 was paid for dental claims incurred during and prior to the period 01/01/20XX - 12/31/20XX. Here's the month by month breakdown of these payments. Just click on the graph to see more details.

SAMPLE COMPANY

Customer #: 12345
Experience #: All
Group #: All
Subdivision #: All
Branch #: All
Plan #: All



Incurral period	Paid During Incurral Period for this & prior months	Percentage of Total Dollars paid
01/20XX	\$49,152.78	10.95%
02/20XX	\$52,191.40	11.62%
03/20XX	\$45,504.94	10.13%
04/20XX	\$42,368.11	9.44%
05/20XX	\$43,622.30	9.72%
06/20XX	\$38,631.90	8.60%
07/20XX	\$30,209.40	6.73%
08/20XX	\$38,801.38	8.64%
09/20XX	\$26,961.10	6.00%
10/20XX	\$36,570.92	8.14%
11/20XX	\$32,864.90	7.32%
12/20XX	\$12,124.60	2.70%
	\$449,003.73	

[illegible]

SAMPLE COMPANY

Dollars Paid **01/01/20XX** **Thru** **12/31/20XX**

Group: 12345

Summary of Dental Claim Experience

Customer #: 12345

Report Group By: Customer

Period: 1/1/XX through 12/31/XX

ALL PROCEDURES

INCURRED DATE

Paid Date	Prior	01/2001	02/2001	03/2001	04/2001	05/2001	06/2001	07/2001	08/2001	09/2001	10/2001	11/2001	12/2001	Total Benefits Paid	Cumulative Benefits Paid
01/20XX	\$23,462.80	\$24,406.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$47,869.00	\$47,869.00
02/20XX	\$7,113.60	\$20,215.10	\$24,836.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$52,165.60	\$100,034.60
03/20XX	\$2,447.60	\$1,795.20	\$23,338.40	\$26,237.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$53,818.44	\$153,853.04
04/20XX	\$3,597.30	\$798.20	\$1,738.20	\$14,820.40	\$22,363.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$43,317.60	\$197,170.64
05/20XX	\$736.90	\$1,666.48	\$1,520.40	\$2,034.60	\$15,865.10	\$22,564.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$44,387.94	\$241,558.58
06/20XX	\$1,144.40	\$199.40	\$549.50	\$1,816.90	\$1,103.01	\$16,691.84	\$18,343.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$39,848.25	\$281,406.83
07/20XX	\$0.00	\$0.00	\$0.00	\$0.00	\$403.50	\$1,897.70	\$16,542.50	\$14,945.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$33,789.40	\$315,196.23
08/20XX	\$636.70	\$49.00	\$0.00	\$58.00	\$1,082.00	\$1,137.20	\$3,375.20	\$12,670.40	\$22,284.00	\$0.00	\$0.00	\$0.00	\$0.00	\$41,292.50	\$356,488.73
09/20XX	\$386.40	\$23.20	\$208.00	\$235.00	\$462.00	\$0.00	\$284.00	\$1,747.80	\$14,394.93	\$14,242.10	\$0.00	\$0.00	\$0.00	\$31,983.48	\$388,472.21
10/20XX	\$0.00	\$0.00	\$0.00	\$300.80	\$998.00	\$715.10	\$87.00	\$189.00	\$1,588.60	\$11,906.60	\$24,890.60	\$0.00	\$0.00	\$40,675.70	\$429,147.91
11/20XX	\$312.00	\$0.00	\$0.00	\$0.00	\$91.00	\$616.00	\$0.00	\$591.50	\$488.80	\$697.40	\$10,979.60	\$20,425.20	\$0.00	\$34,201.50	\$463,349.41
12/20XX	\$0.00	\$0.00	\$0.00	\$2.00	\$0.00	\$0.00	\$0.00	\$65.00	\$45.00	\$115.00	\$700.72	\$12,439.70	\$12,124.60	\$25,492.02	\$488,841.43
TOTAL	\$39,837.70	\$49,152.78	\$52,191.40	\$45,504.94	\$42,368.11	\$43,622.30	\$38,631.90	\$30,209.40	\$38,801.38	\$26,961.10	\$36,570.92	\$32,864.90	\$12,124.60	\$488,841.43	\$488,841.43

MetLife® Enterprise Reporting

Dentist Utilization Report

SAMPLE COMPANY

Customer #: 12345
Experience #: All
Group #: All
Subdivision #: All
Branch #: All
Plan #: All

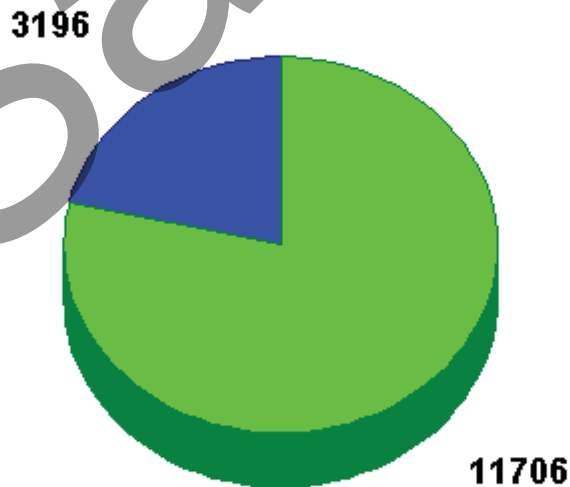
Processed: 1/1/XX through 12/31/XX
Incurred: 1/1/XX through 12/31/XX

During the reporting period:

- [3,196](#) dental procedures (21%) were performed by In-Network dentists
- [11,706](#) dental procedures (79%) were rendered by dentists who do not participate in MetLife's Preferred Dentist Program (PDP)

Click on the highlighted text above or the graph below to see this report's details.

Dentist Utilization Report Summary



■ In-Network ■ Out-Of-Network

Provider Util By Employee and Family Within Tax ID

Summary By Patient Relationship

SAMPLE COMPANY

Processed 1/1/20XX - 12/31/20XX Incurred 1/1/20XX - 12/31/20XX

Group By : Customer - 12345

Provider Tax ID:

Provider Name:

Provider Address:

PPO Member:

Summary By Patient Relationship

*****BENEFITS PAID*****											PDP Procedure Totals	
Patient Relationship	Number of Claimants	Number of Procedures	Total Charged	Covered Expense	Non-Alternated	MCR Alternates	Total Benefits	Claim Adjustments	Net Benefits		PDP	Non PDP
Employee	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0
Spouse	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0
Dependent	3	21	\$6,812	\$5,882	\$763	\$0	\$763	\$0	\$763	0	0	21
Combined	3	21	\$6,812	\$5,882	\$763	\$0	\$763	\$0	\$763	0	0	21

Customer Name
MCR Savings Summary Report

Customer: XXXXX

Incurred From : 01/15/20XX To : 01/15/20XX

Paid From : 01/01/20XX To : 07/08/20XX

Report Parameters:

Customer Number: XXXXX

Experience: All

Group: All

Subdivision: All

Branch: All

Plan: All

Claim Type:

Organized By: Customer

***If this is the only page you received please return to Edit this Report Package and review your parameter selections from the 'Re-run the Report Package Wizard' option.

Customer Name

MCR Savings Summary Report

Customer - XXXXXX

	Savings	No Savings	Total	
Number of claims submitted for Review:	35	90	125	
Number of Predeterminations submitted for Review:	10	31	41	
Total Number Submitted for Review:	45	121	166	
	PDP	NON-PDP	TOTAL	
Claims				
Crowns	\$1,355.20	\$0.00	\$1,355.20	
Bridges	\$560.70	\$1,420.00	\$1,980.70	
Periodontal Services	\$0.00	\$691.20	\$691.20	
Other	\$4,613.70	\$766.30	\$5,380.00	
Total:	\$6,529.60	\$2,877.50	\$9,407.10	
Predeterminations				
Crowns	\$1,206.80	\$0.00	\$1,206.80	
Bridges	\$1,479.80	\$0.00	\$1,479.80	
Inlays/Onlays/Laminates/Veneers	\$1,041.60	\$0.00	\$1,041.60	
Periodontal Services	\$0.00	\$530.40	\$530.40	
Other	\$1,772.10	\$885.00	\$2,657.10	
Total:	\$5,500.30	\$1,415.40	\$6,915.70	
Subtotal for Customer - XXXXXX	\$12,029.90	\$4,292.90	\$16,322.80	
Grand Total:	\$12,029.90	\$4,292.90	\$16,322.80	

MetLife® Enterprise Reporting

Utilization of Dental Procedures

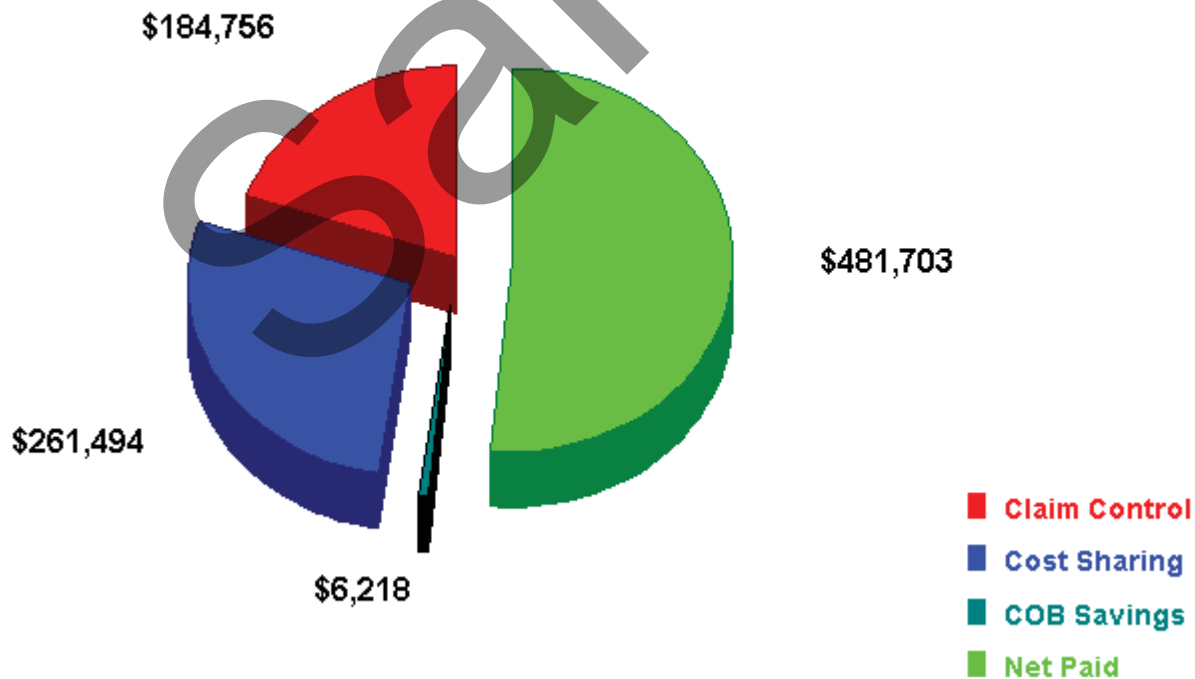
SAMPLE COMPANY

Customer #: 12345
Experience #: All
Group #: All
Subdivision #: All
Branch #: All
Plan #: All

Period: 1/1/XX through 12/31/XX

Total Charges of: \$932,606

This report illustrates how SAMPLE COMPANY employees utilized their dental plan during the above period of time. This overview can be used to focus on certain plan design changes that will shift costs between the employer and employee/patient.



Summary of Dental Claim Experience

Report Group By: Customer

Customer #: 12345

Period: 1/1/XX through 12/31/XX

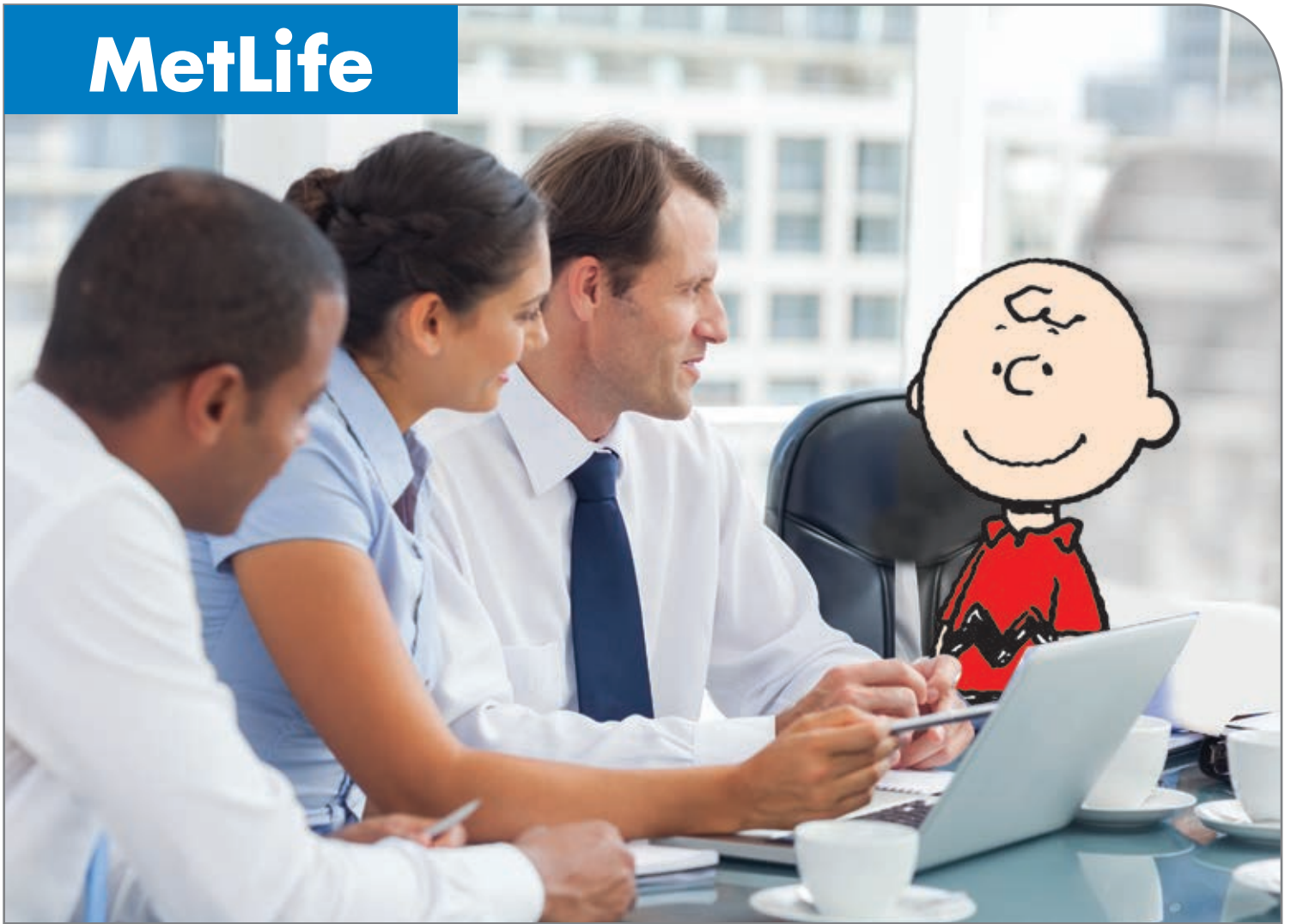
Row	Total Percentage of Total of Charges	Original Paid Percentage of Total of Charges	Adjusted Paid Percentage of Total of Charges	Denied Percentage of Total of Charges
(1) # of Claims	5,338 100.0%	4,918 92.1%	10 0.2%	410 7.7%
(2) # of Procedures	14,046 100.0%	12,131 86.4%	17 0.1%	1,898 13.5%
(3) Charges	\$932,606 100.0%	\$763,846 81.9%	\$0 0.0%	\$168,760 18.1%
(4) Outbacks: Claim Controls {(4a)+(4b)+(4c)+(4d)+(4e)}	\$184,756 100.0%	\$18,999 10.3%	-\$3,002 -1.6%	\$168,760 91.3%
(4a) Decline	\$168,760 18.1%	\$0	\$0	\$168,760 100.0%
(4b) R&C	\$5,236 0.6%	\$7,941 1.0%	-\$2,705 0.0%	\$0 0.0%
(4c) Profile	\$7,642 0.8%	\$7,939 1.0%	-\$297 0.0%	\$0 0.0%
(4d) Schedule Plans	\$0 0.0%	\$0	\$0	\$0 0.0%
(4e) Other Outbacks	\$3,119 0.3%	\$3,119 0.4%	\$0	\$0 0.0%
(5) Covered Expense {(3)-(4)}	\$747,850 100.0%	\$744,848 99.6%	\$3,002 0.4%	\$0 0.0%
(6) Outbacks: Cost Sharing {(6a)+(6b)+(6c)+(6d)+(6e)}	\$261,494 100.0%	\$260,507 99.6%	\$986 0.4%	\$0 0.0%
(6a) Deductible	\$48,327 100.0%	\$48,277 99.9%	\$50 0.1%	\$0 0.0%
(6b) Coinsurance	\$174,350 100.0%	\$173,333 99.4%	\$1,017 0.6%	\$0 0.0%
(6c) Excess Maximum	\$39,025 100.0%	\$38,898 99.7%	\$127 0.3%	\$0 0.0%
(6d) Non Duplication	\$1,300 100.0%	\$1,975 152.0%	-\$958 -73.7%	\$283 21.8%
(6e) Other Outbacks	-\$1,508 100.0%	-\$1,975 131.0%	\$750 -49.8%	-\$283 18.8%
(7) Total Outbacks {(4)-(6)}	\$446,250 100.0%	\$279,506 62.6%	-\$2,016 -0.5%	\$168,760 37.8%
(8) Benefits Paid {(5)-(6)}	\$486,356 100.0%	\$484,340 99.6%	\$2,016 0.4%	\$0 0.0%
(9) COB Savings	\$6,218 100.0%	\$5,900 94.9%	\$508 8.2%	-\$190 -3.0%
(10) Other Adjustments	-\$1,565 100.0%	-\$1,417 90.5%	-\$105 6.7%	-\$43 2.7%
(11) Net Paid {(8)-(9)-(10)}	\$481,703 100.0%	\$479,858 99.6%	\$1,613 0.3%	\$233 0.0%
(12) Charge Per Claim {(3)/(1)}	\$174.71	\$155.32	\$0.00	\$411.61
(13) Net Paid Per Claim {(11)/(1)}	\$90.24	\$97.57	\$161.31	\$0.57
(14) Charge Per Procedure {(3)/(2)}	\$66.40	\$62.97	\$0.00	\$88.91
(15) Net Paid Per Procedure {(11)/(2)}	\$34.29	\$39.56	\$94.89	\$0.12
(16) # of Procedures Per Claim {(2)/(1)}	2.63	2.47	1.70	4.63

Summary of Dental Claim Experience by Procedure Class

Report Group By: Customer
Period: 1/1/XX through 12/31/XX

Customer #: 12345

	Prosthodontics										Adjunctive General Services		
	Preventive	Diagnostic	Restorative	Maxillofacia	Endodontics	Periodontics	Oral Surgery	Fixed	Removable	Implants	Orthodontics	Other	Total
(1) # of Procedures {(1a)+(1b)+(1c)} as a percent of total procedures	4,128 29.4%	5,072 36.1%	2,329 16.6%	2 0.0%	145 1.0%	135 1.0%	662 4.6%	55 0.4%	86 0.6%	0 0.0%	237 1.7%	1,204 8.6%	14,046 100.0%
(1a) Paid	3,593	4,671	2,109	0	118	112	514	42	73	0	108	791	12,131
(1b) Adjusted	1	2	4	0	0	2	4	0	2	0	1	1	17
(1c) Denied	534	399	216	2	27	21	134	13	11	0	128	412	1,898
(2) Charges as a percent of total charges	\$146,225 15.7%	\$112,265 12.0%	\$285,245 30.6%	\$130 0.0%	\$47,936 5.1%	\$23,874 2.6%	\$65,321 7.0%	\$25,538 2.7%	\$34,404 3.7%	\$0 0.0%	\$25,940 2.8%	\$165,358 17.7%	\$932,606 100.0%
(3) Outbacks: Claim Controls {(3a)+(3b)+(3c)+(3d)+(3e)}													
(3a) Decline	\$17,205	\$12,424	\$39,771	\$130	\$7,481	\$5,128	\$19,210	\$5,057	\$3,920	\$0	\$11,799	\$62,262	\$370
(3b) R&C	\$14,011	\$9,724	\$32,559	\$130	\$6,684	\$4,500	\$19,156	\$4,004	\$3,786	\$0	\$11,289	\$62,487	\$370
(3c) Profile	\$1,564	\$1,268	\$2,112	\$0	\$210	\$142	\$-648	\$145	\$110	\$0	\$558	-\$225	\$0
(3d) Schedule Plans	\$1,163	\$1,228	\$2,834	\$0	\$467	\$486	\$685	\$848	\$24	\$0	-\$93	\$0	\$0
(3e) Other Outbacks	\$467	\$204	\$2,266	\$0	\$120	\$0	\$17	\$0	\$0	\$0	\$45	\$0	\$0
(4) Covered Expense {(2)-(3)}	\$129,020 17.3%	\$99,841 13.4%	\$245,474 32.8%	\$0 0.0%	\$40,455 5.4%	\$18,747 2.5%	\$46,111 6.2%	\$20,481 2.7%	\$30,484 4.1%	\$0 0.0%	\$14,141 1.9%	\$103,096 13.8%	\$747,850 100.0%
(5) Outbacks: Cost Sharing {(5a)+(5b)+(5c)+(5d)+(5e)}													
(5a) Deductible	\$653	\$502	\$118,584	\$0	\$10,835	\$6,840	\$17,749	\$13,484	\$16,063	\$0	\$5,141	\$71,642	\$0
(5b) Coinsurance	\$0	\$0	\$34,196	\$0	\$2,093	\$1,750	\$7,271	\$230	\$2,045	\$0	\$802	\$0	\$0
(5c) Excess Maximum	\$113	\$0	\$76,835	\$0	\$7,672	\$3,399	\$8,529	\$10,111	\$13,781	\$0	\$2,361	\$51,548	\$0
(5d) Non Duplication	\$540	\$502	\$7,614	\$0	\$1,069	\$1,899	\$1,949	\$3,143	\$237	\$0	\$1,978	\$20,094	\$0
(5e) Other Outbacks	\$0	\$12	-\$958	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,246	\$0
(5f) Total Outbacks {(3)+(5)}	\$17,858	\$12,926	\$158,355	\$130	\$18,316	\$11,968	\$36,959	\$18,541	\$19,983	\$0	\$16,940	\$133,904	\$446,250
(7) Benefits Paid {(4)-(5)}	\$128,368 26.4%	\$99,339 20.4%	\$126,890 26.1%	\$0 0.0%	\$29,620 6.1%	\$11,906 2.4%	\$28,362 5.8%	\$6,997 1.4%	\$14,420 3.0%	\$0 0.0%	\$9,000 1.9%	\$31,454 6.5%	\$486,356 100.0%
(8) COB Savings	\$1,911	\$1,327	\$526	\$0	\$1,273	\$432	\$969	-\$2	\$66	\$0	-\$133	-\$141	\$0
(9) Other Adjustments	\$54	\$68	-\$628	\$0	-\$31	\$3	-\$317	-\$452	-\$105	\$0	-\$109	-\$49	\$0
(10) Net Paid {(7)-(8)-(9)}	\$126,404 26.2%	\$97,944 20.3%	\$126,991 26.4%	\$0 0.0%	\$28,378 5.9%	\$11,472 2.4%	\$27,720 5.8%	\$7,450 1.5%	\$14,459 3.0%	\$0 0.0%	\$9,242 1.9%	\$31,644 6.6%	\$481,703 100.0%
(11) Charge Per Procedure {(2)/(1)}	\$35.42	\$22.13	\$122.48	\$65.00	\$330.59	\$176.84	\$100.19	\$464.33	\$400.04	\$0.00	\$109.45	\$137.34	\$66.40
(12) Net Paid Per Procedure {(10)/(1)}	\$30.62	\$19.31	\$54.53	\$0.00	\$195.71	\$84.98	\$42.62	\$135.45	\$168.12	\$0.00	\$38.99	\$26.28	\$34.29
(13) Claim Control Outbacks as a Percentage of Charges													
(13a) Decline {(3a)/(2)}	11.8%	11.1%	13.9%	100.0%	15.6%	21.5%	29.4%	19.8%	11.4%	0.0%	45.5%	37.7%	19.8%
(13b) R&C {(3b)/(2)}	9.6%	8.7%	11.4%	100.0%	13.9%	18.8%	29.3%	15.9%	11.0%	0.0%	43.5%	37.8%	18.1%
(13c) Profile {(3c)/(2)}	1.1%	1.1%	0.7%	0.0%	0.4%	0.6%	-1.0%	0.6%	0.3%	0.0%	2.2%	-0.1%	0.6%
(13d) Schedule Plans {(3d)/(2)}	0.8%	1.1%	1.0%	0.0%	1.0%	2.0%	1.0%	3.3%	0.1%	0.0%	-0.4%	0.0%	0.8%
(13e) Other Outbacks {(3e)/(2)}	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(14) Cost Sharing Outbacks as a Percentage of Charges													
(14a) Deductible {(5a)/(2)}	0.4%	0.4%	41.6%	0.0%	22.6%	28.7%	27.2%	52.8%	46.7%	0.0%	19.8%	43.3%	28.0%
(14b) Coinsurance {(5b)/(2)}	0.0%	0.0%	12.0%	0.0%	4.4%	7.3%	11.1%	0.9%	5.9%	0.0%	3.1%	0.0%	5.2%
(14c) Excess Maximum {(5c)/(2)}	0.1%	0.0%	26.9%	0.0%	16.0%	14.2%	13.1%	39.6%	40.1%	0.0%	9.1%	31.2%	18.7%
(14d) Non Duplication {(5d)/(2)}	0.4%	0.4%	2.7%	0.0%	2.2%	8.0%	3.0%	12.3%	0.7%	0.0%	7.6%	12.2%	4.2%
(14e) Other Outbacks {(5e)/(2)}	0.0%	0.0%	-0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.4%	0.1%
(15) Total Outbacks as a % of Charges {(13)+(14)/(2)}	12.2%	11.5%	55.5%	100.0%	38.2%	50.1%	56.6%	72.6%	58.1%	0.0%	65.3%	81.0%	47.8%
(16) Benefits Paid as a % of Charges {(7)/(2)}	87.8%	88.5%	44.5%	0.0%	61.8%	49.9%	43.4%	27.4%	41.9%	0.0%	34.7%	19.0%	52.2%
(17) COB Savings as a % of Charges {(8)/(2)}	1.3%	1.2%	0.2%	0.0%	2.7%	1.8%	1.5%	-0.0%	0.2%	0.0%	-0.5%	-0.1%	0.7%
(18) Other Adjustments as a % of Charges {(9)/(2)}	0.0%	0.1%	-0.2%	0.0%	-0.1%	0.0%	-0.5%	-1.8%	-0.3%	0.0%	-0.4%	-0.0%	-0.2%
(19) Net Paid as a % of Charges {(10)/(2)}	86.4%	87.2%	44.5%	0.0%	59.2%	48.1%	42.4%	29.2%	42.0%	0.0%	35.6%	19.1%	51.7%



SAMPLE Managed Dental Plan Reporting Package

Utilization Report - Summary
G#123456789
1/1/XX - 1/1/XX

Description	Number Of		% Of Total	
	Treatments For Group	Services For Group	Treatments For entire Membership	Services For All Mbrs.
ORAL SURGERY	33		37.08	
ADJUNCT. GEN. SVCS.	27		30.34	
DIAGNOSTIC	21		23.6	
PERIODONTICS	5		5.62	
REMOVABLE PROSTHODONTICS	2		2.25	
ENDODONTICS	1		1.12	
RESTORATIVE	0		0	
IMPLANT SERVICES	0		0	
ORTHODONTICS	0		0	
FIXED PROSTHODONTICS	0		0	
PREVENTIVE	0		0	
MAXILLOFACIAL PROSTHETICS	0		0	

TOTAL FOR CLIENT	89		100	

Group Utilization Report - Detail

G#123456789

1/1/XX - 1/1/XX

ADA No.	Description	Number Of Treatments	% Of Total Service For Group	% Of Total Services for all Membership
<u>ADJUNCT. GEN. SVCS.</u>				
9220	DEEP SEDATION/GENERAL ANESTHES	4	4.49	
9221	DEEP SEDATION/GENERAL ANESTHES	10	11.24	
9310	CONSULTATION (DIAGNOSTIC SERV	5	5.62	
9430	OV OBSERVATION - NO OTH SRVC P	1	1.12	
9630	OTHER DRUGS AND/OR MEDICAMENTS	3	3.37	
9999	UNSPECIFIED ADJUNCTIVE PROC BY	4	4.49	
	TOTAL ADJUNCT. GEN. SVCS.	27	30.34	
<u>DIAGNOSTIC</u>				
150	COMP ORAL EVALUATION - NEW/EST	2	2.25	
180	COMP PERIODONTAL EVALUATION -	1	1.12	
210	INTRAORAL - COMPLETE SERIES	1	1.12	
220	INTRAORAL, PERIAPICAL FIRST FI	3	3.37	
230	INTRAORAL PERIAPICAL X-RAY, EA	12	13.48	
272	BITEWINGS - TWO FILMS	2	2.25	
	TOTAL DIAGNOSTIC	21	23.6	
<u>ENDODONTICS</u>				
3330	ENDODONTIC THERAPY-MOLAR	1	1.12	
	TOTAL ENDODONTICS	1	1.12	
<u>ORAL SURGERY</u>				
7210	SURG REMV ERUPTED TOOTH RQR EL	17	19.1	
7230	REMOVAL OF IMPACTED TOOTH - PA	12	13.48	
7240	REMOVAL OF IMPACTED TOOTH - CO	4	4.49	
	TOTAL ORAL SURGERY	33	37.08	
<u>PERIODONTICS</u>				
4341	PRDONTAL SCAL&ROOT PLAN 4/>TEE	4	4.49	
4355	FULL MOUTH DEBRID ENABLE COMP	1	1.12	

TOTAL PERIODONTICS	5	5.62
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REMOVABLE PROSTHODONTICS

5820 INTERIM PARTIAL DENTURE MX	2	2.25
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TOTAL REMOVABLE PROSTHODONTICS	2	2.25
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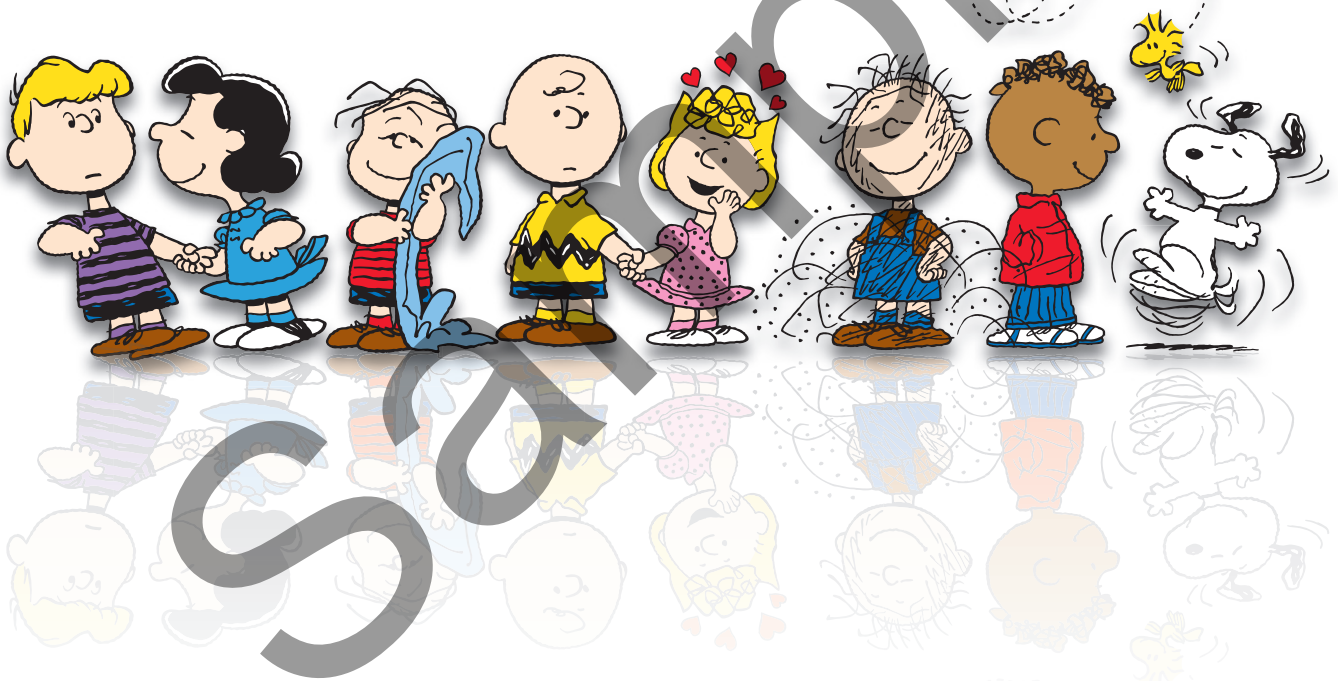
Sample



SAMPLE PPO Awareness Kit

MetLife

IT'S TIME TO ENROLL FOR YOUR
BENEFITS



ABC Company

ABC Company

- Dental Insurance



Sample

Take advantage of the valuable
benefits available to you through
your employer and enroll today!

MetLife



Dental Benefits

Product Overview

Why dental insurance makes sense

What does dental insurance protect?

Dental problems can be unpredictable and expensive. For example, did you know that a crown can cost up to \$1,451?¹

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

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

Dental insurance protects your peace of mind.

Why your PPO is so great:

More to smile about

- See whatever dentist you want. Even if your dentist isn't in the network, you can go to him or her — just remember you usually save more when you stay in network.²
- You have a wide choice of participating dentists. Plus, dentists in the network are carefully selected.³
- Take advantage of negotiated fees that are typically 15–45% less than average charges in the same area.⁴
- Your dentist usually handles claims — which means less paperwork for you.
- Find out what you'll pay ahead of time. Your dentist can request a pre-treatment estimate for any service that is more than \$300. This helps you manage your costs and care.⁵

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

1. Understand the types of procedures

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

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

2. Know the percentages

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

3. Look at out-of-pocket costs

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

Now that you know the benefits of having
Dental Insurance, learn more and enroll today!

¹ Based on MetLife data for a crown (D2740) in ZIP code 19151. This cost reflects the 80th percentile Reasonable and Customary (R&C) fee. R&C fees are calculated based on the lowest of 1) the dentist's actual charge, 2) the dentist's usual charge for the same or similar services or 3) the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife. This example is used for informational purposes only. Fees in your area may be different.

² Savings from enrolling in the MetLife Preferred Dentist Program will depend on various factors, including how often participants visit the dentist and the costs for services rendered.

³ Certain providers may participate with MetLife through an agreement that MetLife has with a vendor. Providers available through a vendor are subject to the vendor's credentialing process and requirements, not MetLife's. If you should have any questions, contact MetLife Customer Service.

⁴ Negotiated Fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

⁵ MetLife strongly recommends that you have your dentist submit a pretreatment estimate to MetLife if the cost is expected to exceed \$300. When your dentist suggests treatment, have him or her send a claim form, along with the proposed treatment plans and supporting documentation, to MetLife. An explanation of benefits (EOB) will be sent to you and the dentist detailing an estimate of what services MetLife will cover and at what payment level. Actual payments may vary from the pretreatment estimate depending upon annual maximums, deductibles, plan frequency limits and other plan provisions at time of payment.

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

Metropolitan Life Insurance Company

200 Park Avenue, New York, NY 10166

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Understanding Your Dental Plan

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

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

Freedom of choice to go to any dentist.

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

If you prefer to stay in the network, there are thousands of general dentists and specialists to choose from nationwide — so you are sure to find one who meets your needs. Plus, all participating dentists go through a rigorous selection and review process.¹ This way you don't need to worry about quality. You also don't need any referrals.

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

Additional savings when you visit participating dentists.

Your out-of-pocket costs are usually lower when you visit network dentists. That's because they have agreed to accept negotiated fees that are typically 15 to 45% less than average dental charges in the same community. This may help lower your final costs and stretch your plan maximum. Negotiated fees may even extend to non-covered services and services provided after you've reached the plan maximum.²

Service where and when you want it.

MyBenefits, your secure self-service website, is available 24/7.³ You can use the site to get estimates on care or check coverage and claim status. Plus, if you are on the go and need to find an in-network provider, view a claim or see your ID card, there's an app for that.⁴ Search "MetLife" at the iTunes App Store or Google Play to download the app.⁵

Educational tools and resources.

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

Understanding Your Dental Plan (continued)

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

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

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

- Co-insurance.** The co-insurance percentage helps determine what your out-of-pocket costs will be for each coverage type. Each Type – A, B, C, and D – has a pre-set percentage that represents what your plan will reimburse for the services in each category. Your total out-of-pocket responsibility is subject to any deductibles, benefit maximums, plan provisions, if you receive out-of-network services, and your plan's basis for reimbursement. Please see your Dental Plan Benefits Summary for more information.
- Copay.** This is the fixed amount that you have to pay for covered services. Copayment amounts are listed in the Procedure Charge Schedule that you received with your Dental Benefits Plan Summary. Your total out-of-pocket responsibility is subject to any deductibles, benefit maximums, plan provisions, if you receive out-of-network services, and your plan's basis for reimbursement. Please see your Dental Plan Benefits Summary and Procedure Charge Schedule for more information.
- Deductible.** This is the amount you must pay out-of-pocket before benefit payments will be made by the plan. For most plans, the deductible amounts for in-network services are less than the amount for out-of-network services. Many plans do not require that a deductible be met for Type A services.
- Annual Maximum Benefit.** This is the total amount the plan will pay in the plan year. Once this amount is reached, no further benefits will be paid. However, you may still be eligible to receive services at the negotiated fee rates when visiting a participating dentist.²
- Orthodontia Lifetime Maximum.** Not all plans cover Orthodontia Treatment. If your plan covers Orthodontia there is a Lifetime Maximum that is applicable only to Orthodontia. This does not affect your Annual Maximum Benefit for Types A, B, and C coverages. The Lifetime Maximum is the total amount the plan will pay for orthodontic services for each covered person (subject to any plan age limitations). Once this amount is reached, no further benefits will be paid. However, you may still be eligible to receive services at the negotiated fee amounts when visiting a participating dentist.²

Understanding Your Dental Plan (continued)

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

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

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

1. Certain providers may participate with MetLife through an agreement that MetLife has with a vendor. Providers available through a vendor are subject to the vendor's credentialing process and requirements, not MetLife's. If you should have any questions, contact MetLife Customer Service.
2. Negotiated fees on non-covered services may not apply in all states.
3. With the exception of scheduled or unscheduled systems maintenance or interruptions, the MyBenefits website is typically available 24 hours a day, 7 days a week.
4. The features of the MetLife Dental Mobile App are not available for all MetLife Dental Plans.
5. Before using the MetLife Dental Mobile App, you must register at www.metlife.com/mybenefits from a computer. Registration cannot be done from your mobile device.

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

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Metropolitan Life Insurance Company, New York, NY 10166

MetLife Dental Insurance Plan Summary

Network: PDP

Coverage Type	In-Network % of Negotiated Fee*	Out-of-Network % of R&C Fee**
Type A: Preventive (cleanings, exams, X-rays)	100%	100%
Type B: Basic Restorative (fillings, extractions)	80%	80%
Type C: Major Restorative (bridges, dentures)	50%	50%
Type D: Orthodontia	50%	50%

Deductible†		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit		
Per Person	\$1,000	\$1,000
Orthodontia Lifetime Maximum		
Per Person	\$1,000	\$1,000

Child(ren)'s eligibility for dental coverage is from birth up to age 19, age 26 if a full-time student.

Late enrollment waiting period: There is a one year waiting period for all services following date of request.

Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

**R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

†Applies only to Type B & C Services.

Monthly Cost The following monthly costs are effective through Date. Your premium will be paid through convenient payroll deduction. Monthly cost covers all eligible children.

Employee Only	\$xx.xx	Employee + Spouse + Child(ren)	\$xx.xx
Employee + One	\$xx.xx	Employee + Family	\$xx.xx

List of Primary Covered Services & Limitations

Type A - Preventive	How Many/How Often
Prophylaxis (cleanings)	<ul style="list-style-type: none"> Two per calendar year
Oral Examinations	<ul style="list-style-type: none"> Two exams per calendar year
Topical Fluoride Applications	<ul style="list-style-type: none"> One fluoride treatment per calendar year for dependent children up to 19th birthday
X-rays	<ul style="list-style-type: none"> Full mouth X-rays: one per 60 months Bitewing X-rays: one set per calendar year for adults; two sets per calendar year for children
Space Maintainers	<ul style="list-style-type: none"> Space Maintainers for dependent children up to 19th birthday
Sealants	<ul style="list-style-type: none"> One application of sealant material every 5 calendar years for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to 19th birthday
Type B - Basic Restorative	How Many/How Often
Fillings	<ul style="list-style-type: none"> Replacement once every 24 months
Simple Extractions	
Crown, Denture, and Bridge Repair/Recementations	<ul style="list-style-type: none"> Repair once every 12 months Recementations once every 12 months
Endodontics	<ul style="list-style-type: none"> Root canal treatment limited to once per tooth per 24 months
General Anesthesia	<ul style="list-style-type: none"> When dentally necessary in connection with oral surgery, extractions or other covered dental services
Periodontics	<ul style="list-style-type: none"> Periodontal scaling and root planing once per quadrant, every 24 months Periodontal surgery once per quadrant, every 36 months Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year
Type C - Major Restorative	How Many/How Often
Oral Surgery	
Implants	<ul style="list-style-type: none"> Replacement once every 5 calendar years
Bridges and Dentures	<ul style="list-style-type: none"> Initial placement to replace one or more natural teeth, which are lost while covered by the Plan Dentures and bridgework replacement: one every 10 calendar years Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed
Crowns/Inlays/Onlays	<ul style="list-style-type: none"> Replacement once every 5 calendar years.
Type D - Orthodontia	How Many/How Often
	<ul style="list-style-type: none"> Your Children, up to age 23, are covered while Dental Insurance is in effect. All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia Payments are on a repetitive basis 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the Plan Summary. Orthodontic benefits end at cancellation of coverage

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.

Frequently Asked Questions

Who is a participating dentist?

A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees typically range from 15%-45% below the average fees charged in a dentist's community for the same or substantially similar services.*

*Based on internal analysis by MetLife. Negotiated Fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

How do I find a participating dentist?

There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at www.metlife.com/mybenefits or call 1-800-942-0854 to have a list faxed or mailed to you.

What services are covered under this plan?

All services defined under the group dental benefits plan are covered.

May I choose a non-participating dentist?

Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist, your out-of-pocket costs may be higher. He/she hasn't agreed to accept negotiated fees. So you may be responsible for any difference in cost between the dentist's fee and your plan's benefit payment.

Can my dentist apply for participation in the network?

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

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

How are claims processed?

Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/mybenefits or request one by calling 1-800-942-0854.

Can I find out what my out-of-pocket expenses will be before receiving a service?

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

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

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

*Travel Assistance services are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Virginia Surety Company, Inc. AXA Assistance and Virginia Surety are not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.

**Refer to your dental benefits plan summary for your out-of-network dental coverage.

How does MetLife coordinate benefits with other insurance plans?

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

Do I need an ID card?

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

Exclusions

This plan does not cover the following services, treatments and supplies:

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
 - Scaling and polishing of teeth; or
 - Fluoride treatments;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
 - Covered under any workers' compensation or occupational disease law;
 - Covered under any employer liability law;
 - For which the employer of the person receiving such services is not required to pay; or
 - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the Dentist on a separate basis:
 - Claim form completion;
 - Infection control such as gloves, masks, and sterilization of supplies; or
 - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
- Caries susceptibility tests;
- Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Other fixed Denture prosthetic services not described elsewhere in the certificate;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Initial installation of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Fixed and removable appliances for correction of harmful habits;
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of Minnesota;
- Repair or replacement of an orthodontic device;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images

Alternate Benefits: Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Procedure charge schedules are subject to change each plan year. You can obtain an updated procedure charge schedule for your area via fax by calling 1-800-942-0854 and using the MetLife Dental Automated Information

Service. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

Cancellation/Termination of Benefits: Coverage is provided under a group insurance policy (Policy form GPNP99 / G.2130-S) issued by MetLife. Coverage terminates when your membership ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

This dental benefits plan is made available through a self-funded arrangement. MetLife administers this dental benefits plan, but has not provided insurance to fund benefits.

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

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Sample

We're Here to Help

With MetLife, you and your family get much more than dental coverage. You get support and educational tools to help you achieve your oral health goals. Now that's something to smile about.

We're at your service.

With MyBenefits, managing your dental plan couldn't be easier. The secure member website lets you take charge. You can:

- Review your dental policy information.
- View a list of your covered dependents and their coverage descriptions.
- Find a participating dentist.
- Check the status of your claims.
- Visit the oral health library to view educational articles and tools.

As a first time user, simply go to www.metlife.com/mybenefits and follow the easy registration instructions.

Find a network dentist.

With thousands of general dentists and specialists to choose from nationwide, you are sure to find one who meets your needs. Just log in to www.metlife.com/mybenefits and follow these steps:

Click on "Find a Dentist"

Enter your city, state or ZIP code.

If your current dentist does not participate in the network, you can encourage him or her to apply. Ask your dentist to visit www.metdental.com or call 1-877-MET-DDS9 for an application.¹

Tips for easy dental claim filing.

Filing a dental claim is simple — just follow these tips:

- Bring a claim form with you to your appointment.
- You can get additional claim forms three easy ways:
 1. Online at www.metlife.com/mybenefits or www.metlife.com/dental,
 2. Call 1-800-942-0854 to have a form sent to you, or
 3. Contact your Human Resources representative.

Also, speak with your dentist about reimbursement arrangements before your appointment. Although most dentists will accept the claim reimbursement directly from MetLife, some may prefer to receive payment in-full before you leave your appointment. Since each dentist sets his or her own policy, you should discuss these arrangements before you receive any services.

We're Here to Help (continued)

International Dental Travel Assistance

This dental benefits plan includes international dental travel services which offer you and your covered dependents referrals for immediate dental care while traveling internationally.² These services are available 24/7 and give you access to international dental providers in more than 200 countries. With just one phone call, you will reach a multilingual assistance coordinator who will help you get the care you need. Coverage will be considered under your out-of-network benefits.³ Be sure to hold on to all receipts to submit a dental claim. Claim forms are available online at www.metlife.com/mybenefits or www.metlife.com/dental.

Help on the Go!

If you're on the go and need to find an in-network provider, view a claim or see your ID card, there's an app for that.

With the MetLife Dental Mobile App⁴, you can:

- ✓ **Find a dentist.**
- ✓ **View your claims.**
- ✓ **View your ID card.**

It's easy. Search "MetLife" at the iTunes App Store or Google Play to download the app. Then use your MyBenefits log-in information to access this feature.⁵

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

2 Travel assistance services are administered by AXA Assistance USA, Inc. AXA Assistance is not affiliated with MetLife, and the services they provide are separate and apart from the benefits provided by MetLife. Referral services are not available in all locations.

3 Refer to your dental benefits plan summary for your out-of-network dental coverage.

4 The features of the MetLife Dental Mobile App are not available for all MetLife Dental Plans.

5 Before using the MetLife Dental Mobile App, you must register at www.metlife.com/mybenefits from a computer. Registration cannot be done from your mobile device.

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

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Metropolitan Life Insurance Company, New York, NY 10166

Required Regulatory Information

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

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

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



Our Privacy Notice

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

Plan Sponsors and Group Insurance Contract Holders

This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, or group insurance or annuity contract. In this notice, "you" refers to these individuals.

Protecting Your Information

We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

Collecting Your Information

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

How We Get Your Information

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

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

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

We may also ask a consumer reporting agency for a "consumer report" about you (or anyone else to be insured). Consumer reports may tell us about a lot of things, including information about:

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

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

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

Using Your Information

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

- administer your products and services
- perform business research
- market new products to you
- comply with applicable laws
- process claims and other transactions
- confirm or correct your information
- help us run our business

Sharing Your Information With Others

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. We may share your personal information without your consent if permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

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

HIPAA

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

You may obtain a copy of our HIPAA Privacy Notice by visiting our website at www.MetLife.com. For additional information about your rights under HIPAA; or to have a HIPAA Privacy Notice mailed to you, contact us at HIPAAprivacyAmericasUS@metlife.com, or call us at telephone number (212) 578-0299.

Accessing and Correcting Your Information

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

Questions

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

Send privacy questions to:

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

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

Metropolitan Life Insurance Company
MetLife Insurance Company USA
SafeGuard Health Plans, Inc.

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

CALIFORNIA HEALTHCARE LANGUAGE ASSISTANCE PROGRAM NOTICE TO INSURED

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card, if any, or 1-800-942-0854. For more help call the CA Dept. of Insurance at 1-800-927-4357.

To receive a copy of the attached MetLife document translated into Spanish or Chinese, please mark the box by the requested language statement below, and mail the document with this form to:

Metropolitan Life Insurance Company
PO Box 14587

Lexington, KY 40512

Please indicate to whom and where the translated document is to be sent.

- ☐ **Servicio de Idiomas Sin Costo.** Puede obtener la ayuda de un intérprete. Se le pueden leer documentos y enviar algunos en español. Para recibir ayuda, llámenos al número que aparece en su tarjeta de identificación, si tiene una, o al 1-800-942-0854. Para recibir ayuda adicional llame al Departamento de Seguros de California al 1-800-927-4357.

Para recibir una copia del documento adjunto de MetLife traducido al español, marque la casilla correspondiente a esta oración, y envíe por correo el documento junto con este formulario a:

Metropolitan Life Insurance Company
PO Box 14587

Lexington, KY 40512

Por favor, indique a quién y a dónde debe enviarse el documento traducido.

NOMBRE _____

DIRECCIÓN _____

- ☐ **免費語言服務。** 您可獲得免費口譯服務。您可要求翻譯員向你口譯文件，或可要求向你發回文件的中文譯本。如需協助，請致電您的ID卡上所示號碼（如有），或 1-800-942-0854。如需更多協助，請致電加州保險部熱線 1-800-927-4357。

為收取隨附MetLife文件的中文譯本，請勾選此陳述前的方框，並將文件連同此表一併郵寄至：

Metropolitan Life Insurance Company
PO Box 14587

Lexington, KY 40512

請指明經翻譯文件收件人的姓名及地址。

姓名 _____

地址 _____

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

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

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

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

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

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

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





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

لا تتوفر خدمات ترجمة بتكلفة. يمكنك الاتصال بمترجم والحصول على خدمة قراءة المستندات باللغة العربية. للمساعدة، اتصل بنا على الرقم الموجود على بطاقة التعريف الخاصة بك، أو اتصل بالرقم 1-800-942-0854. ولمزيد من المساعدة، اتصل بقسم التأمينات التابع لـ CA على الرقم 1-800-927-4357. **سرویس های ترجمه رایگان.** شما می توانید مترجم و اسنادی را به زبان فارسی برای مطالعه دریافت کنید. برای راهنمایی، از طریق شماره درج شده در کارت شناسایی خود (در صورت وجود) یا شماره 1-800-942-0854 با ما تماس بگیرید. برای راهنمایی بیشتر با بخش بیمه کالیفرنیا 1-800-927-4357 تماس بگیرید.

Благодарим вас за сотрудничество. Мы рады, что вы обратились к нам за помощью. Мы готовы помочь вам в решении любых вопросов. Для получения дополнительной информации, пожалуйста, позвоните по телефону 1-800-942-0854. Если вам нужна помощь в других вопросах, позвоните в горячую линию Департамента страхования (CA Dept. of Insurance) 1-800-927-4357. **گرموتو، دے وچ نمبر یا 1-800-942-0854 پہ کال کرو۔ آگے مزید مدد واسطے اے نمبر 1-800-927-4357 پہ سی اے ڈیپارٹمنٹ برائے انشورنس نال گال کرو۔**

Benefit Identification (ID) Cards

Below are your benefit ID cards. You are not required to show your card as proof of coverage, but we've provided them for your convenience. You can also view your ID card on the MetLife mobile app.¹ Search "MetLife" at iTunes App Store or Google Play to download the app.²

FRONT		BACK	
			
Employee Name	Employee ID	www.metlife.com/mybenefits	
ABC Company	44444	<ul style="list-style-type: none"> • Locate a participating dentist. • Verify eligibility and plan design information. • Review claim status and claim history for your entire family. • View and print processed claims with one click. • Obtain claims forms and educational information (including interactive risk assessment). • Get instant answers to Frequently Asked Questions. • Access trained customer service representatives. 	
Group Name	Group Number	<p>1 800 GET-MET 8 (1-800-438-6388)</p> <ul style="list-style-type: none"> • Virtually 24 hours a day, 7 days a week call to confirm eligibility, order claim forms or request dentist directories. • Monday-Friday, 8 a.m. to 11 p.m. EST, call to speak with a live customer service representative. • MetLife Dental Claims, P.O. Box 981282, El Paso, TX 79998-1282. • For International Dental Travel Assistance call 1-312-356-5970 (collect). 	
This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.		www.metlife.com/mybenefits	
			
Employee Name	Employee ID	<ul style="list-style-type: none"> • Locate a participating dentist. • Verify eligibility and plan design information. • Review claim status and claim history for your entire family. • View and print processed claims with one click. • Obtain claims forms and educational information (including interactive risk assessment). • Get instant answers to Frequently Asked Questions. • Access trained customer service representatives. 	
ABC Company	44444	<p>1 800 GET-MET 8 (1-800-438-6388)</p> <ul style="list-style-type: none"> • Virtually 24 hours a day, 7 days a week call to confirm eligibility, order claim forms or request dentist directories. • Monday-Friday, 8 a.m. to 11 p.m. EST, call to speak with a live customer service representative. • MetLife Dental Claims, P.O. Box 981282, El Paso, TX 79998-1282. • For International Dental Travel Assistance call 1-312-356-5970 (collect). 	
Group Name	Group Number		
This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.			

¹ Certain features of the MetLife Mobile App are not available for all MetLife Dental Plans.

² Before using the MetLife Mobile App, you must register at www.metlife.com/mybenefits from a computer. Registration cannot be done from your mobile device.

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

Sample



MetLife

“Don't Forget to
Take the Time
to Review Your
Benefits!”



MetLife

Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166
www.metlife.com

ENROLLMENT • CHANGE FORM**GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)**

Name of Group Customer/Employer	Group Customer #	Report #	Sub Code	Branch
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)			

YOUR ENROLLMENT INFORMATION (To be Completed by the Employee)

Name (First, Middle, Last)		Social Security # - -	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, City, State, Zip Code)		Date of Birth (MM/DD/YYYY)	
Phone #	Email Address	<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change in Enrollment If due to a Qualifying Event, enter event date (MM/DD/YYYY)	

I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand that contributions are required for the benefits I select below.

Dental Insurance

Select your level of coverage

- ☐ Employee Only ☐ Employee + Spouse¹
☐ Employee + Child(ren) ☐ Employee + Spouse¹ + Child(ren)

Dependent Information

If you are applying for coverage for your Spouse and/or Child(ren), please provide the information requested below:

Name of your Spouse (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name(s) of your Child(ren) (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Check here if you need more lines. Provide the additional information on a separate piece of paper and return it with your enrollment form.		

¹ For California, Vermont and Washington State residents, Spouse includes your registered Domestic Partner if you and your Domestic Partner are registered as domestic partners, civil union partners or reciprocal beneficiaries with a government agency or office where such registration is available.

SUBMISSION INSTRUCTIONS

After completion, make a copy for your records and return the original to your Employer.

FRAUD WARNINGS

Before signing this enrollment form, please read the warning for the state where you reside and for the state where the contract under which you are applying for coverage was issued.

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kansas and Oregon: Any person who knowingly presents a materially false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who files an application containing any false or misleading information is subject to criminal and civil penalties.

New York (only applies to Accident and Health Benefits): 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.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

Pennsylvania and all other states: 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 subjects such person to criminal and civil penalties.

GEF09-1
FW

DECLARATIONS AND SIGNATURE

By signing below, I acknowledge:

1. I have read this enrollment form and declare that all information I have given is true and complete to the best of my knowledge and belief.
2. I declare that I am actively at work on the date I am enrolling.
3. I understand that if I do not enroll for dental coverage during the initial enrollment period, a waiting period may be required before I can enroll for such coverage after the initial enrollment period has expired.
4. I authorize my employer to deduct the required contributions from my earnings for my coverage. This authorization applies to such coverage until I rescind it in writing.
5. I have read the applicable Fraud Warning(s) provided in this enrollment form.



Signature of Employee

Print Name

Date Signed (MM/DD/YYYY)

GEF09-1
DEC

INSTRUCTIONS

Please Review These Instructions Before Submitting Claim.

1. FRAUD WARNINGS

Before completing this form, please read the following fraud warning for the state where you reside and for the state where the insurance policy under which you are claiming a benefit was issued.

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, Minnesota, New Mexico, Ohio, Rhode Island, and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware, Idaho, Indiana, and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Florida: A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

Maine, Tennessee, Virginia, and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York: 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.

Oregon and Vermont: Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a 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 subjects such person to criminal and civil penalties.

INSTRUCTIONS (continued)

2. CLAIM SUBMISSION INFORMATION

Information for Employee

1. Complete your section of the claim form (items 1 through 21) in full to assure positive identification and prompt payment. Please print or type.
Note: Item 8 (ID Number) must be completed for the claim to be processed.
2. **Patient Consent.** By signing item 20, the patient (or parent or other authorized representative) consents to the use and disclosure of information relating to the services provided by the dentist or health care professional for the purpose of treatment, payment, or health care operations, including submission of a claim for dental benefits to a provider or administrator of dental benefit plans. This consent will be valid for as long as the patient is entitled to coverage under a dental plan. You are entitled to a copy of this consent. This consent may be revoked in writing delivered to your dentist or health care professional, but such revocation will not affect any action taken in reliance on this consent prior to revocation. Upon receipt of revocation or refusal to sign a consent, your dentist or health care professional may decline to provide or continue treatment. If this consent is signed by the authorized representative of the patient, the relationship of the authorized representative must be provided in item 20.
3. You must sign the claim form in item 21.
4. You can arrange for MetLife to make payment directly to the dentist by completing item 22. If you wish benefits to be paid directly to yourself, do not complete item 22. In either case, a statement of benefits paid will be sent to you.
5. If total charges for the planned course of treatment are expected to be \$300 or more, the form should be completed and submitted to MetLife prior to the commencement of the course of treatment for a pretreatment estimate of benefits. MetLife will notify you of your benefits payable.
(If you wish, a pretreatment estimate may be requested for anticipated dental expenses of less than \$300.)
6. If total charges for the planned course of treatment will be less than \$300, the claim form should be completed when treatment is completed and mailed or faxed to the address or fax number shown below.

Dental Coverage is subject to specific limitations and exclusions. Please refer to your booklet for a description of covered services, schedule of benefits payable, limitations and exclusions.

Information for Attending Dentist

1. Benefits are payable in accordance with four Classes of Services. It is, therefore, important that a separate fee is indicated for each item of service performed.
2. If total charges for a course of treatment are expected to be \$300 or more, check the box noted "Pretreatment Estimate" and complete items 23 through 42. The completed claim form should be sent to the address shown below prior to the commencement of the course of treatment. MetLife will review the claim (and any supplementary information required) and notify your patient of the benefits payable.
3. If the address where treatment was performed is different from the mailing address in item 24, complete item 43.
4. Generally, we do not request x-rays where standard filling materials are used. Pre-operative x-rays are requested only in connection with prosthetics, fixed bridgework, or cast restorations. Occasionally, we may request x-rays that relate to other dental services.
In an effort to reduce your costs and inconvenience, we request your cooperation in submitting x-rays only in the above-mentioned circumstances or when specifically requested. This will also enable us to expedite the processing of a pretreatment estimate.
5. If authorized by the employee, benefit payments will be made directly to you.

Detach and submit the completed Dental Expense Claim Form to:

MetLife Dental Claims
P.O. Box 981282
El Paso, TX 79998-1282

Dentists' telephone: 1-877-638-3379

Fax: 1-859-389-6505

If you are submitting a claim, please complete and detach the first page only and mail it to the above address or fax it to the number indicated. If you are requesting that the form be translated into Spanish or Chinese, please visit our website, www.metlife.com, and download the applicable claim form from our Dental Insurance Center. Or you may mail the entire four (4) pages of this form to the address shown on page 4.

**CALIFORNIA HEALTHCARE LANGUAGE ASSISTANCE PROGRAM
NOTICE TO INSURED**

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card, if any, or 1-800-942-0854. For more help call the CA Dept. of Insurance at 1-800-927-4357.

To receive a copy of the attached MetLife document translated into Spanish or Chinese, please mark the box by the requested language statement below, and mail the document with this form to:

Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512

Please indicate to whom and where the translated document is to be sent.

- ☐ Servicio de Idiomas Sin Costo. Puede obtener la ayuda de un intérprete. Se le pueden leer documentos y enviar algunos en español. Para recibir ayuda, llámenos al número que aparece en su tarjeta de identificación, si tiene una, o al 1-800-942-0854. Para recibir ayuda adicional llame al Departamento de Seguros de California al 1-800-927-4357.

Para recibir una copia del documento adjunto de MetLife traducido al español, marque la casilla correspondiente a esta oración, y envíe por correo el documento junto con este formulario a:

Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512

Por favor, indique a quién y a dónde debe enviarse el documento traducido.

NOMBRE _____

DIRECCIÓN _____

- ☐ 免費語言服務。您可獲得免費口譯服務。您可要求翻譯員向您口譯文件，或可要求向您發回文件的中文譯本。如需協助，請致電您的ID卡上所示號碼（如有），或 1-800-942-0854。如需更多協助，請致電加州保險部熱線1-800-927-4357。

為收取隨附MetLife文件的中文譯本，請勾選此陳述前的方框，並將文件連同此表一併郵寄至：

Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512

請指明經翻譯文件收件人的姓名及地址。

姓名 _____

地址 _____

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

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

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

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

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

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

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

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

لا تتوفر خدمات ترجمة بتكلفة. يمكنك الاتصال بمترجم والحصول على خدمة قراءة المستندات باللغة العربية. للمساعدة، اتصل بنا على الرقم الموجود على بطاقة التعريف الخاصة بك، أو اتصل بالرقم 1-800-942-0854. ولمزيد من المساعدة، اتصل بقسم التأمينات التابع لـ CA على الرقم 1-800-927-4357. **سرویس های ترجمه رایگان.** شما می توانید مترجم و اسنادی را به زبان فارسی برای مطالعه دریافت کنید. برای راهنمایی، از طریق شماره درج شده در کارت شناسایی خود (در صورت وجود) یا شماره 1-800-942-0854 با ما تماس بگیرید. برای راهنمایی بیشتر با بخش بیمه کالیفرنیا 1-800-927-4357 تماس بگیرید. **بلا معاوضه مترجم دی خدمات مل سکدی اے۔** تسی ایک مترجم دی خدمات حاصل کرسکدے او جو توڈے واسطے دستاویزات پنجابی وچ پڈ سکدا اے۔ مدد واسطے ایڑیں آئی ڈی کارڈ، گربوتو، دے وچ نمبر یا 1-800-942-0854 پہ کال کرو۔ آگے مزید مدد واسطے اے نمبر 1-800-927-4357 پہ سی اے ڈیپارٹمنٹ برائے انشورنس نال کال کرو۔

Group Dental

MetLife



A Guide to Your Explanation of Dental Benefits Statement

Featuring a redesigned EOB for clearer explanations and messaging, better organization, revisions to the MCR X-ray narratives and better consistency across delivery channels

Patient Benefits Statement

Statement date: September 12, 2014

This is an explanation of how we determined benefits for your patients. It should not be distributed to patients or other insurance carriers. Please save it for your records.

1

Claim summary

You submitted	\$ 140.00
MetLife paid you	\$ 102.00

2

On or about September 17, 2014, \$102.00 will be credited to your EFT bank account.

02

MetLife

3

We're here to help. Please visit us at metdental.com to find available dental benefits, claim details, to submit claims, and more or call 877-638-3379, Monday - Friday, 8am-11pm ET.

4

This statement is for:

Name/Relationship

John A. Smith/Self

Name

John A. Smith

Group

3333333

Claim

0001234567

Dentist

Dr. Pam Brown, DDS

Network status

In-network

ID

XXXXXXXXXX

METLIFE
PO BOX 981282
EL PASO TX 79998

Metropolitan Life
Insurance Company

Page 1 of 3

Claim detail

Name/Relationship: **John A. Smith/Self** Dentist: **Dr. Pam Brown, DDS**
 Claim: **0001234567** Name: **John A. Smith**
 ID: **XXXXXXXXXX** Employer: **ABC COMPANY**
 Group: **3333333**

5 Date of service	6 Service code, description	7 You submitted	8 Negotiated in-network fee	9 Allowed amount	10	11 MetLife paid	12	13 Patient owes
11/17/13	D0150, Comprehensive oral evaluation	\$50.00	\$42.00	\$42.00	100%	\$42.00		\$0.00
11/17/13	D1110, Cleaning - adult	90.00	60.00	60.00	100%	60.00		0.00
14 Totals		\$140.00	\$102.00	\$102.00		\$102.00		\$0.00

15

16 — Your rights if benefits are denied

While we always process claims according to the terms of your Employee Benefit Plan, you have the right to appeal our benefits decision up to two times at no cost to you.

Please send any request for review in writing within 180 days of the date on this explanation of benefits to:

MetLife Group Claims Review
P.O. Box 14589, Lexington, KY 40512

In your request for a review, please include:

- Whether this is your first or second request for a review
- The reason you believe the claim for benefits was improperly denied
- Any comments, questions, documents or information that support your reason.

We'll review your claim within 30 days of receiving it and send you a clear, understandable explanation by mail or email. If we deny your first appeal in whole or in part, you may request a second-level appeal review. You must send your second level appeal request within 60 days after the denial notice has been received. The request with relevant information should be mailed to:

Your HR Team
Attn: Appeals
Street Address
City, State ZIP

This appeal will be reviewed within 30 days after it is filed.

How we promise a full and fair review

- The review will be made by someone who didn't make the initial review of your benefits estimate, including anyone who reports to that person. If you're requesting a second review, the reviewer also won't be the person who conducted the first review.
- You have the right to request free copies of all documents, records and other information we used to evaluate your claim.
- If deciding an appeal relies at all on a medical judgment, we'll consult a health care professional with appropriate training and experience.
- If our benefits decision is based on an internal rule, guideline or other standard, you may request a copy of the document free of charge.
- If we determine that a procedure or treatment was unnecessary or experimental or had a similar exclusion or limit, you may ask us to provide an explanation of the scientific or clinical judgment free of charge.

What you can do after two appeals

If you are not satisfied with the decision, you may have rights under Section 502 (a) of ERISA to bring a civil action if you so desire.

UNDERSTANDING YOUR EXPLANATION OF DENTAL BENEFITS STATEMENT—SINGLE EOB

- 1 The **claim summary** provides a quick overview of the claim, including the amount you (the dentist) submitted to MetLife and the amount MetLife paid you.
- 2 If needed, **notes** will be listed here based on different situations. For example, state-specific notes will be placed here. And every EOB will include a note about what to do with the bulk check included below.
- 3 **We're here to help** instructs dentists where to go if they need more information about this EOB statement.
- 4 **This statement is for** section of the EOB includes the:
 - Patient's name followed by the patient's relationship to the policyholder—If the claim is for the policyholder, the relationship is listed as self. If the claim is for another family member, the relationship is listed as dependent.
 - Employee name—The policyholder's name.
 - Group Number—The number MetLife uses to identify the policyholder's employer.
 - Claim number—Every claim is assigned a unique claim number.
 - Dentist's name.
 - Dentist's network status—Either in-network for dentists who participate in MetLife PDP or PDP Plus networks or out-of-network for dentists who don't participate.
 - Policyholder's identification number.

In the **claim detail** section, you'll see the:

- 5 Date of service.
- 6 Service code, description—The American Dental Association code for the treatment rendered and a brief description of the service provided.
- 7 You submitted—The amount you (the dentist) charged for each procedure.
- 8 Negotiated in-network fee (if applicable)—The contracted fee or the treating dentist's fee schedule for the procedure code.
- 9 Allowed amount, which is the maximum allowable benefit amount that MetLife will consider for this service under the policyholder's plan.
- 10 The percentage at which the covered expense is payable.
- 11 The percentage at which the covered expense is payable and the calculated dollar amount (listed as MetLife paid).
- 12 This field will be used to indicate when a deductible is taken or any other message related to the applicable service (i.e., charge not covered).
- 13 The amount the patient owes you (the dentist).
- 14 Totals—The total fees charged, applicable network fee, covered expenses and plan benefits for all services rendered.
- 15 After the claim detail, additional notes and information are provided, as needed.
- 16 **Your rights if benefits are denied** provides information about handling adverse benefit determinations.



Patient Benefits Statement with payment

Statement date: September 15, 2014

This is an explanation of how we determined benefits for your patients.
It should not be distributed to patients or other insurance carriers.
Please save it for your records.

1

Claim summary

You submitted	\$ 334.00
MetLife paid you	\$ 240.00

4

We're here to help. Please visit us at metdental.com to find available dental benefits, claim details, to submit claims, and more or call 877-638-3379, Monday - Friday, 8am-11pm ET.

5

Your information

Dentist

Dr. Pam Brown, DDS

2

*** If you need to return a payment for a specific patient's claim,** please send a separate check for the returned amount with a copy of this statement indicating which patient the check is for. Please don't return the attached check, as it includes payment for all patients included in this statement.

3

Date of service	Name	You submitted	MetLife paid	Patient owes	See page
02/22/14	JOHN A. SMITH	\$140.00	\$98.00	\$0.00	3
02/17/14	CINDY B. JONES	194.00	142.00	0.00	3
Totals		\$334.00	\$240.00	\$0.00	

Metropolitan Life
Insurance Company

Page 1 of 3

JPMORGAN CHASE BANK N.A., SYRACUSE, NY 13206

369 50-937/213

62

6



EL PASO TX 79998

DR. PAM BROWN, DDS
100 DENTAL AVENUE
ANYCITY, USA 00000

Check no. 552067692

Pay to the order of
DR. PAM BROWN, DDS

Not valid before
September 15, 2014

Amount
\$240.00**

Authorized signature

⑈55 206 769 2⑈ ⑆021309379⑆

33 2300369⑈

Claim detail

8 Name/Relationship: 9 Claim: 10 ID:		John A. Smith/Self 0001234567 XXXXXXXXXX		11 Dentist: 12 Name: 13 Employer: 14 Group:		Dr. Pam Brown, DDS John A. Smith ABC COMPANY 3333333		02
15 Date of service	16 Service code, description	17 You submitted	18 Negotiated in-network fee	19 Allowed amount	20	21 MetLife paid	22	23 Patient owes
02/22/14	D0150, Comprehensive oral evaluation	\$50.00	\$39.00	\$39.00	100%	\$39.00		0.00
02/22/14	D1110, Cleaning - adult	90.00	59.00	59.00	100%	59.00		0.00
24 Totals		\$140.00	\$98.00	\$98.00		\$98.00		\$0.00

Name/Relationship: Claim: ID:		Cindy B. Jones/Self 987654321000 XXXXXXXXXX		Dentist: Name: Employer: Group:		Dr. Pam Brown, DDS Cindy B. Jones XYZ CORPORATION 4444444		02
Date of service	Service code, units, description	You submitted	Negotiated in-network fee	Allowed amount		MetLife paid		Patient owes
02/17/14	D0120, Periodic oral evaluation	35.00	28.00	28.00	100%	28.00		0.00
02/17/14	D0220, Periapical radiographic image	20.00	15.00	15.00	100%	15.00		0.00
02/17/14	D0230, 01, Add'l periapical images	10.00	7.00	7.00	100%	7.00		0.00
02/17/14	D0274, Bitewings-four images	39.00	33.00	33.00	100%	33.00		0.00
02/17/14	D1110, Cleaning - adult	90.00	59.00	59.00	100%	59.00		0.00
Totals		\$194.00	\$142.00	\$142.00		\$142.00		\$0.00

UNDERSTANDING YOUR EXPLANATION OF DENTAL BENEFITS STATEMENT—BULK EOB

- 1 The **payment summary** provides a quick overview of the dentist's total submitted charges for all patients covered in the EOB and the total amount MetLife paid the dentist.
 - 2 If needed, **notes** will be listed here based on different situations. For example, state-specific notes will be placed here. And every EOB will include a note about what to do with the bulk check included below.
 - 3 **A list of all the patients covered in the EOB** with date of service, patient name, amount submitted, amount MetLife paid, amount patient owes the dentist and the page number of that patient's claim detail.
 - 4 **We're here to help** instructs dentists where to go if they need more information about this EOB statement.
 - 5 **Your information** section includes:
 - Dentist's name—The dentist or dental practice that performed the listed services.
 - 6 If payment is made to the dentist, the **check** is attached here.
 - 7 The bottom of the second page is left blank to accommodate the back of the check.
- The **claim detail** section lists all of the patients covered by the EOB. For each patient, you'll see the:
- 8 Patient's name followed by the patient's relationship to the policyholder—If the claim is for the policyholder, the relationship is listed as self. If the claim is for another family member, the relationship is listed as dependent.
 - 9 Claim number—Every claim is assigned a unique claim number.
 - 10 Policyholder's identification number.
 - 11 Dentist's name.
 - 12 Policyholder's name.
 - 13 Name of policyholder's employer.
 - 14 Group number—The number MetLife uses to identify the policyholder's employer.
- In the **claim detail** section, for each patient, you'll also see the:
- 15 Date of service.
 - 16 Service code, description—The American Dental Association code for the treatment rendered and a brief description of the service provided.
 - 17 You submitted—The amount you (the dentist) charged for each procedure.
 - 18 Negotiated in-network fee (if applicable)—The contracted fee or the treating dentist's fee schedule for the procedure code.
 - 19 Allowed amount, which is the maximum allowable benefit amount that MetLife will consider for this service under the policyholder's plan.
 - 20 The percentage at which the covered expense is payable.
 - 21 The percentage at which the covered expense is payable and the calculated dollar amount (listed as MetLife paid).
 - 22 This field will be used to indicate when a deductible is taken or any other message related to the applicable service (i.e., charge not covered).
 - 23 The amount the patient owes you (the dentist).
 - 24 Totals—The total fees charged, applicable network fee, covered expenses and plan benefits for all services rendered.
 - 25 After the claim detail, additional notes and information are provided, as needed.



Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166
www.metlife.com

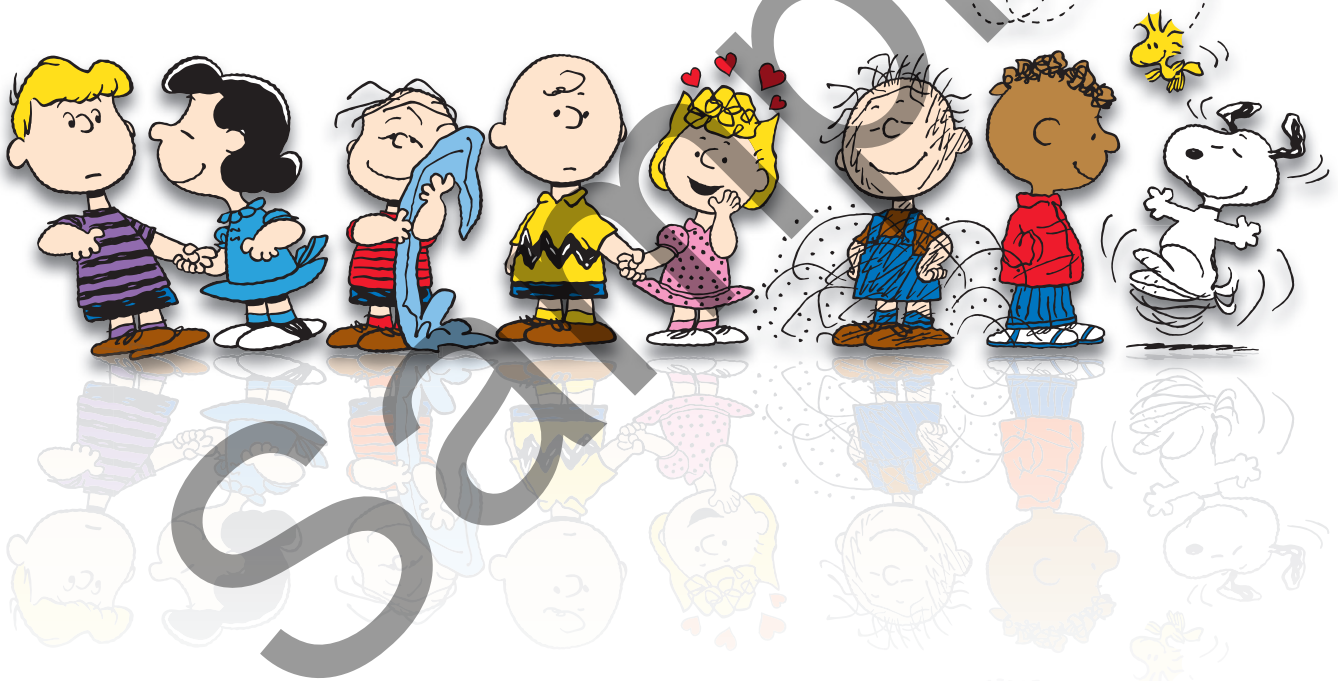


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IT'S TIME TO ENROLL FOR YOUR

BENEFITS



**Dental HMO/Managed Care Plans
MET 100-CALIFORNIA
Enrollment Kit**

Sample



MetLife





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.*
- ✓ **Broad network** of participating dentists and specialty care providers. 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.

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

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.

L0316459782[exp0517][CA,FL,NJ,NY,TX] Metropolitan Life Insurance Company, New York, NY

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 orthodontics
- 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.

Understanding Your Dental Benefits

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.

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 benefits programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your MetLife group representative for costs and complete details.

L0616469123[exp0817][CA,FL,NJ,NY,TX]

Metropolitan Life Insurance Company, New York, New York

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 regular audits, including onsite visits to the dental offices. You can find the names, addresses, languages spoken and telephone numbers of participating dentists in the directory included with your enrollment material or 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.

Frequently Asked Questions (continued)

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. Please note: any requests made after the 25th of the month will occur effective the first of the 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 emergency access 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.

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.

L0616468330[exp0817][CA,FL,NJ,NY,TX]
Metropolitan Life Insurance Company, New York, NY

Direct Referral Dental Plan*

MET100

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.

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.

	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
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	\$0

Code	Service	Your and Your Dependent's Co-Payment
D0502	Other oral pathology procedures, by report	\$0
Preventive Services		
D1110	Prophylaxis – adult	\$0
	• Additional-adult prophylaxis (<i>maximum of 2 additional per year</i>)	\$20
D1120	Prophylaxis – child	\$0
	• Additional-child prophylaxis (<i>maximum of 2 additional per year</i>)	\$15
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	\$0
D1510	Space maintainer – fixed – unilateral	\$0
D1515	Space maintainer – fixed – bilateral	\$0
D1520	Space maintainer – removable – unilateral	\$0
D1525	Space maintainer – removable – bilateral	\$0
D1550	Re-cement or re-bond space maintainer	\$5
D1555	Removal of fixed space maintainer	\$5
Restorative Treatment		
D2140	Amalgam – one surface, primary or permanent	\$0
D2150	Amalgam – two surfaces, primary or permanent	\$0
D2160	Amalgam – three surfaces, primary or permanent	\$0
D2161	Amalgam – four or more surfaces, primary or permanent	\$0
D2330	Resin-based composite – one surface, anterior	\$0
D2331	Resin-based composite – two surfaces, anterior	\$0
D2332	Resin-based composite – three surfaces, anterior	\$0
D2335	Resin-based composite – four or more surfaces or involving incisal angle (<i>anterior</i>)	\$0
D2390	Resin-based composite crown, anterior	\$20
D2391	Resin-based composite – one surface, posterior	\$25
D2392	Resin-based composite – two surfaces, posterior	\$30
D2393	Resin-based composite – three surfaces, posterior	\$35
D2394	Resin-based composite – four or more surfaces, posterior	\$40
Crowns		
<ul style="list-style-type: none"> An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a \$75 Co-Payment per 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. 		

Code	Service	Your and Your Dependent's Co-Payment
D2510	Inlay – metallic – one surface	\$100
D2520	Inlay – metallic – two surfaces	\$100
D2530	Inlay – metallic – three or more surfaces	\$100
D2542	Onlay – metallic – two surfaces	\$100
D2543	Onlay – metallic – three surfaces	\$100
D2544	Onlay – metallic – four or more surfaces	\$100
D2610	Inlay – porcelain/ceramic – one surface	\$100
D2620	Inlay – porcelain/ceramic – two surfaces	\$100
D2630	Inlay – porcelain/ceramic – three or more surfaces	\$100
D2642	Onlay – porcelain/ceramic – two surfaces	\$100
D2643	Onlay – porcelain/ceramic – three surfaces	\$100
D2644	Onlay – porcelain/ceramic – four or more surfaces	\$100
D2650	Inlay – resin-based composite – one surface	\$100
D2651	Inlay – resin-based composite – two surfaces	\$100
D2652	Inlay – resin-based composite – three or more surfaces	\$100
D2662	Onlay – resin-based composite – two surfaces	\$100
D2663	Onlay – resin-based composite – three surfaces	\$100
D2664	Onlay – resin-based composite – four or more surfaces	\$100
D2710	Crown – resin-based composite (<i>indirect</i>)	\$100
D2712	Crown – $\frac{3}{4}$ resin-based composite (<i>indirect</i>)	\$100
D2720	Crown – resin with high noble metal	\$100
D2721	Crown – resin with predominantly base metal	\$100
D2722	Crown – resin with noble metal	\$100
D2740	Crown – porcelain/ceramic substrate	\$225
D2750	Crown – porcelain fused to high noble metal	\$100
D2751	Crown – porcelain fused to predominantly base metal	\$100
D2752	Crown – porcelain fused to noble metal	\$100
D2780	Crown – $\frac{3}{4}$ cast high noble metal	\$100
D2781	Crown – $\frac{3}{4}$ cast predominantly base metal	\$100
D2782	Crown – $\frac{3}{4}$ cast noble metal	\$100
D2783	Crown – $\frac{3}{4}$ porcelain/ceramic	\$100
D2790	Crown – full cast high noble metal	\$100
D2791	Crown – full cast predominantly base metal	\$100
D2792	Crown – full cast noble metal	\$100
D2794	Crown – titanium	\$100
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	\$30
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
D2930	Prefabricated stainless steel crown – primary tooth	\$0
D2931	Prefabricated stainless steel crown – permanent tooth	\$0

Code	Service	Your and Your Dependent's Co-Payment
D2932	Prefabricated resin crown	\$0
D2933	Prefabricated stainless steel crown with resin window	\$0
D2940	Protective restoration	\$0
D2941	Interim therapeutic restoration - primary dentition	\$0
D2950	Core buildup, including any pins when required	\$15
D2951	Pin retention – per tooth, in addition to restoration	\$10
D2952	Post and core in addition to crown, indirectly fabricated	\$40
D2953	Each additional indirectly fabricated post – same tooth	\$40
D2954	Prefabricated post and core in addition to crown	\$30
D2955	Post removal	\$10
D2957	Each additional prefabricated post – same tooth	\$25
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>)	\$0
D3120	Pulp cap – indirect (<i>excluding final restoration</i>)	\$0
D3220	Therapeutic pulpotomy (<i>excluding final restoration</i>) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$0
D3221	Pulpal debridement, primary and permanent teeth	\$20
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$0
D3230	Pulpal therapy (<i>resorbable filling</i>) – anterior, primary tooth (<i>excluding final restoration</i>)	\$5
D3240	Pulpal therapy (<i>resorbable filling</i>) – posterior, primary tooth (<i>excluding final restoration</i>)	\$10
D3310	Endodontic therapy, anterior tooth (<i>excluding final restoration</i>)	\$40
D3320	Endodontic therapy, bicuspid tooth (<i>excluding final restoration</i>)	\$65
D3330	Endodontic therapy, molar tooth (<i>excluding final restoration</i>)	\$95
D3331	Treatment of root canal obstruction; non-surgical access	\$55
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$50

Code	Service	Your and Your Dependent's Co-Payment
D3333	Internal root repair of perforation defects	\$55
D3346	Retreatment of previous root canal therapy – anterior	\$65
D3347	Retreatment of previous root canal therapy – bicuspid	\$90
D3348	Retreatment of previous root canal therapy – molar	\$160
D3351	Apexification/recalcification – initial visit (<i>apical closure / calcific repair of perforations, root resorption, etc.</i>)	\$65
D3352	Apexification/recalcification – interim medication replacement	\$65
D3353	Apexification/recalcification – final visit (<i>includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.</i>)	\$65
D3355	Pulpal regeneration - initial visit	\$65
D3356	Pulpal regeneration - interim medication replacement	\$32
D3357	Pulpal regeneration - completion of treatment	\$65
D3410	Apicoectomy – anterior	\$95
D3421	Apicoectomy – bicuspid (<i>first root</i>)	\$95
D3425	Apicoectomy – molar (<i>first root</i>)	\$95
D3426	Apicoectomy (<i>each additional root</i>)	\$60
D3427	Periradicular surgery without apicoectomy	\$71
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	\$10
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	\$95
D3460	Endodontic endosseous implant	\$555
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	\$50
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$38
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$12
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	\$100

Code	Service	Your and Your Dependent's Co-Payment
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	\$78
D4245	Apically positioned flap	\$165
D4249	Clinical crown lengthening – hard tissue	\$120
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	\$260
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	\$198
D4263	Bone replacement graft – first site in quadrant	\$180
D4264	Bone replacement graft – each additional site in quadrant	\$95
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$95
D4266	Guided tissue regeneration – resorbable barrier, per site	\$215
D4267	Guided tissue regeneration – nonresorbable barrier, per site <i>(includes membrane removal)</i>	\$255
D4268	Surgical revision procedure, per tooth	\$0
D4270	Pedicle soft tissue graft procedure	\$195
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	Distal or proximal wedge procedure <i>(when not performed in conjunction with surgical procedures in the same anatomical area)</i>	\$70
D4275	Non-autogenous connective tissue graft <i>(including recipient site and donor material)</i> first tooth, implant, or edentulous tooth position in graft	\$265
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	\$195
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	\$98
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
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	\$133
D4320	Provisional splinting – intracoronal	\$85
D4321	Provisional splinting – extracoronal	\$75
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$25
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	\$19
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$15
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	\$60
D4910	Periodontal maintenance	\$15
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>	\$40

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	\$125
D5120	Complete denture – mandibular	\$125

Code	Service	Your and Your Dependent's Co-Payment
D5130	Immediate denture – maxillary	\$125
D5140	Immediate denture – mandibular	\$125
D5211	Maxillary partial denture – resin base <i>(including any conventional clasps, rests and teeth)</i>	\$110
D5212	Mandibular partial denture – resin base <i>(including any conventional clasps, rests and teeth)</i>	\$110
D5213	Maxillary partial denture – cast metal framework with resin denture bases <i>(including any conventional clasps, rests and teeth)</i>	\$150
D5214	Mandibular partial denture – cast metal framework with resin denture bases <i>(including any conventional clasps, rests and teeth)</i>	\$150
D5221	Immediate maxillary partial denture – resin base <i>(including any conventional clasps, rests and teeth)</i>	\$110
D5222	Immediate mandibular partial denture – resin base <i>(including any conventional clasps, rests and teeth)</i>	\$110
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases <i>(including any conventional clasps, rests and teeth)</i>	\$150
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases <i>(including any conventional clasps, rests and teeth)</i>	\$150
D5225	Maxillary partial denture – flexible base <i>(including any clasps, rests and teeth)</i>	\$365
D5226	Mandibular partial denture – flexible base <i>(including any clasps, rests and teeth)</i>	\$365
D5281	Removable unilateral partial denture – one piece cast metal <i>(including clasps and teeth)</i>	\$150
D5410	Adjust complete denture – maxillary	\$0
D5411	Adjust complete denture – mandibular	\$0
D5421	Adjust partial denture – maxillary	\$0
D5422	Adjust partial denture – mandibular	\$0
D5510	Repair broken complete denture base	\$15
D5520	Replace missing or broken teeth – complete denture <i>(each tooth)</i>	\$15
D5610	Repair resin denture base	\$15
D5620	Repair cast framework	\$15
D5630	Repair or replace broken clasp - per tooth	\$15
D5640	Replace broken teeth – per tooth	\$15
D5650	Add tooth to existing partial denture	\$15
D5660	Add clasp to existing partial denture - per tooth	\$15
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	\$50
D5711	Rebase complete mandibular denture	\$50
D5720	Rebase maxillary partial denture	\$50
D5721	Rebase mandibular partial denture	\$50
D5730	Reline complete maxillary denture <i>(chairside)</i>	\$35
D5731	Reline complete mandibular denture <i>(chairside)</i>	\$35
D5740	Reline maxillary partial denture <i>(chairside)</i>	\$35
D5741	Reline mandibular partial denture <i>(chairside)</i>	\$35
D5750	Reline complete maxillary denture <i>(laboratory)</i>	\$40
D5751	Reline complete mandibular denture <i>(laboratory)</i>	\$40
D5760	Reline maxillary partial denture <i>(laboratory)</i>	\$40
D5761	Reline mandibular partial denture <i>(laboratory)</i>	\$40
D5810	Interim complete denture <i>(maxillary)</i>	\$130
D5811	Interim complete denture <i>(mandibular)</i>	\$130

Code	Service	Your and Your Dependent's Co-Payment
D5820	Interim partial denture (<i>maxillary</i>)	\$40
D5821	Interim partial denture (<i>mandibular</i>)	\$40
D5850	Tissue conditioning, maxillary	\$10
D5851	Tissue conditioning, mandibular	\$10
D5862	Precision attachment, by report	\$160

Implant Services

Pre-Surgical Services

D6190	Radiographic/surgical implant index, by report	\$130
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Surgical Services

D6010	Surgical placement of implant body: endosteal implant	\$1,005
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
D6052	Semi-precision attachment abutment	\$335
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	\$24
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	\$60
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

Code	Service	Your and Your Dependent's Co-Payment
D6064	Abutment supported cast metal crown (<i>noble metal</i>)	\$720
D6065	Implant supported porcelain/ceramic crown	\$725
D6066	Implant supported porcelain fused to metal crown (<i>titanium, titanium alloy, high noble metal</i>)	\$700
D6067	Implant supported metal crown (<i>titanium, titanium alloy, high noble metal</i>)	\$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
D6075	Implant supported retainer for ceramic FPD	\$720
D6076	Implant supported retainer for porcelain fused to metal FPD (<i>titanium, titanium alloy, or high noble metal</i>)	\$700
D6077	Implant supported retainer for cast metal FPD (<i>titanium, titanium alloy, or high noble metal</i>)	\$510
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prosthesis and abutments	\$55
D6090	Repair implant supported prosthesis, by report	\$190
D6091	Replacement 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 (<i>titanium</i>)	\$650
D6095	Repair implant abutment, by report	\$140
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
D6194	Abutment supported retainer crown for FPD (<i>titanium</i>)	\$520

Code	Service	Your and Your Dependent's Co-Payment
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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	\$100
D6210	Pontic – cast high noble metal	\$100
D6211	Pontic – cast predominantly base metal	\$100
D6212	Pontic – cast noble metal	\$100
D6214	Pontic – titanium	\$100
D6240	Pontic – porcelain fused to high noble metal	\$100
D6241	Pontic – porcelain fused to predominantly base metal	\$100
D6242	Pontic – porcelain fused to noble metal	\$100
D6245	Pontic – porcelain/ceramic	\$120
D6250	Pontic – resin with high noble metal	\$100
D6251	Pontic – resin with predominantly base metal	\$100
D6252	Pontic – resin with noble metal	\$100
D6253	Provisional pontic – further treatment or completion of diagnosis necessary prior to final impression	\$30
D6545	Retainer – cast metal for resin bonded fixed prosthesis	\$40
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	\$40
D6549	Resin retainer – for resin bonded fixed prosthesis	\$30
D6600	Retainer inlay – porcelain/ceramic, two surfaces	\$100
D6601	Retainer inlay – porcelain/ceramic, three or more surfaces	\$100
D6602	Retainer inlay – cast high noble metal, two surfaces	\$100
D6603	Retainer inlay – cast high noble metal, three or more surfaces	\$100
D6604	Retainer inlay – cast predominantly base metal, two surfaces	\$100
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces	\$100
D6606	Retainer inlay – cast noble metal, two surfaces	\$100
D6607	Retainer inlay – cast noble metal, three or more surfaces	\$100
D6608	Retainer onlay – porcelain/ceramic, two surfaces	\$100
D6609	Retainer onlay – porcelain/ceramic, three or more surfaces	\$100
D6610	Retainer onlay – cast high noble metal, two surfaces	\$100
D6611	Retainer onlay – cast high noble metal, three or more surfaces	\$100
D6612	Retainer onlay – cast predominantly base metal, two surfaces	\$100
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces	\$100
D6614	Retainer onlay – cast noble metal, two surfaces	\$100
D6615	Retainer onlay – cast noble metal, three or more surfaces	\$100
D6624	Retainer inlay – titanium	\$100
D6634	Retainer onlay – titanium	\$100
D6710	Retainer crown – indirect resin based composite	\$100
D6720	Retainer crown – resin with high noble metal	\$100
D6721	Retainer crown – resin with predominantly base metal	\$100

Code	Service	Your and Your Dependent's Co-Payment
D6722	Retainer crown – resin with noble metal	\$100
D6740	Retainer crown – porcelain/ceramic	\$100
D6750	Retainer crown – porcelain fused to high noble metal	\$100
D6751	Retainer crown – porcelain fused to predominantly base metal	\$100
D6752	Retainer crown – porcelain fused to noble metal	\$100
D6780	Retainer crown – $\frac{3}{4}$ cast high noble metal	\$100
D6781	Retainer crown – $\frac{3}{4}$ cast predominantly base metal	\$100
D6782	Retainer crown – $\frac{3}{4}$ cast noble metal	\$100
D6783	Retainer crown – $\frac{3}{4}$ porcelain/ceramic	\$100
D6790	Retainer crown – full cast high noble metal	\$100
D6791	Retainer crown – full cast predominantly base metal	\$100
D6792	Retainer crown – full cast noble metal	\$100
D6793	Provisional retainer crown – further treatment or completion of diagnosis necessary prior to final impression	\$30
D6794	Retainer crown – titanium	\$100
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.

D7111	Extraction, coronal remnants – deciduous tooth	\$0
D7140	Extraction, erupted tooth or exposed root (<i>elevation and/or forceps removal</i>)	\$0
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	\$15
D7220	Removal of impacted tooth – soft tissue	\$20
D7230	Removal of impacted tooth – partially bony	\$40
D7240	Removal of impacted tooth – completely bony	\$75
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$90
D7250	Surgical removal of residual tooth roots (<i>cutting procedure</i>)	\$5
D7251	Coronectomy – intentional partial tooth removal	\$75
D7260	Oroantral fistula closure	\$250
D7261	Primary closure of a sinus perforation	\$255
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$15
D7280	Surgical access of an unerupted tooth	\$15
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$15
D7283	Placement of device to facilitate eruption of impacted tooth	\$15
D7285	Incisional biopsy of oral tissue – hard (<i>bone, tooth</i>)	\$0
D7286	Incisional biopsy of oral tissue – soft	\$0
D7287	Exfoliative cytological sample collection	\$50

Code	Service	Your and Your Dependent's Co-Payment
D7288	Brush biopsy – transepithelial sample collection	\$50
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$30
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$0
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$0
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$0
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$0
D7340	Vestibuloplasty – ridge extension (<i>secondary epithelialization</i>)	\$350
D7350	Vestibuloplasty – ridge extension (<i>including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue</i>)	\$970
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$110
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$315
D7471	Removal of lateral exostosis (<i>maxilla or mandible</i>)	\$80
D7472	Removal of torus palatinus	\$15
D7473	Removal of torus mandibularis	\$15
D7485	Surgical reduction of osseous tuberosity	\$60
D7510	Incision and drainage of abscess – intraoral soft tissue	\$15
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (<i>includes drainage of multiple fascial spaces</i>)	\$15
D7520	Incision and drainage of abscess – extraoral soft tissue	\$15
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (<i>includes drainage of multiple fascial spaces</i>)	\$15
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$105
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$485
D7910	Suture of recent small wounds up to 5 cm	\$15
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
D7953	Bone replacement graft for ridge preservation – per site	\$100
D7960	Frenulectomy – aka frenectomy or frenotomy – separate procedure not incidental to another procedure	\$0

Code	Service	Your and Your Dependent's Co-Payment
D7963	Frenuloplasty	\$0
D7970	Excision of hyperplastic tissue – per arch	\$55
D7971	Excision of pericoronal gingiva	\$35
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	\$725
D8020	Limited orthodontic treatment of the transitional dentition	\$725
D8030	Limited orthodontic treatment of the adolescent dentition	\$725
D8040	Limited orthodontic treatment of the adult dentition	\$725
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,450
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,450
D8090	Comprehensive orthodontic treatment of the adult dentition	\$1,450
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$0
D8670	Periodic orthodontic treatment visit	\$0
D8680	Orthodontic retention (<i>removal of appliances, construction and placement of retainer(s)</i>)	\$250
D8681	Removable orthodontic retainer adjustment	\$0
D8693	Re-cement or re-bond fixed retainers	\$0
D8694	Repair of fixed retainers, includes reattachment	\$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	\$0
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 deep sedation or general anesthesia	\$0
D9223	Deep sedation/general anesthesia – each 15 minute increment	\$60
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$15
D9243	Intravenous moderate (<i>conscious</i>) sedation/analgesia – each 15 minute increment	\$60
D9248	Non-intravenous conscious sedation	\$15
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0
D9430	Office visit for observation (<i>during regularly scheduled hours</i>) – no other services performed	\$0
D9440	Office visit – after regularly scheduled hours	\$15

Code	Service	Your and Your Dependent's Co-Payment
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
D9630	Other drugs and/or medicaments, by report	\$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
D9940	Occlusal guard, by report	\$85
D9942	Repair and/or reline of occlusal guard	\$40
D9943	Occlusal guard adjustment	\$10
D9951	Occlusal adjustment – limited	\$0
D9952	Occlusal adjustment – complete	\$0
D9986	Missed appointment (<i>less than 24-hr notice</i>)	Not to exceed \$10
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. Specialty Care Dentists will accept the contracted fee for all Covered Services.
2. 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.
3. 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 and/or preventive resin restorations: 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. Interim Crowns/restorations are to be used for a period of at least two (2) months duration. These procedures are to be utilized 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 SafeGuard 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. Interim prostheses are to be used for a period of at least two (2) months duration. These procedures are to be utilized 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.
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 SafeGuard 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. Continuing Orthodontic treatment is available if You or Your Dependent qualify by enrolling within 30 days of the Effective Date for an eligible policyholder; You or Your Dependent had Orthodontic coverage under the policyholder's prior plan and were in active Orthodontic treatment, covered by that Plan, as of the Effective Date of this group contract. 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. The Continuing Orthodontic provision is not available:
 - thirty (30) days after this group contract's Effective Date;
 - to a person who enrolls after the group contract's Effective Date; or
 - to a person who is not in active Orthodontic treatment as of the Effective Date of this group contract.

Dental benefits: Exclusions

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 not covered.
2. Covered Services must be performed by Your Selected General Dental Office or a SafeGuard 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 SafeGuard are not Covered Services, without prior approval by SafeGuard 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*).
3. 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.
4. 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.
5. Orthognathic surgery.
6. 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.
7. Replacement of Dentures, Crowns, appliances or Bridgework that have been lost, stolen or damaged.
8. 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.
9. 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.
10. Dental services provided for or paid by a federal or state government agency or authority, political subdivision, or other public program other than Medicaid or Medicare.
11. Dental services required while serving in the armed forces of any country or international authority.
12. Dental services considered Experimental in nature.
13. Treatment required due to an accident from an external force, unless otherwise listed as Covered Service in this SCHEDULE OF BENEFITS.
14. 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.

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 language assistance or would like to inform SafeGuard of your preferred language, please contact SafeGuard at (800) 880-1800.

Como miembro de SafeGuard usted tiene derecho a recibir servicios gratuitos de asistencia en idiomas. Esto incluye servicios de interpretación y traducción. SafeGuard recaba la información sobre sus preferencias de idioma, raza, y etnia de manera que nos podamos comunicar eficazmente con nuestros afiliados. Si necesita asistencia en su idioma o quiere informarle a SafeGuard sobre su idioma de preferencia, comuníquese con SafeGuard al (800) 880-1800.

作為SafeGuard的會員，您有權獲得免費語言服務，包括口譯和筆譯。SafeGuard收集並保存有關您的語言選擇、人種和族裔方面的資料，以便我們更有效地與會員溝通。如果您需要語言方面的協助，或希望將您選擇的語言告訴SafeGuard，可通過電話或網站與SafeGuard聯絡，電話是(800) 880-1800。



Benefits Provided by SafeGuard Health Plans, Inc., a MetLife company
200 Park Avenue, New York, New York 10166-0188

COMBINED EVIDENCE OF COVERAGE AND DISCLOSURE STATEMENT

SafeGuard Health Plans, Inc. ("SafeGuard"), a MetLife company, 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 SafeGuard and Your Organization and may be changed or ended without Your consent or notice to You.

THIS EVIDENCE OF COVERAGE ONLY DESCRIBES DENTAL BENEFITS.

REVIEW THIS CERTIFICATE CAREFULLY. IF YOU ARE 65 OR OLDER ON YOUR EFFECTIVE DATE OF THIS CERTIFICATE, YOU MAY RETURN IT TO US WITHIN 30 DAYS FROM THE DATE YOU RECEIVE IT AND WE WILL REFUND ANY PREMIUM YOU PAID. IN THIS CASE, THIS CERTIFICATE WILL BE CONSIDERED TO NEVER HAVE BEEN ISSUED.

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(S) NOTICE(S) CAREFULLY.

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Sample

NOTICE FOR RESIDENTS OF CALIFORNIA

This evidence of coverage provides a detailed summary of how your SafeGuard dental contract operates, Your entitlements, and the contract's restrictions and limitations. **This combined evidence of coverage and disclosure statement constitutes only a summary of the contract. The contract must be consulted to determine the exact terms and conditions of coverage.** If You have special health care needs, You should read carefully those sections that apply to You. You may obtain a copy of the contract by requesting it from the Organization, or by writing to SafeGuard Health Plans, Inc., Attn: Legal Department, 5 Park Plaza, Suite 1850, Irvine, CA, 92614-2533, or by calling (800) 880-1800.

This evidence of coverage and disclosure statement is subject to Chapter 2.2 of Division 2 of the California Health and Safety Code (commonly referred to as the Knox-Keene Act) and the regulations issued thereto by the Department of Managed Health Care. Should either the law or the regulations be amended, such amendments shall automatically be deemed to be a part of this document and shall take precedence over any inconsistent provision of this contract. Any provision required to be in this evidence of coverage and disclosure statement by either law or the regulation shall automatically bind SafeGuard.

Pursuant to Section 1365(b) of the Knox-Keene Health Care Service Plan Act of 1975, as amended, an enrollee or subscriber who alleges that his or her enrollment has been canceled or not renewed because of his or her health status or requirements for health care services may request a review by the Director of California Department of Managed Health Care. If the Director determines that a proper complaint exists, the Director shall notify SafeGuard. Within 15 days after receipt of such notice, SafeGuard shall either request a hearing or reinstate the enrollee or subscriber. If, after hearing, the Director determines that the cancellation or failure to renew is improper, the Director shall order SafeGuard to reinstate the enrollee or subscriber. A reinstatement pursuant to this provision shall be retroactive to the time of cancellation or failure to renew and SafeGuard shall be liable for the expenses incurred by the subscriber or enrollee for covered health care services from the date of cancellation or non-renewal to and including the date of reinstatement.

Confidentiality of Dental Records

A STATEMENT DESCRIBING SAFEGUARD'S POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF DENTAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

Organ Donation

Donating organs and tissues provides many societal benefits. Organ and tissue donation allows recipients of transplants to go on to lead fuller and more meaningful lives. Currently, the need for organ transplants far exceeds availability. If You are interested in organ donation, please speak with Your physician. Organ donation begins at the hospital when a person is pronounced brain dead and is identified as a potential organ donor. An organ procurement group will become involved to coordinate the activities.

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.

作為**SafeGuard**的會員，您有權獲得免費語言服務，包括口譯和筆譯。**SafeGuard**收集並保存有關您的語言選擇、人種和族裔方面的資料，以便我們更有效地與會員溝通。如果您需要語言方面的協助，或希望將您選擇的語言告訴**SafeGuard**，可通過電話或網站與**SafeGuard**聯絡，電話是**(800) 880-1800**。

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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 SafeGuard and Your Organization, SafeGuard will not decrease any benefits, increase any Co-Payment, or the Prepayment Fee, or change any exclusion or limitation, except after at least 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. Please also review the DENTAL BENEFITS section of this evidence of coverage for more details.
 - Your Selected General Dentist must follow the rules and limitations set up by SafeGuard and conduct his or her professional relationship with You within the guidelines established by SafeGuard. If SafeGuard's relationship with Your Selected General Dentist ends, Your Selected General Dentist must complete any and all treatment in progress. SafeGuard 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 SafeGuard to obtain copies of your dental records, if necessary.
- You may request a response from SafeGuard 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. SafeGuard will facilitate second opinions and will permit You to change Your Selected General Dental Office; however, SafeGuard will not interfere with the dentist-patient relationship and cannot require a particular dentist to perform particular services.
- You should 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 SafeGuard, You are responsible for prompt payment of the remaining part of the Selected General Dentist's charge.

- You should notify SafeGuard of changes in family status. If You do not, SafeGuard 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 SafeGuard's Peer Review Committee and Public Policy Committees. The Selected General Dentist shall be solely responsible to You or Your dependent, without interference from SafeGuard 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 SafeGuard 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.

SafeGuard 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, SafeGuard 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 group contract.

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

SafeGuard's service area is the geographic region in the state of California where SafeGuard is authorized by the California Department of Managed Health Care to provide Covered Services to Members and in which SafeGuard has a panel of Selected General Dentists and Specialty Care Dentists who have agreed to provide care to SafeGuard members. To enroll in the SafeGuard plan, You and Your dependents 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, SafeGuard defines eligible dependents as:

- Your lawful Spouse or domestic partner;
- Your children or grandchildren up to age 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; and
- Other dependents if Your Organization provides benefits for these dependents.

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

WHEN COVERAGE BEGINS

Coverage for You and Your enrolled dependents will begin on the date determined by Your Organization. Newborn children are covered the day of birth as long as You are enrolled; legally adopted children, foster children and stepchildren are covered the first day of the month following placement as long as SafeGuard is notified within ninety (90) days.

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

Adopted child are covered from the earlier of the moment the child is placed in Your residence, and the child's birth, if You have entered into a written agreement to adopt the child prior to its birth. Newborn children are covered the first day of the month following the date of birth, and foster children and stepchildren are covered the first day of the month following placement as long as Your Organization is notified within 90 days and any Prepayment Fee 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, SafeGuard 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](http://www.metlife.com/mybenefits) or by calling (800) 880-1800.

Facilities

You may obtain a list of SafeGuard's Selected General Dental Offices and their hours of availability by calling SafeGuard at (800) 880-1800. A list of SafeGuard's participating General Dental Offices can be found in its Directory of Participating Providers or online at [www.metlife.com\mybenefits](http://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 SafeGuard and its providers state that, in the event SafeGuard fails to pay the provider, You shall not be liable to the provider for any sums owed by SafeGuard. Selected General Dental Offices will collect all applicable co-payments from you directly at the time of service and then bill SafeGuard 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 SafeGuard 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 SafeGuard 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.

Prepayment Fee

Your Organization prepays Us for Your and Your dependent's coverage. If You are responsible for any portion of this Prepayment Fee, Your Organization will advise You of the amount and how it is to be paid. Please refer to the Co-Payment section, below, for information relating to Your Co-Payments under this group contract. The Prepayment Fee is not the same as a Co-Payment.

The exact Prepayment Fee is contained in the group contract between Us and Your Organization. You may obtain a copy of the group contract from Your Organization, or by writing to SafeGuard Health Plans, Inc., Attn: Legal Department, 5 Park Plaza, Suite 1850, Irvine, CA 92614-2533, or by calling (800) 880-1800.

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 a fixed percentage of the Maximum Allowed Charge of the Covered Services performed by Your Selected General Dentist for which We are not responsible, as shown in the Schedule of Benefits. 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 dependent 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.

Non-Covered Services

IMPORTANT: If you opt to receive dental services that are not covered services under this plan, a participating dental provider may charge you his or her usual and customary rate for those services. Prior to providing a patient with dental services that are not a covered benefit, the dentist should provide to the patient a treatment plan that includes each anticipated service to be provided and the estimated cost of each service. If you would like more information about dental coverage options, you may call member services at (800) 880-1800 or your insurance broker. To fully understand your coverage, you may wish to carefully review this evidence of coverage.

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 SafeGuard 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:

SafeGuard
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, ID number of the person who received treatment, 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 coverage may be cancelled for any reason, after not less than sixty (60) days Written notice by either SafeGuard or Your Organization.

Your coverage may be cancelled after not less than thirty (30) 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 SafeGuard 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.

Your coverage may be cancelled immediately:

- Subject to any continuation of coverage and conversion privilege provisions, if applicable, if You do not meet eligibility requirements other than the requirements that You live, work or reside in the Service Area.
- Upon termination of the group contract between SafeGuard and Your Organization, if expired and not renewed.

If Your Organization fails to pay the Prepayment Fees through and including the final month of the group contract, all coverage may be terminated at the end of the group contract's grace period, and You may be responsible for the usual and customary fees for any services received from Your Selected General Dentist or Specialty Care Dentist during the period the Prepayment Fees went unpaid, including the group contract's grace period.

If You terminate from the plan while the contract between SafeGuard 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.

Your and Your dependents' enrollment will be cancelled as of the last day for which Prepayment Fees have been received, subject to compliance with notice requirements.

In the event Your and Your dependents' enrollment is cancelled, SafeGuard 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 SafeGuard 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 Covered Services, Co-payments or Your contribution to the Prepayment Fees 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 SafeGuard 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.

A Member who alleges that his or her enrollment has been cancelled or not renewed because of his or her health status or requirements for health care services may request a review by the Director of the California Department of Managed Health Care. If the Director determines that a proper complaint exists, the Director shall notify SafeGuard. Within fifteen (15) days after receipt of such notice, SafeGuard shall either request a hearing or reinstate the person as a Member. If, after the hearing, the Director determines that the cancellation or failure to renew is improper, the Director shall order SafeGuard to reinstate the person as a Member. A reinstatement pursuant to this provision shall be retroactive to the time of cancellation or failure to renew and SafeGuard shall be liable for the expenses incurred by the subscriber or enrollee for covered health care services from the date of cancellation or non-renewal to and including the date of reinstatement.

Disenrollment

You may disenroll from the plan at the end of the term of the group contract. Please contact Your Organization for more information.

CONTINUITY OF CARE

Current Members

If You are a current Member of SafeGuard, You may be eligible to temporarily continue receiving Covered Services for You and/or Your dependents from a former Selected General Dentist Office or Specialty Care Dentist whose contract with SafeGuard is terminated (a "Terminated Provider") for treatment of certain specified dental conditions. Please call SafeGuard at (800) 880-1800 to see if You are eligible for this benefit. You may request a copy of SafeGuard's Continuity of Care Policy from SafeGuard. You must make a specific request to continue under the care of a Terminated Provider. SafeGuard is not required to continue Your care with Your Terminated Provider if You are not eligible under SafeGuard's Continuity of Care Policy or if SafeGuard cannot reach agreement with the Terminated Provider on the terms regarding Your and/or Your dependents' care in accordance with California law.

New Members

If You are a new Member of SafeGuard, You may be eligible to temporarily continue receiving Covered Services for You and Your dependents from an Out-of-Network Dentist for treatment of certain specified conditions if the services were being provided by an Out-of-Network Dentist at the time the Your coverage becomes effective. Please call SafeGuard at (800) 880-1800 to see if You may be eligible for this benefit. You may request a copy of SafeGuard's Continuity of Care Policy from SafeGuard. You must make a specific request to continue under the care of the Out-of-Network Dentist. SafeGuard is not required to continue care with the Out-of-Network Dentist if You are not eligible under SafeGuard's Continuity of Care Policy or if SafeGuard cannot reach an agreement with the Out-of-Network Dentist on the terms regarding Your for You and Your dependents care in accordance with California law.

DENTAL BENEFITS: INQUIRIES AND GRIEVANCE PROCEDURES

Routine Questions About Dental Benefits

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

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:

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

You may also file a Written grievance via our website at www.metlife.com/mybenefits. Please click on Members, then "Forms to Print," and then "Grievance Forms".

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

- Your name,
- Name of the Plan,
- Identification Number of the person You are Writing about; and
- Facility (or Selected General Dental Office) name and number.

We agree to investigate and try to resolve complaints received. We will confirm receipt of Your complaint in writing within five (5) calendar days of receipt. We will resolve the complaint and communicate the resolution in writing within thirty (30) calendar days. A grievance must be filed within one hundred and eighty (180) days of the occurrence or incident that is the subject of the grievance.

If Your grievance involves an imminent and serious threat to Your health, including but not limited to severe pain, potential loss of life, limb or major bodily function, You or Your provider may request an expedited review, and if Your grievance qualifies as an urgent grievance, We will process Your grievance within three (3) calendar days from receipt of Your request. You are not required to file a grievance with SafeGuard before asking the California Department of Managed Health Care ("Department") to review Your case on an expedited basis. The Department may be contacted at **(1-888-HMO-2219)**, TDD line **(1-877-688-9891)** for the hearing and speech impaired, or <http://www.hmohelp.ca.gov>.

The California Department of Managed Health Care ("Department") is responsible for regulating health care service plans. If You have a grievance against Your health plan, You should first telephone Your health plan at (800) 880-1800 and use Your health plan's grievance process before contacting the Department. Using this grievance procedure does not prohibit any potential legal rights or remedies that may be available to You. If You need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by Your health plan, or a grievance that has remained unresolved for more than sixty (60) days, You may call the Department for assistance. You may also be eligible for an Independent Medical Review ("IMR"). If You are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The Department also has a toll-free telephone number **(1-888-HMO-2219)** and a TDD line **(1-**

877-688-9891) for the hearing and speech impaired. The Department's Internet Web Site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.

Arbitration

Each and every disagreement, dispute or controversy which remains unresolved concerning the construction, interpretation, performance or breach of this contract, or the provision of dental services under this contract after exhausting SafeGuard's complaint procedures, arising between the Organization, a Member or the heir-at-law or personal representative of such person, as the case may be, and SafeGuard, its employees, officers or directors, or Selected General Dentist or their dental groups, partners, agents, or employees, may be voluntarily submitted to arbitration in accordance with the American Arbitration Association rules and regulations, whether such dispute involves a claim in tort, contract or otherwise. This includes, without limitation, all disputes as to professional liability or malpractice, that is as to whether any dental services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered. It also includes, without limitation, any act or omission which occurs during the term of this contract but which gives rise to a claim after the termination of this contract. Arbitration shall be initiated by Written notice to SafeGuard at 5 Park Plaza, Suite 1850, Irvine, CA, 92614-2533.

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.

Third Party Liability

If benefits covered by the group contract or evidence of coverage are provided to treat an injury or illness caused by the wrongful act or omission of another person or third party, provided that You are made whole for all other damages resulting from the wrongful act or omission before SafeGuard is entitled to reimbursement. You shall:

- Reimburse SafeGuard for the reasonable cost of services paid by SafeGuard to the extent permitted under California Civil Code section 3040 immediately upon collection of damages by You, whether by action or law, settlement or otherwise; and
- Fully cooperate with SafeGuard's effectuation of its lien rights for the reasonable value of services provided by SafeGuard to the extent permitted under California Civil Code section 3040. SafeGuard's lien may be filed with the person whose act caused the injuries, his or her agent, or the court.

SafeGuard shall be entitled to payment, reimbursement, and subrogation in third party recoveries and You shall cooperate to fully and completely effectuate and protect the rights of SafeGuard, including prompt notification of a case involving possible recovery from a third party.

Assignment of Benefits

By accepting coverage under the group contract, You agree to cooperate in protecting the interest of SafeGuard under this provision and to execute and deliver to SafeGuard or its nominee any and all assignments or other documents which may be necessary or proper to fully and completely effectuate and protect the rights of SafeGuard or its nominee. You also agree to fully cooperate with SafeGuard and not take any action that would prejudice the rights of SafeGuard under this provision.

INDIVIDUAL CONTINUATION OF DENTAL BENEFITS WITH PAYMENT OF THE PREPAYMENT FEE

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.

Subject to the TERMINATION OF BENEFITS section, 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 Organization for information regarding the FMLA.

At The Organization's Option

Your Organization may elect to continue benefits by paying the Prepayment Fee for any of the reasons specified below. Please check with Your Organization if You have questions regarding continuation. If Your benefits are continued, benefits for Your dependents may also be continued. You will be notified by Your Organization how much You will be required to contribute.

1. For the period You are laid off, up to two (2) months.
2. For the period You are not at work due to injury or sickness, up to nine (9) months.
3. For the period You are not at work due to any other Organization 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 return to work within these time periods, Your coverage will continue under the group contract;
- if You do not return to work within these time periods, Your employment will be considered to end and Your benefits will end.

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

COBRA CONTINUATION FOR DENTAL BENEFITS

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

If Dental Benefits for You or a dependent end, 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.

Cal-Cobra Continuation For Dental Benefits

If dental benefits for You or a dependent ends, You or Your dependent may qualify for continuation of such benefits under Cal-Cobra, section 1366.20 of the California Health and Safety Code.

Events that Allow Continuation, and Length of Continuation

You and Your dependent may continue dental benefits under this plan for a period of up to thirty-six (36) months, if Your dental benefits would otherwise end because:

1. Your employment ends for any reason other than Your gross misconduct, or
2. Your hours worked are reduced.

Your Organization must notify us of Your termination or reduction of hours within thirty-one (31) days after Your termination or reduction of hours.

Your dependent may continue coverage under this plan for up to thirty-six (36) months if Your dependent's dental benefits would otherwise end because of:

1. Your divorce,
2. Your legal separation,
3. Your death or
4. Your becoming eligible for Medicare.

Also, Your dependent child may continue coverage under this plan for up to thirty-six (36) months if such child's benefits would otherwise end because that child no longer qualifies as a dependent under the terms of this plan.

New Dependents

During the continuation period, a child of Yours that is:

1. born;
2. adopted by You; or
3. placed with You for adoption;

will be treated as if the child were a dependent at the time benefits were lost due to an event described above. To obtain benefits for the child, You must enroll the child for coverage within thirty (30) days of birth, adoption or placement for adoption.

Termination of Coverage

With respect to each person who continues benefits, the continued benefits will end on the earliest of:

1. the end of the thirty-six (36) month continuation period;
2. the date of expiration of the last period for which the required payment was made;
3. the date this plan or coverage for Your class is cancelled;
4. the date the person becomes entitled to Medicare;
5. the date the person becomes covered by another group benefit plan that does not have an exclusion or limitation for preexisting conditions that applies to the person;
6. the date the person becomes covered or could become covered by Federal Cobra (Section 4980B of the United States Internal Revenue Code);
7. the date the person becomes covered or could become covered under a plan governed by Chapter 6A of the Public Health Service Act, 42 U.S.C. Section 300bb-1 et seq., relating to Requirements for Certain Group Health Plans for Certain State and Local Employees;
8. The first day of the first month that begins more than thirty-one (31) days after the date of final determination under Title I or Title XVI of the Social Security Act that the person is no longer disabled.

Notice and Election of Coverage

When You or Your dependents become entitled to continue benefits under the plan because of:

1. Your termination or
2. Your reduction of hours worked,

We will send You, at Your last known address, the necessary Prepayment Fee information and enrollment forms and disclosures within fourteen (14) days. You or Your dependents, will then have sixty (60) days to elect to continue benefits from the latest of:

1. the date of the event that gives a right to continue coverage;

2. the date You are given notice of a right to continue coverage; and
3. the date coverage under this plan ends.

When You or Your dependents become entitled to continue benefits under the plan because of:

1. Your or Your dependent's receipt of determination of disability under the terms of the Social Security Act;
2. Your dependent child's ceasing to qualify as a dependent under this plan;
3. Your divorce;
4. Your legal separation;
5. Your death; or
6. Your becoming eligible for Medicare;

You or Your dependent must notify us within sixty (60) days. If We do not receive notice within sixty (60) days, the person or persons who would otherwise have been entitled to continued benefits will be disqualified from having dental benefits continued. You or Your dependent's notice and request for continued benefits must be in Writing and delivered to Us by first class mail or other reliable means of delivery including personal delivery, express mail, or private courier company.

Cost of Continued Coverage

Any person who elects to continue coverage under the plan must pay not more than one-hundred and ten percent (110%) of the full cost of that benefits (including both the share You now pay and the share Your Organization now pays).

Payment of the Prepayment Fees

The first Prepayment Fee must be paid within forty-five (45) days of Your election to continue benefits. Your first payment of the Prepayment Fee must be sufficient to pay all required Prepayment Fees and all Prepayment Fees due. The Prepayment Fee payment must be sent to Us by first class mail, certified mail or other reliable means of delivery, including personal delivery, express mail or private courier company. After the first Prepayment Fee payment, Your payments for continued coverage must be made on the first day of each month in advance. Failure to submit the correct Prepayment Fee amount within the forty-five (45) day period will disqualify the person(s) to whom the Prepayment Fee relates from receiving continuation coverage.

Exceptions

This right to continue coverage under this plan does not apply:

1. to a person who is not a resident of California;
2. to a person who is covered by or eligible to be covered by Medicare;
3. to a person who is covered or who becomes covered by another group benefit plan that does not have an exclusion or limitation for preexisting conditions that applies to the person;
4. to a person who is covered, becomes covered, or could become covered by Federal Cobra (Section 4980B of the United States Internal Revenue Code);
5. to a person who is covered, becomes covered, or could become covered under a plan governed by Chapter 6A of the Public Health Service Act, 42 U.S.C. Section 300bb-1 et seq., relating to Requirements for Certain Group Health Plans for Certain State and Local Employees;
6. to a person who fails to meet any one or more of the time limits set forth above for notice and election of coverage;
7. to a person who fails to submit the correct Prepayment Fee when or before it is due;
8. if at the time coverage under this plan ends Your Organization has twenty (20) or more employees; or
9. if Your Organization fails to notify Us of Your termination or reduction in hours within thirty-one (31) days.

Continuation under a New Plan

Your Organization must notify each person who has continued benefits under this plan if this plan ends for any reason and is replaced by Your Organization with a new group plan. The notice must be given thirty (30) days before this plan ends. The notice will be sent to the last known address of the person who has continued coverage under this plan. If this plan ends, continued benefits under this plan will end. A person who has continued benefits under this plan may then elect similar coverage under Your Organization's new group plan, if any, for the balance of the period that the person would have remained covered under this plan. Continued benefits will end for that person if the person does not, within thirty (30) days of receiving notice that this plan has ended, enroll in the new plan and pay any required contribution to the cost of the new plan. Your Organization will provide benefit and contribution information, enrollment forms and instructions for enrolling in the new plan. This information will be sent to the last known address of the person who has a right to continue benefits. If Your Organization or any successor Organization or purchaser of Your Organization ceases to provide a similar group benefit plan to active employees, the right to continue benefits ends.

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 Schedules of Benefits;
2. Your Organization's 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.

Public Policy Committee

The Public Policy Committee ("Committee") provides Our clients with the opportunity to participate in the review of quality improvement activities. Representatives of group contractholders, Selected General Dentists and Specialty Care Dentists, and Our employees, meet quarterly to discuss quality improvement activities and policies. If You are interested in being a representative to the Committee meeting, please contact Us at (800) 880-1800 and ask for the Director of Quality Management.

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.

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 or a fixed percentage of the Maximum Allowed Charge of the Covered Services performed by Your Selected General Dentist, for which We are not responsible, as shown in the Schedule of Benefits. 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 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, of the same or opposite sex, one of whom is an employee of Your Organization, who represent themselves publicly as each other's domestic partner and have:

- registered as domestic partners 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 establish that:

- each person is 18 years of age or older;
- neither person is married;
- neither person has had another domestic partner within 6 months prior to the date they enrolled for insurance for the Domestic Partner under the Group Policy;
- they have shared the same residence for at least 6 months prior to the date they enrolled for insurance for the Domestic Partner under the Group Policy;
- 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 6 months prior to the date they enrolled for insurance for the Domestic Partner under the Group Policy, and such commitment is expected to last indefinitely; and
- 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 declaration and determine whether to accept the request to insure the Domestic Partner.

Your Organization will inform the employee of its decision.

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. These procedures are 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.

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.

Member means an individual enrolled in the Safeguard dental plan.

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.

Organization means an employer or other entity that has contracted with Us to arrange for the provision of dental care benefits.

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, such as gums and underlying bone.

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

Prepayment Fee means the monthly fee paid to Us by Your Organization. The prepayment fee 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 tartar 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).

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

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

Service Area means the geographical area in which SafeGuard has a panel of Selected General Dentists and Specialty Care Dentists who have agreed to provide care to SafeGuard customers. To enroll in the SafeGuard 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.

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 75% of the Dentist's Reasonable and Customary Charge.

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

We, Us and Our mean SafeGuard Health Plans, Inc.

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

Year or Yearly means the 12 month period that begins January 1.

You and Your mean a person, other than a dependent, who is covered under the group contract for the dental benefits described in this evidence of coverage.



Our Privacy Notice

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

Plan Sponsors and Group Insurance Contract Holders

This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, or group insurance or annuity contract. In this notice, "you" refers to these individuals.

Protecting Your Information

We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

Collecting Your Information

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

How We Get Your Information

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

Using Your Information

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

- administer your products and services
- process claims and other transactions
- perform business research
- confirm or correct your information
- market new products to you
- help us run our business
- comply with applicable laws

Sharing Your Information With Others

We may share your personal information without your consent if permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

- doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
- telling another company what we know about you if we are selling or merging any part of our business
- giving information to a governmental agency so it can decide if you are eligible for public benefits

- giving your information to someone with a legal interest in your assets (for example, a creditor with a lien on your account)
- giving your information to your health care provider
- having a peer review organization evaluate your information, if you have health coverage with us
- those listed in our “Using Your Information” section above

HIPAA

We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. The Health Insurance Portability and Accountability Act (“HIPAA”) protects your information if you request or purchase dental, vision, long-term care and/or medical insurance from us. HIPAA limits our ability to use and disclose the information that we obtain as a result of your request or purchase of insurance. Information about your rights under HIPAA will be provided to you with any dental, vision, long-term care or medical coverage issued to you.

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

Accessing and Correcting Your Information

You may ask us for a copy of the personal information we have about you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you anything we learned as part of a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing, and we will include your statement whenever we give your disputed information to anyone outside MetLife.

Questions

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

Send privacy questions to:

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

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

Metropolitan Life Insurance Company
MetLife Insurance Company USA
SafeGuard Health Plans, Inc.

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

We're Here to Help

Why Having the Right Dental Coverage is Good for Your Health.

Maybe you have good oral health now, but have you considered how unexpected dental problems can affect you or your family members? Although much emphasis has been put on healthy living these days, you may not have thought to include your mouth as part of your health regimen. The fact is, more and more studies are finding links between your oral health and your overall health.

When you consider how dental problems can affect people of all ages — and how costly they can be to treat — you may want to carefully consider whether you have the right dental coverage.

Want to know if you or your family is at risk for dental disease?

Visit the dental education website at www.metlife.com/mybenefits important tools and resources to help you become more informed about dental care. The site contains Risk Assessment Guides and information on many oral health topics.

Finding a participating dentist

To locate a participating dentist, visit www.metlife.com/mybenefits where the most current information may be found.

- Click on “Find a Dentist”
- Select “Dental HMO/Managed Care” for the Network Type
- Complete all required information (Please refer to the Schedule of Benefits for the plan name)

If your current dentist does not participate in the network, we will be happy to accept your nomination¹. Just call Customer Service or submit your nomination conveniently online 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 the dental network.

Did You Know?

Dental care is an important part of maintaining your overall health, and insurance can help reduce the skyrocketing price of services. It can protect against unexpected expenses, and reduce preventive care to low or no cost.

Online Registration Overview: www.metlife.com/mybenefits

The MetLife website provides you with a personalized, integrated and secure view of your dental benefits plan. You can take advantage of self-service capabilities such as:

- View your Schedule of Benefits and check the covered percentage for each covered service
- Locate a participating dentist
- Change dentist facility for you and your enrolled dependents
- Print ID cards
- Access oral health education

Simply go to www.metlife.com/mybenefits, and follow the easy registration instructions.

Dental Identification Cards

Your ID cards will be mailed to you after receipt of your enrollment information. Please note that you are not required to show an ID card to your dentist as proof of coverage. Just call your selected participating dentist to schedule an appointment any time after your effective date. If this is the first time you are visiting your selected dentist, your first appointment may include an exam and a treatment plan.

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.

Still have questions?

Call 1-800-880-1800 or visit www.metlife.com/mybenefits.

¹ Due to contractual requirements, MetLife is prevented from soliciting certain providers.

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 benefits programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your MetLife group representative for costs and complete details.

L0716470997[exp0917][CA,FL,NJ,NY,TX]
Metropolitan Life Insurance Company, New York, NY

ENROLLMENT FORM FOR GROUP DHMO BENEFITS

Please print clearly when completing the Enrollment Form and return it to your Benefits Coordinator. Choose a Selected 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, SafeGuard 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 SafeGuard 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 SafeGuard and/or any designated agent or representative for the purposes of dental treatment, care and for SafeGuard'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 benefits or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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.)



Our Privacy Notice

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

Plan Sponsors and Group Insurance Contract Holders

This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, or group insurance or annuity contract. In this notice, "you" refers to these individuals.

Protecting Your Information

We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

Collecting Your Information

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

How We Get Your Information

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

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

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

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

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

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

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

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

Using Your Information

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

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

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

Sharing Your Information With Others

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

Other reasons we may share your information include:

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

HIPAA

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

You may obtain a copy of our HIPAA Privacy Notice by visiting our website at www.MetLife.com. For additional information about your rights under HIPAA; or to have a HIPAA Privacy Notice mailed to you, contact us at HIPAAprivacyAmericasUS@metlife.com, or call us at telephone number (212) 578-0299.

Accessing and Correcting Your Information

You may ask us for a copy of the personal information we have about you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you anything we learned as part of a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing, and we will include your statement whenever we give your disputed information to anyone outside MetLife.

Questions

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

Send privacy questions to:

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

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

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

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

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。

Sample

Sample



MetLife

“Don't Forget to
Take the Time
to Review Your
Benefits!”



MetLife

Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166
www.metlife.com

INSTRUCTIONS

Please Review These Instructions Before Submitting Claim.

1. FRAUD WARNINGS

Before completing this form, please read the following fraud warning for the state where you reside and for the state where the insurance policy under which you are claiming a benefit was issued.

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, Minnesota, New Mexico, Ohio, Rhode Island, and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware, Idaho, Indiana, and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Florida: A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

Maine, Tennessee, Virginia, and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York: 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.

Oregon and Vermont: Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a 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 subjects such person to criminal and civil penalties.

INSTRUCTIONS (continued)

2. CLAIM SUBMISSION INFORMATION

Information for Employee

1. Complete your section of the claim form (items 1 through 21) in full to assure positive identification and prompt payment. Please print or type.
Note: Item 8 (ID Number) must be completed for the claim to be processed.
2. **Patient Consent.** By signing item 20, the patient (or parent or other authorized representative) consents to the use and disclosure of information relating to the services provided by the dentist or health care professional for the purpose of treatment, payment, or health care operations, including submission of a claim for dental benefits to a provider or administrator of dental benefit plans. This consent will be valid for as long as the patient is entitled to coverage under a dental plan. You are entitled to a copy of this consent. This consent may be revoked in writing delivered to your dentist or health care professional, but such revocation will not affect any action taken in reliance on this consent prior to revocation. Upon receipt of revocation or refusal to sign a consent, your dentist or health care professional may decline to provide or continue treatment. If this consent is signed by the authorized representative of the patient, the relationship of the authorized representative must be provided in item 20.
3. You must sign the claim form in item 21.
4. You can arrange for MetLife to make payment directly to the dentist by completing item 22. If you wish benefits to be paid directly to yourself, do not complete item 22. In either case, a statement of benefits paid will be sent to you.
5. If total charges for the planned course of treatment are expected to be \$300 or more, the form should be completed and submitted to MetLife prior to the commencement of the course of treatment for a pretreatment estimate of benefits. MetLife will notify you of your benefits payable.
(If you wish, a pretreatment estimate may be requested for anticipated dental expenses of less than \$300.)
6. If total charges for the planned course of treatment will be less than \$300, the claim form should be completed when treatment is completed and mailed or faxed to the address or fax number shown below.

Dental Coverage is subject to specific limitations and exclusions. Please refer to your booklet for a description of covered services, schedule of benefits payable, limitations and exclusions.

Information for Attending Dentist

1. Benefits are payable in accordance with four Classes of Services. It is, therefore, important that a separate fee is indicated for each item of service performed.
2. If total charges for a course of treatment are expected to be \$300 or more, check the box noted "Pretreatment Estimate" and complete items 23 through 42. The completed claim form should be sent to the address shown below prior to the commencement of the course of treatment. MetLife will review the claim (and any supplementary information required) and notify your patient of the benefits payable.
3. If the address where treatment was performed is different from the mailing address in item 24, complete item 43.
4. Generally, we do not request x-rays where standard filling materials are used. Pre-operative x-rays are requested only in connection with prosthetics, fixed bridgework, or cast restorations. Occasionally, we may request x-rays that relate to other dental services.
In an effort to reduce your costs and inconvenience, we request your cooperation in submitting x-rays only in the above-mentioned circumstances or when specifically requested. This will also enable us to expedite the processing of a pretreatment estimate.
5. If authorized by the employee, benefit payments will be made directly to you.

Detach and submit the completed Dental Expense Claim Form to:

MetLife Dental Claims
P.O. Box 981282
El Paso, TX 79998-1282

Dentists' telephone: 1-877-638-3379

Fax: 1-859-389-6505

If you are submitting a claim, please complete and detach the first page only and mail it to the above address or fax it to the number indicated. If you are requesting that the form be translated into Spanish or Chinese, please visit our website, www.metlife.com, and download the applicable claim form from our Dental Insurance Center. Or you may mail the entire four (4) pages of this form to the address shown on page 4.

**CALIFORNIA HEALTHCARE LANGUAGE ASSISTANCE PROGRAM
NOTICE TO INSURED**

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card, if any, or 1-800-942-0854. For more help call the CA Dept. of Insurance at 1-800-927-4357.

To receive a copy of the attached MetLife document translated into Spanish or Chinese, please mark the box by the requested language statement below, and mail the document with this form to:

Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512

Please indicate to whom and where the translated document is to be sent.

- ☐ Servicio de Idiomas Sin Costo. Puede obtener la ayuda de un intérprete. Se le pueden leer documentos y enviar algunos en español. Para recibir ayuda, llámenos al número que aparece en su tarjeta de identificación, si tiene una, o al 1-800-942-0854. Para recibir ayuda adicional llame al Departamento de Seguros de California al 1-800-927-4357.

Para recibir una copia del documento adjunto de MetLife traducido al español, marque la casilla correspondiente a esta oración, y envíe por correo el documento junto con este formulario a:

Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512

Por favor, indique a quién y a dónde debe enviarse el documento traducido.

NOMBRE _____

DIRECCIÓN _____

- ☐ 免費語言服務。您可獲得免費口譯服務。您可要求翻譯員向您口譯文件，或可要求向您發回文件的中文譯本。如需協助，請致電您的ID卡上所示號碼（如有），或 1-800-942-0854。如需更多協助，請致電加州保險部熱線1-800-927-4357。

為收取隨附MetLife文件的中文譯本，請勾選此陳述前的方框，並將文件連同此表一併郵寄至：

Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512

請指明經翻譯文件收件人的姓名及地址。

姓名 _____

地址 _____

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

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

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

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

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

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

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

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

لا تتوفر خدمات ترجمة بتكلفة. يمكنك الاتصال بمترجم والحصول على خدمة قراءة المستندات باللغة العربية. للمساعدة، اتصل بنا على الرقم الموجود على بطاقة التعريف الخاصة بك، أو اتصل بالرقم 1-800-942-0854. ولمزيد من المساعدة، اتصل بقسم التأمينات التابع لـ CA على الرقم 1-800-927-4357. **سرویس های ترجمه رایگان.** شما می توانید مترجم و اسنادی را به زبان فارسی برای مطالعه دریافت کنید. برای راهنمایی، از طریق شماره درج شده در کارت شناسایی خود (در صورت وجود) یا شماره 1-800-942-0854 یا ما تماس بگیرید. برای راهنمایی بیشتر با بخش بیمه کالیفرنیا 1-800-927-4357 تماس بگیرید. **بلا معاوضه مترجم دی خدمات مل سکدی اے۔** تسی ایک مترجم دی خدمات حاصل کرسکدے او جو توڈے واسطے دستاویزات پنجابی وچ پڈ سکدا اے۔ مدد واسطے ایڑیں آئی ڈی کارڈ، گربوتو، دے وچ نمبر یا 1-800-942-0854 پہ کال کرو۔ آگے مزید مدد واسطے اے نمبر 1-800-927-4357 پہ سی اے ڈیپارٹمنٹ برائے انشورنس نال کال کرو۔



SAMPLE MDP Welcome Letter and ID Card



IN-2 |0.6|

*****AUTO**SCH 3-DIGIT 900



Susan Hunt
1650 Prudential Drive
Ste. 300
Beverly Hills, CA 90212-0001

Thank you for selecting SafeGuard, part of the MetLife family of companies, as the provider of your dental benefits. This dental benefit plan offers you valuable coverage to help you and your family maintain good oral health.

Your selected dentist information and ID cards are below. You can begin using this ID card immediately on or after your coverage effective date. Please note, an ID card is not required when visiting your participating dentist but it does provide contact and account information you may need. For details about your group dental benefits plan, please refer to the Schedule of Benefits and Evidence of Coverage documents.

You now have access to MetLife's MyBenefits website, www.metlife.com/mybenefits, which will provide you with a personalized, integrated and secure view of your dental benefits information. You can use MyBenefits to view your Schedule of Benefits and check co-payment amounts; change the dentist facility for you and your enrolled dependents; print an ID card; access oral health and dental benefit educational materials and tools; as well as other services.

We understand how important your group dental benefits are and we're looking forward to continuing to provide you with these valuable benefits.

SafeGuard Health Plans, Inc., a MetLife company

Susan Hunt	Facility # 97001234	John Smith, DDS.	916.339.9000
Robert Hunt	Facility # 97002345	Joe David, DDS.	916.339.9001
Sally Hunt	Facility # 97004247	Barbara Lewis, DDS.	916.339.9002



Dental Plan

Subscriber Name: **Susan Hunt**
Group Name: **SomeGroupName**
Plan Name: **Plan_Name**
Dependent Coverage: **Yes**
Customer Service: **800.880.1800**

Benefits provided by SafeGuard Health Plans, Inc. a MetLife company



Dental Plan

Subscriber Name: **Susan Hunt**
Group Name: **SomeGroupName**
Plan Name: **Plan_Name**
Dependent Coverage: **Yes**
Customer Service: **800.880.1800**

Benefits provided by SafeGuard Health Plans, Inc. a MetLife company

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。

If you have a dental emergency, you should first contact your Selected General Dentist for an immediate appointment. If your Selected General Dentist is not available, contact SafeGuard Member Services for assistance. If our office is closed, you can receive emergency dental care from any licensed dentist without prior authorization from SafeGuard. Please refer to your Evidence of Coverage for specific emergency care coverage.

This card does not guarantee eligibility.

TDD/TTY for the hearing impaired: 800.880.3165

Visit our website at www.metlife.com/mybenefits

If you have a dental emergency, you should first contact your Selected General Dentist for an immediate appointment. If your Selected General Dentist is not available, contact SafeGuard Member Services for assistance. If our office is closed, you can receive emergency dental care from any licensed dentist without prior authorization from SafeGuard. Please refer to your Evidence of Coverage for specific emergency care coverage.

This card does not guarantee eligibility.

TDD/TTY for the hearing impaired: 800.880.3165

Visit our website at www.metlife.com/mybenefits

ENROLLMENT • CHANGE FORM**GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)**

Name of Group Customer/Employer	Group Customer #	Report #	Sub Code	Branch
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)			

YOUR ENROLLMENT INFORMATION (To be Completed by the Employee)

Name (First, Middle, Last)		Social Security # - -	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, City, State, Zip Code)		Date of Birth (MM/DD/YYYY)	
Phone #	Email Address	<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change in Enrollment If due to a Qualifying Event, enter event date (MM/DD/YYYY)	

I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand that contributions are required for the benefits I select below.

Dental Insurance

Select your level of coverage

- ☐ Employee Only ☐ Employee + Spouse¹
☐ Employee + Child(ren) ☐ Employee + Spouse¹ + Child(ren)

Dependent Information

If you are applying for coverage for your Spouse and/or Child(ren), please provide the information requested below:

Name of your Spouse (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name(s) of your Child(ren) (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Check here if you need more lines. Provide the additional information on a separate piece of paper and return it with your enrollment form.		

¹ For California, Vermont and Washington State residents, Spouse includes your registered Domestic Partner if you and your Domestic Partner are registered as domestic partners, civil union partners or reciprocal beneficiaries with a government agency or office where such registration is available.

SUBMISSION INSTRUCTIONS

After completion, make a copy for your records and return the original to your Employer.

FRAUD WARNINGS

Before signing this enrollment form, please read the warning for the state where you reside and for the state where the contract under which you are applying for coverage was issued.

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kansas and Oregon: Any person who knowingly presents a materially false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who files an application containing any false or misleading information is subject to criminal and civil penalties.

New York (only applies to Accident and Health Benefits): 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.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

Pennsylvania and all other states: 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 subjects such person to criminal and civil penalties.

GEF09-1
FW

DECLARATIONS AND SIGNATURE

By signing below, I acknowledge:

1. I have read this enrollment form and declare that all information I have given is true and complete to the best of my knowledge and belief.
2. I declare that I am actively at work on the date I am enrolling.
3. I understand that if I do not enroll for dental coverage during the initial enrollment period, a waiting period may be required before I can enroll for such coverage after the initial enrollment period has expired.
4. I authorize my employer to deduct the required contributions from my earnings for my coverage. This authorization applies to such coverage until I rescind it in writing.
5. I have read the applicable Fraud Warning(s) provided in this enrollment form.



Signature of Employee

Print Name

Date Signed (MM/DD/YYYY)

GEF09-1
DEC

MetLife Metropolitan Life Insurance Company
PO Box 981987
El Paso, TX 79998

201509112000

Forwarding Service Requested

For Information please call:
800.936.5315
954.590.9560
954.308.5562

DSC



ENV 1 1 OF 1

Pre-Release

Image Only



Joe Sample
1234 Main St.
Anytown, NY 12345-1234

1

Member Copy

Processed Date: 09/11/XX
Facility Name: Dr. John Doe
Facility No.:XXXX

Explanation of Payment

Claim Number: XXXXXXXXXX				Provider Name Dr. John Doe		Received Date XX/XX/XX	
Subscriber Name: Joe Sample				Patient Name: Joe Sample		Patient DOB: XX/XX/XX	
Group Name Test Group				Group ID: XXXXX		ID: XXX-XXX-XXXX	
TH #	Surface	Service Date	Proc. Code	Procedure Description		Patient Copay	Reason Code
		05/27/XX	08080	Comprehensive ortho-adolescent		0.00	ORQA
TOTALS						00.00	

Reason Codes

ORQA - Ortho bi-annual payment A

*** *

*** If a member has a dispute or grievance relating to the information contained in this document, or any grievance or dispute, he or she may contact our Member Services Department at 877-638-2055, or may file a grievance in writing by addressing it to Metropolitan Life Insurance Company, Quality Management Department, PO Box 3532, Laguna Hills, CA 92654-3532, or online at www.metlife.com/mybenefits. All inquiries, disputes or grievances shall be filed within 365 days of the date giving rise to the inquiry, dispute, or grievance.

If a member has a dispute or grievance relating to the information contained in this document, or any grievance or dispute, he or she may contact our Member Services Department at 800-880-1800, or may file a grievance in writing by addressing it SafeGuard, Quality Management Department, PO Box 3532, Laguna Hills, CA 92654-3532, or online at www.safeguard.net/SBBC.

PATIENT'S PAYMENT CONSIST OF CO-PAYMENT AMOUNTS AND NON-COVERED PROCEDURES WHEN PAYMENT TO A PARTICIPATING SPECIALTY DENTIST IS BASED ON USUAL AND CUSTOMARY FEES.

SUBSCRIBERS ARE ENTITLED TO A FULL AND FAIR REVIEW OF THEIR CLAIMS. SUBSCRIBERS WHO WRITE SHOULD BE SURE TO INCLUDE THEIR SUBSCRIBER ID NUMBER, THE CLAIM DOCUMENT. NUMBER NOTED ON THIS FORM, AND THEIR TELEPHONE NUMBER. LETTERS WILL BE ANSWERED WITHIN 30 (THIRTY) DAYS OF RECEIPT.

MetLife Metropolitan Life Insurance Company
PO Box 981987
El Paso, TX 79998

201509110100

For Information please call:

800.936.5315
954.590.9560
954.308.5562

D8CU



ENV 1 1 OF 1

Forwarding Service Requested

Pre-Release

1st Class USPS Mail #10



Joe Sample Orthodontic Associates
1234 Main St.
Anytown, NY 12345-1234

1

Specialist Copy

Processed Date: 09/11/XX
Facility Name: Joe Sample Orthodontic Associates
Facility No.: XXXX
Check No.: XXXX
Check Date: 09/11/XX
Amount: XXX.00

Explanation of Payment

Claim Number XXXXXX			Provider Name: Dr. John Doe			Received Date: 08/31/XX	
Subscriber Name Joe Sample			Patient Name: Joe Sample			Patient DOB: 03/25/XX	
Group Name Sample Group			Group ID XXXXXX			ID: XXX-XX-0903	
TH #	Surface	Service Date	Procedure Code and Description	Contracted Fee	Patient CoPay	Plan Responsibility	Reason Code
		05/27/XX	08080 - Comprehensive ortho-adolescent	XXX.XX	XXX.XX	XXX.XX	ORQA
TOTALS				XXX.XX	XXX.XX	XXX.XX	

Reason Codes

*** ORQA - Ortho bi-annual payment A
*** *

*** If a provider has any inquiries or disputes about claims adjudication reflected in this document, or has any grievance against Metropolitan Life Insurance Company, he or she may submit such dispute, inquiry, or grievance, or may receive a Provider Dispute Form by calling 1-800-880-1800, via facsimile to 949-425-4587, or online at www.metdental.com. All inquiries, disputes or grievances shall be filed within 365 days of the date giving rise to the inquiry, dispute, or grievance.

THE ABOVE PROCEDURES HAVE BEEN PERFORMED.

If there are any questions concerning denial delay or modification of this claim please contact SafeGuard's Dental Consultants at 949-437-2840.

If a provider has any inquiries or disputes about the claims adjudication reflected in this document, or has any grievance against SafeGuard, he or she may submit such dispute, inquiry, or grievance to SafeGuard, or may receive a Provider Dispute Form by calling 1-800-880-1800, via facsimile to 949-425-4587, or online at www.safeguard.net. All inquiries, disputes or grievances shall be filed within 365 days of the date giving rise to the inquiry, dispute, or grievance.

REDUCE PAYMENT TURNAROUND TIME WITH E-CLAIMS
Visit our "Dentists" portal at www.safeguard.net to find out how.

Metropolitan Life Insurance Company
P.O. Box 981987
El Paso, TX 79998
800/880-1800

50-937
213

CHECK NO.: 00000XXXX

CHECK DATE: 09/11/XX

JP Morgan Chase Bank NA (NY)
6040 Tarbell Road
Syracuse NY 13206

AMOUNT

*****\$XXX.XX

PAY XXX Dollars

TO THE ORDER OF Jane Sample and Associates
XXX Main Street
Anywhere, CA XXXXX-XXXX

VOID
Authorized Signature
CAM 17-0756

Section 4 - 146

Exhibit 6

Page 254 of 503

00000042679 021309379

332300169



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

APPLICATION FOR GROUP INSURANCE

The applicant named below is applying for Group Insurance to provide coverage for the class(es) of persons specified below.

APPLICANT DATA

1. Full legal name of Applicant: _____ (the "Policyholder")
2. Address: _____ City _____ State _____ Zip _____

EFFECTIVE DATE

The effective date of the applied for group insurance will be _____, subject to MetLife's acceptance of this application and the applicant's payment of the Premium due on or before such date.

SITUS

Group Policy forms will be issued for delivery in and governed by the laws of _____.

COVERAGE DATA

Employees / Members

Dependents

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PREMIUM DATA

Premiums will be paid: ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____

Attached is an advance payment of: \$ _____.

AGREEMENT

The Applicant signing below agrees to accept the terms and provisions of all Group Policy forms issued pursuant to this application; including all Exhibits, amendments and endorsements, if any.

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 subjects such person to criminal and civil penalties.

(Signature of Applicant's Authorized Representative)

(Print Name and Title of Authorized Representative)

Signed at: _____
(City) (State)

Date: _____

(Signature of Licensed MetLife Agent or Resident
Agent as required by law)

(Agent's State License No.)

(Print Name of Agent)



SAMPLE Group Accident & Health/ Dental/Disability Insurance Policy

The material that follows is being furnished for illustrative purposes only. Actual contractual material used in administering the plan may be adjusted to reflect specific plan requirements.



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

Metropolitan Life Insurance Company ("MetLife"), a stock company, will pay the benefits specified in the Exhibits of this policy subject to the terms and provisions of this policy. The Schedule of Exhibits lists each Exhibit to this policy, to whom it applies and its effective date.

Policyholder: Sample Group

Group Policy No.: 00000-G

EFFECTIVE DATE

This policy will take effect on September 1, 20XX.

POLICY ANNIVERSARIES

Policy anniversaries will be September 1, 20XX and each subsequent September 1.

PREMIUM PAYMENTS

This policy is issued in return for the payment by the Policyholder of required Premiums. Premiums are payable at the home office of MetLife or to its authorized agent. The first Premium is due on and must be paid by this policy's effective date. Any later Premiums are due monthly in advance on the first day of each Policy Month. These dates are the Premium Due Dates.

POLICY SITUS

This policy is issued for delivery in and governed by the laws of Ohio.

Signed as of this policy's effective date at MetLife's home office in New York, New York.

Christine M. DeBiase
Vice President and Secretary

Steven A. Kandarian
President and Chief Executive Officer

Signed by _____
(A MetLife licensed agent or resident agent as required by law.)

Date _____

GROUP ACCIDENT AND HEALTH INSURANCE POLICY

NON-DIVIDEND PAYING

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DEFINITIONS

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

Contribution means the amount the Policyholder may require the Employee to pay towards the total Premium that MetLife charges for the insurance provided by this policy.

Contributory Insurance means insurance for which the Policyholder may require the Employee to pay at least part of the Premium.

Covered Person means an Employee and/or a Dependent as set forth in the Exhibit which applies to the Employee.

Dependent is defined in the Exhibit which applies to the Employee.

Employee is described in the Exhibit which applies to the Employee.

Employer means the Policyholder shown on page 1 and any subsidiaries, affiliates, divisions, branches or other similar entities of such Policyholder as specified in Exhibit 3.

Noncontributory Insurance means insurance for which the Policyholder may not require the Employee to pay any part of the Premium.

Policy Anniversary is defined on page 1.

Policy Month. The first Policy Month will begin on the effective date shown on page 1. Subsequent Policy Months will begin on the same day of each subsequent calendar month.

Premium means the amount the Policyholder must pay to MetLife for all the insurance provided under this policy.

Premium Due Date is defined on page 1.

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

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

SCHEDULE OF INSURANCE

The Schedules of Insurance which apply under this policy are set forth in the Exhibits.

ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE

The Eligibility and Effective Dates of Insurance provisions that apply under this policy are set forth in the Exhibits.

CONTRIBUTIONS

The maximum amount that an Employee may be required to contribute to the cost of Contributory Insurance will not exceed the Premium charged for the amounts of such insurance.

PREMIUM RATE(S)

Initial Rate(s)

The initial Premium rate(s) are shown in Exhibit 1.

Frequency of Premium Payment

Premiums for this policy will be paid as shown on page 1. MetLife and the Policyholder may agree that payment be made in advance every 3, 6 or 12 months.

Computation of Premium

The Premium due on any Premium Due Date is determined by the total amount of insurance provided by this policy on such Premium Due Date, multiplied by the appropriate Premium rate(s) which are then in effect subject to any Premium adjustments, if applicable.

MetLife may use any reasonable method to compute Premiums due under this policy.

Premiums for Changes in Insurance

For insurance that takes effect after the first day of a Policy Month, Premium will be charged from the first day of the next Policy Month. However, if a policy amendment or evidence of good health is required for such insurance, Premium will be charged as of the date such insurance takes effect.

If this policy ends, or if insurance ends for a class of persons, Premium will be charged to the date insurance ends. If insurance ends for other reasons, Premium will be charged to the end of the Policy Month in which insurance ends.

PREMIUM RATES (Continued)

Right to Change Premium Rates

MetLife may change Premium rates for changes which materially affect the risk assumed for the insurance provided by this policy, as follows:

1. when this policy is amended or endorsed;
2. when a class of eligible persons is added to or deleted from this policy for any reason including corporate restructuring, acquisition, spin-off or similar situations;
3. when a Policyholder's subsidiary, affiliate, division, branch or other similar entity is added to or deleted from this policy for any reason including corporate restructuring, acquisition, spin-off or similar situations;
4. when there is a significant change in the geographic distribution of insured Employees;
5. when applicable law requires a change in:
 - a. the insurance provided by this policy; and/or
 - b. the class of persons eligible for insurance under this policy; or
6. when a Premium Due Date coincides with or next follows:
 - a. a change greater than 10% in the number of Covered Persons since the later of the policy Effective Date and the last date Premium rates were changed; or
 - b. a change greater than 10% in the amount of insurance provided by this policy since the later of the policy Effective Date and the last date Premium rates were changed.

In addition, MetLife may change Premium rates:

1. except as may be stated in Exhibit 1, on any date on or after the first Policy Anniversary; this will be done no more frequently than every 12 months and only if MetLife notifies the Policyholder, in Writing, at least 31 days before such change; and
2. on any other date agreed to by MetLife and the Policyholder.

The new Premium rates will apply only to Premiums due on or after the date the rate change takes effect.

GRACE PERIOD

Each Premium due after the effective date of this policy may be paid up to 31 days after its Premium Due Date. This period is the grace period. The insurance provided by this policy will stay in effect during this period. MetLife will notify the Policyholder in Writing that, if the Premium is not paid by the end of the grace period, this policy will end at the end of the last day of the grace period. If MetLife fails to give Written notice to the Policyholder, this policy will continue in effect until the date such notice is given.

Policyholder's intent to end this policy during the grace period. The Policyholder may notify MetLife in Writing prior to the end of the grace period of its intent to end this policy before the end of the grace period. In this case, this policy will end on the later of:

1. the date stated in the notice; or
2. the date MetLife receives the notice.

If the Policyholder replaces this policy with another group insurance policy but does not give MetLife notice of intent to end this policy, the grace period provisions will apply.

Grace period extensions. MetLife may extend the grace period by giving Written notice to the Policyholder. Such notice will state the date this policy will end if the Premium remains unpaid.

Premiums must be paid for a grace period, any extension of such period and any period insurance under this policy was in effect for which Premium was not paid.

END OF INSURANCE PROVIDED BY THIS POLICY

The Policyholder can end this policy by giving 60 days advance Written notice to MetLife. The policy will end on the later of:

1. the date stated in the notice; or
2. the date MetLife receives the notice.

MetLife can end this policy as follows:

1. on the date Premium is not paid when due, subject to the Grace Period provisions; or
2. on any Premium Due Date, by giving the Policyholder 31 days advance Written notice, if less than:
 - a. 75% of persons eligible under this policy are insured for Contributory Insurance;
 - b. 100% of persons eligible under this policy are insured for Noncontributory Insurance; or
 - c. for Disability Income Insurance: Long Term Benefits or Disability Income Insurance: Short Term Benefits, 10 Employees are insured by this policy;for all other insurance provided by this policy, 50 Employees are insured by this policy; or
3. on any Premium Due Date, by giving the Policyholder 60 days advance Written notice, if the Policyholder fails to provide information on a timely basis or perform any obligations required by this policy or any applicable law; or

END OF INSURANCE PROVIDED BY THIS POLICY (Continued)

4. on any Policy Anniversary, except during a Rate Guarantee Period as may be provided in Exhibit 1, by giving the Policyholder 31 days advance Written notice.

This policy will end on the date on which the last certificate in effect under this policy ends.

If this policy ends, all Premiums due must be paid. If MetLife accepts Premium after the date this policy ends, such acceptance will not act to reinstate the policy. MetLife will refund any unearned Premium.

REINSTATEMENT

The Policyholder may request to reinstate this policy within one year from the date it ended. The request must be in Writing and it must provide MetLife with information that MetLife requires to consider such request. If MetLife approves the request, the policy will be reinstated on the date stated in Writing by MetLife.

GENERAL PROVISIONS

Entire Contract. The entire contract is made up of the following:

1. this policy, including its Exhibits;
2. the Policyholder's application; and
3. the amendments and endorsements to this policy, if any.

Policy Changes or Waivers. The terms and provisions of this policy may be changed, at any time, without the consent of the Covered Persons or anyone else with a beneficial interest in it. MetLife will issue amendments or endorsements to effect such changes. MetLife will only make changes that are consistent with applicable law. An amendment or endorsement will not affect the insurance provided under certificates issued before the effective date of the change, unless retroactivity is consistent with applicable law.

An officer of MetLife must approve in Writing any change or waiver of the terms and provisions of this policy. A sales representative, or other MetLife employee, who is not an officer of MetLife does not have MetLife's authority to approve such changes or waivers. A change or waiver will be evidenced by an amendment Signed by an officer of MetLife and the Policyholder or an endorsement Signed by an officer of MetLife. A copy of the amendment or endorsement will be provided to the Policyholder for attachment to this policy.

Incontestability: Statements Made by the Policyholder. Any statement made by the Policyholder will be considered a representation and not a warranty. MetLife will not use such statement to avoid insurance, reduce benefits or defend a claim unless it is contained in a Written application. MetLife will not use such statement to contest life insurance after it has been in force for 2 years from its effective date, or date of last reinstatement, unless the statement is fraudulent.

Incontestability: Statements Made by Covered Persons. Any statement made by a Covered Person will be considered a representation and not a warranty. MetLife will not use such statement to avoid insurance, reduce benefits or defend a claim unless the following requirements are met:

1. the statement is in a Written application or enrollment form;
2. the Covered Person has Signed the application or enrollment form; and
3. a copy of the application or enrollment form has been given to the Covered Person or his beneficiary.

MetLife will not use a Covered Person's statements which relate to insurability to contest life insurance after it has been in force for 2 years during his life, unless the statement is fraudulent. In addition, MetLife will not use such statements to contest an increase or benefit addition to such insurance after the increase or benefit has been in force for 2 years during his life, unless the statement is fraudulent.

GENERAL PROVISIONS (Continued)

Certificates. MetLife will issue certificates to the Policyholder for delivery to each Covered Person, as appropriate. Such certificate will describe the Covered Person's benefits and rights under this policy. "Certificate" includes any of MetLife's insurance riders, notices or other attachments to the certificate.

Assignment. The rights and benefits under this policy are not assignable prior to a claim for benefits, except as required by law or as permitted by MetLife.

Data Needed. The Policyholder will provide MetLife with all the data needed to compute Premiums and carry out the terms of this policy. MetLife may examine such data at any reasonable time. If MetLife or the Policyholder make a clerical error in keeping the data, the Premium and/or benefits will be adjusted according to the correct data. An error will not end insurance validly in effect, nor will it continue insurance validly ended.

Misstatement of Age. If a Covered Person's age is misstated, the correct age will be used to determine if insurance is in effect and, as appropriate, adjust the Premium and/or benefits.

Non-Dividend Paying. This policy does not pay dividends.

Conformity with Law. If the terms and provisions of this policy do not conform to any applicable law, this policy shall be interpreted to so conform.

SCHEDULE OF EXHIBITS

Exhibit Number	Exhibit Type	Applies To	Effective Date
1	Schedule of Premium Rates	All Covered Persons	September 1, 20XX
2	Certificate Forms	All Covered Persons	September 1, 20XX
3	List of Policyholder Subsidiaries, Affiliates, Divisions, Branches and Other Similar Entities	All Covered Persons	September 1, 20XX

EXHIBIT 1

SCHEDULE OF PREMIUM RATES

Rate Guarantee Period

Subject to the Right to Change Premium Rates provision on page 5, the Dental Insurance, Disability Income Insurance: Long Term Benefits, Disability Income Insurance: Short Term Benefits Premium rates will be in effect for the period which begins on September ;1, 20XX and ends on August 31, 20XX.

The initial monthly Premium rates for the insurance provided by this policy are as follows:

Disability Income Insurance: Short Term Benefits: - \$00.00 per \$10 of Disability Income Insurance: Short Term Benefits.

Disability Income Insurance: Long Term Benefits: - \$\$0.00 per \$100 of Total Insured Payroll.

Total Insured Payroll means the sum of each Employee's Predisability Earnings up to a maximum of \$0000.00 per Employee.

Dental Insurance: - \$0.00 per Employee insured hereunder for Dental Insurance on his or her own account and \$ 0.00 per Employee insured hereunder for Dental Insurance on account of Dependents.

EXHIBIT 2

CERTIFICATE FORMS

Certificate Number	Certificate Form	Applies To	Effective Date
1		All Covered Persons	September 1, 20XX

Sample

EXHIBIT 3

LIST OF POLICYHOLDER SUBSIDIARIES, AFFILIATES, DIVISIONS, BRANCHES AND OTHER SIMILAR ENTITIES

The subsidiaries, affiliates, divisions, branches and other similar entities listed below are included for insurance under this policy as of the effective dates shown below. The Policyholder acts for all listed subsidiaries, affiliates, divisions, branches and other similar entities in all matters of this policy. Such actions bind all listed subsidiaries, affiliates, divisions, branches and other similar entities.

MetLife and the Policyholder must agree to any change to this list. If change is needed, a policy amendment will be issued and attached to this policy to reflect the change to this Exhibit.

**Name/Address of Subsidiary, Affiliate, Division,
Branch and Other Similar Entity**

Effective Date

Any Subsidiary
Any Street
Any Town, Any State 00000

September 1, 20XX



""SAMPLE ""Insured PDP#D8 D'D`i g Dental Booklet Certificate

The material that follows is being furnished for illustrative purposes only. Actual contractual material used in administering the plan may be adjusted to reflect specific plan requirements.

YOUR BENEFIT PLAN

Sample Group

Dental Insurance for You and Your Dependents

Traditional PDP/PDP Plus Classic Plan

The material that follows is being furnished for illustrative purposes only. Actual contractual material used in administering the program may be adjusted to reflect specific program and situs requirements.

Sample Group
123 Main Street
Anytown, OH 12345

TO OUR EMPLOYEES:

All of us appreciate the protection and security insurance provides.

This certificate describes the benefits that are available to you. We urge you to read it carefully.

Sample Group



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

CERTIFICATE OF INSURANCE

Metropolitan Life Insurance Company ("MetLife"), a stock company, certifies that You and Your Dependents are insured for the benefits described in this certificate, subject to the provisions of this certificate. This certificate is issued to You under the Group Policy and it includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.**

This certificate is part of the Group Policy. The Group Policy is a legal contract between MetLife and the Policyholder and may be changed or ended without Your consent or notice to You.

Policyholder: Sample Group
Group Policy Number: 000000-1-G
Type of Insurance: Dental Insurance
MetLife Toll Free Number(s):
For Claim Information FOR DENTAL CLAIMS: 1-800-942-0854

THIS CERTIFICATE ONLY DESCRIBES DENTAL INSURANCE.

FOR CALIFORNIA RESIDENTS: REVIEW THIS CERTIFICATE CAREFULLY. IF YOU ARE 65 OR OLDER ON YOUR EFFECTIVE DATE OF THIS CERTIFICATE, YOU MAY RETURN IT TO US WITHIN 30 DAYS FROM THE DATE YOU RECEIVE IT AND WE WILL REFUND ANY PREMIUM YOU PAID. IN THIS CASE, THIS CERTIFICATE WILL BE CONSIDERED TO NEVER HAVE BEEN ISSUED.

THE BENEFITS OF THE POLICY PROVIDING YOUR COVERAGE ARE GOVERNED PRIMARILY BY THE LAWS OF A STATE OTHER THAN FLORIDA.

THE GROUP INSURANCE POLICY PROVIDING COVERAGE UNDER THIS CERTIFICATE WAS ISSUED IN A JURISDICTION OTHER THAN MARYLAND AND MAY NOT PROVIDE ALL THE BENEFITS REQUIRED BY MARYLAND LAW.

IF YOU ARE COVERED BY OTHER DENTAL INSURANCE, PLEASE READ THE PROVISIONS ENTITLED COORDINATION OF BENEFITS

Notice: If You or Your family members are covered by more than one health care plan, you may not be able to collect benefits from all plans. Each plan may require you to follow its rules or use specific dentists and it may be impossible to comply with all plans at the same time. Read all of the rules very carefully, including the coordination of benefits section and compare them with the rules of any other plan that covers you or your family. In no case does this plan require that you use specific dentists.

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.

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call MetLife's toll free telephone number for information or to make a complaint at:

1-800-942-0854

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights, or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 490-1007
Web: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

PREMIUM OR CLAIM DISPUTES: Should you have a dispute concerning your premium or about a claim, you should contact MetLife first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR CERTIFICATE:

This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener información o para presentar una queja:

Usted puede llamar al número de teléfono gratuito de MetLife's para obtener información o para presentar una queja al:

1-800-942-0854

Usted puede comunicarse con el Departamento de Seguros de Texas para obtener información sobre compañías, coberturas, derechos, o quejas al:

1-800-252-3439

Usted puede escribir al Departamento de Seguros de Texas a:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 490-1007
Sitio Web: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

DISPUTAS POR PRIMAS DE SEGUROS O

RECLAMACIONES: Si tiene una disputa relacionada con su prima de seguro o con una reclamación usted debe comunicarse con MetLife primero. Si la disputa no es resuelta, usted puede comunicarse con el Departamento de Seguros de Texas.

ADJUNTE ESTE AVISO A SU CERTIFICADO:

Este aviso es solamente para propósitos informativos y no se convierte en parte o en condición del documento adjunto.

NOTICE FOR RESIDENTS OF ALASKA, LOUISIANA, MINNESOTA, MONTANA, NEW HAMPSHIRE, NEW MEXICO, TEXAS, UTAH AND WASHINGTON

The Definition Of Child Is Modified For The Coverages Listed Below:

For Alaska Residents (Dental Insurance):

The term also includes newborns.

For Louisiana Residents (Dental Insurance):

The term also includes Your grandchildren residing with You. The age limit for children and grandchildren will not be less than 21, regardless of the child's or grandchild's student status or full-time employment status. In addition, the age limit for students will not be less than 24. Your natural child, adopted child, stepchild or grandchild under age 21 will not need to be supported by You to qualify as a Child under this insurance.

For Minnesota Residents (Dental Insurance):

The term also includes:

- Your grandchildren who are financially dependent upon You and reside with You continuously from birth;
- children for whom You or Your Spouse is the legally appointed guardian; and
- children for whom You have initiated an application for adoption.

The age limit for children and grandchildren will not be less than 25 regardless of the child's or grandchild's student status or full-time employment status. Your natural child, adopted child stepchild or children for whom You or Your Spouse is the legally appointed guardian under age 25 will not need to be supported by You to qualify as a Child under this insurance.

For Montana Residents (Dental Insurance):

The term also includes newborn infants of any person insured under this certificate. The age limit for children will not be less than 25, regardless of the child's student status or full-time employment status. Your natural child, adopted child or stepchild under age 25 will not need to be supported by You to qualify as a child under this insurance.

For New Hampshire Residents (Dental Insurance):

The age limit for children will not be less than 26, regardless of the child's marital status, student status, or full-time employment status. Your natural child, adopted child or stepchild under age 26 will not need to be supported by You to qualify as a Child under this insurance.

For New Mexico Residents (Dental Insurance):

The age limit for children will not be less than 25, regardless of the child's student status or full-time employment status. Your natural child, adopted child or stepchild will not be denied dental insurance coverage under this certificate because:

- that child was born out of wedlock;
- that child is not claimed as Your dependent on Your federal income tax return; or
- that child does not reside with You.

For Texas Residents (Dental Insurance):

The term also includes Your grandchildren. The age limit for children and grandchildren will not be less than 25, regardless of the child's or grandchild's student status, full-time employment status or military service status. Your natural child, adopted child or stepchild under age 25 will not need to be supported by You to qualify as a Child under this insurance. A child will be considered Your adopted child during the period You are party to a suit in which You are seeking the adoption of the child. In addition, grandchildren must be able to be claimed by You as a dependent for Federal Income Tax purposes at the time You applied for Insurance.

NOTICE FOR RESIDENTS OF ALASKA, LOUISIANA, MINNESOTA, MONTANA, NEW HAMPSHIRE, NEW MEXICO, TEXAS, UTAH AND WASHINGTON (continued)

For Utah Residents (Dental Insurance):

The age limit for children will not be less than 26, regardless of the child's student status or full-time employment status. Your natural child, adopted child or stepchild under age 26 will not need to be supported by You to qualify as a Child under this insurance. The term includes an unmarried child who is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law and who has been continuously covered under a Dental plan since reaching age 26, with no break in coverage of more than 63 days, and who otherwise qualifies as a Child except for the age limit. Proof of such handicap must be sent to Us within 31 days after:

- the date the Child attains the limiting age in order to continue coverage; or
- You enroll a Child to be covered under this provision;

and at reasonable intervals after such date, but no more often than annually after the two-year period immediately following the date the Child qualifies for coverage under this provision.

For Washington Residents (Dental Insurance):

The age limit for children will not be less than 26, regardless of the child's marital status, student status, or full-time employment status. Your natural child, adopted child or stepchild under age 26 will not need to be supported by You to qualify as a Child under this insurance.

NOTICE FOR RESIDENTS OF ALL STATES WHO ARE INSURED FOR DENTAL INSURANCE

Notice Regarding Your Rights and Responsibilities

Rights:

- 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 the Dentist. We neither require nor prohibit any specified treatment. However, only certain specified services are covered for benefits. Please see the Dental Insurance sections of this certificate for more details.
- You may request a pre-treatment estimate of benefits for the dental services to be provided. However, actual benefits will be determined after treatment has been performed.
- You may request a written response from MetLife to any written concern or complaint.
- You have the right to receive an explanation of benefits which describes the benefit determinations for Your dental insurance.

Responsibilities:

- You are responsible for the prompt payment of any charges for services performed by the Dentist. If the dentist agrees to accept part of the payment directly from MetLife, You are responsible for prompt payment of the remaining part of the dentist's charge.
- You should consult with the Dentist about treatment options, proposed and potential procedures, anticipated outcomes, potential risks, anticipated benefits and alternatives. You should share with the 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 You and the Dentist.

NOTICE FOR RESIDENTS OF ALASKA

Reasonable and Customary Charges

Reasonable and Customary Charges for Out-of-Network services will not be based less than an 80th percentile of the dental charges.

Reasonable Access to an In-Network Dentist

If You do not have an In-Network Dentist within 50 miles of Your legal residence, We will reimburse You for the cost of Covered Services and materials provided by an Out-of-Network Dentist at the same benefit level as an In-Network Dentist.

Exclusions

The exclusion of services which are primarily cosmetic will not apply to the treatment or correction of a congenital defect of a newborn child.

Coordination of Benefits or Non-Duplication of Benefits with a Secondary Plan:

If This Plan is Secondary, This Plan will determine benefits as if the services were obtained from This Plan's In-Network provider under the following circumstances:

- the Primary Plan does not provide benefits through a provider network;
- both the Primary Plan and This Plan provide benefits through provider networks but the covered person obtains services through a provider in the Primary plan's network who is not in This Plan's network; or
- both the Primary Plan and This Plan provide benefits through provider networks but the covered person obtains services from a provider that is not part of the provider network of the Primary Plan or This Plan because no provider in the Primary Plan's provider network or This Plan's network is able to meet the particular health need of the covered person.

Procedures For Dental Claims

Procedures for Presenting Claims for Dental Insurance Benefits

All claim forms needed to file for Dental Insurance benefits under the group insurance program can be obtained from the Employer who can also answer questions about the insurance benefits and to assist You or, if applicable, Your beneficiary in filing claims. Dental claim forms can also be downloaded from www.metlife.com/dental. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully.

Routine Questions on Dental Insurance Claims

If there is any question about a claim payment, an explanation may be requested from MetLife by dialing 1-800-942-0854.

Claim Submission

For claims for Dental Insurance benefits, the claimant must complete the appropriate claim form and submit the required proof as described in the FILING A CLAIM section of the certificate.

Claim forms must be submitted in accordance with the instructions on the claim form.

NOTICE FOR RESIDENTS OF ALASKA

Procedures For Dental Claims (Continued)

Initial Determination

After You submit a claim for Dental Insurance benefits to MetLife, MetLife will review Your claim and notify You of its decision to approve or deny Your claim.

Such notification will be provided to You within a 30 day period from the date You submitted Your claim; except for situations requiring an extension of time of up to 15 days because of matters beyond the control of MetLife. If MetLife needs such an extension, MetLife will notify You prior to the expiration of the initial 30 day period, state the reason why the extension is needed, and state when it will make its determination. If an extension is needed because You did not provide sufficient information or filed an incomplete claim, the time from the date of MetLife's notice requesting further information and an extension until MetLife receives the requested information does not count toward the time period MetLife is allowed to notify You as to its claim decision. You will have 45 days to provide the requested information from the date You receive the notice requesting further information from MetLife.

If MetLife denies Your claim in whole or in part, the notification of the claims decision will state the reason why Your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because MetLife did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. Further, if an internal rule, protocol, guideline or other criterion was relied upon in making the denial, the claims decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that You may request a copy free of charge.

Within 30 days after We receive Proof of Your claim, We will approve and pay the claim or We will deny the claim. If We deny the claim, We will provide You with the basis of Our denial or the specific additional information that We need to adjudicate Your claim. If We request additional information, We will approve and pay the claim or We will deny the claim within 15 days after We receive the additional information. If the claim is approved and not paid within the time period provided, the claim will accrue at an interest rate of 15 percent per year until the claim is paid.

Appealing the Initial Determination

If MetLife denies Your claim, You may appeal the denial. Upon Your written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim. You must submit Your appeal to MetLife at the address indicated on the claim form within 180 days of receiving MetLife's decision, or as soon as reasonably possible for situations in which You cannot reasonably meet the deadline. Appeals must be in writing and must include at least the following information:

- Name of Employee
- Name of the Plan
- Reference to the initial decision
- Whether the appeal is the first or second appeal of the initial determination
- An explanation why You are appealing the initial determination.

As part of each appeal, You may submit any written comments, documents, records, or other information relating to Your claim.

After MetLife receives Your written request, MetLife will conduct a full and fair review of Your claim. Deference will not be given to initial denials, and MetLife's review will look at the claim anew. The review on appeal will take into account all comments, documents, records, and other information that You submit relating to Your claim without regard to whether such information was submitted or considered in the initial determination. Your appeal will be reviewed by a person holding the same professional license as the treating Dental provider. The person who will review Your appeal will not be the same person as the person who made the initial decision to deny Your claim. In addition, the person who is reviewing the appeal will not be a subordinate of the person who made the initial decision to deny Your claim.

NOTICE FOR RESIDENTS OF ALASKA

Procedures For Dental Claims (Continued)

MetLife will notify You in writing of its final decision within 18 days after MetLife's receipt of Your written request for review.

If MetLife denies the claim on appeal, MetLife will send You a final written decision that states the reason(s) why the claim You appealed is being denied and references any specific Plan provision(s) on which the denial is based. If an internal rule, protocol, guideline or other criterion was relied upon in denying the claim on appeal, the final written decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that You may request a copy free of charge. Upon written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim.

Second Level Appeal

If You disagree with the response to the initial appeal of the denied claim, You have the right to a second level appeal. We shall communicate Our final determination to You within 18 calendar days from receipt of the request, or as required by any applicable state or federal laws or regulations. Our communication to You shall include the specific reasons for the determination.

External Appeal

If You disagree with the response to the second appeal of the denied claim, You have the right to an external appeal. We will communicate the decision of the external appeal agency in Writing. The decision will be made in accordance with the medical exigencies of the case involved, but in no event later than 21 working days after the appeal is filed, or, in the case of an expedited appeal, 72 hours after the time of requesting an external appeal of the health care insurer's decision. Decisions made by an external appeal agency are binding on Us and You unless the aggrieved party files suit in superior court within 6 months from the decision of the external appeal agency. All costs of the external appeal process, except those incurred by You or the treating professional in support of the appeal, will be paid by Us.

Overpayments

Recovery of Overpayments

We have the right to recover any amount that is determined to be an overpayment, within 180 days from the date of service, whether for services received by You or Your Dependents.

An overpayment occurs if it is determined that:

- the total amount paid by Us on a claim for Dental Insurance benefits is more than the total of the benefits due to You under this certificate; or
- payment We made should have been made by another group plan.

If such overpayment occurs, You have an obligation to reimburse Us.

NOTICE FOR RESIDENTS OF ALASKA

Overpayments (Continued)

How We Recover Overpayments

We may recover the overpayment, within 180 days from the date of service, from You by:

- stopping or reducing any future benefits payable for Dental Insurance;
- demanding an immediate refund of the overpayment from You; and
- taking legal action.

If the overpayment results from Our having made a payment to You that should have been made under another group plan, We may recover such overpayment within 180 days from the date of service, from one or more of the following:

- any other insurance company;
- any other organization; or
- any person to or for whom payment was made.

NOTICE FOR RESIDENTS OF ARKANSAS

If You have a question concerning Your coverage or a claim, first contact the Policyholder or group account administrator. If, after doing so, You still have a concern, You may call the toll free telephone number shown on the Certificate Face Page.

If You are still concerned after contacting both the Policyholder and MetLife, You should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201
(501) 371-2640 or (800) 852-5494

NOTICE FOR RESIDENTS OF CALIFORNIA

IMPORTANT NOTICE

TO OBTAIN ADDITIONAL INFORMATION, OR TO MAKE A COMPLAINT, CONTACT THE POLICYHOLDER OR THE METLIFE CLAIM OFFICE SHOWN ON THE EXPLANATION OF BENEFITS YOU RECEIVE AFTER FILING A CLAIM.

IF, AFTER CONTACTING THE POLICYHOLDER AND/OR METLIFE, YOU FEEL THAT A SATISFACTORY SOLUTION HAS NOT BEEN REACHED, YOU MAY FILE A COMPLAINT WITH THE CALIFORNIA INSURANCE DEPARTMENT AT:

**DEPARTMENT OF INSURANCE
300 SOUTH SPRING STREET
LOS ANGELES, CA 90013
1 (800) 927-4357**

NOTICE FOR RESIDENTS OF THE STATE OF CALIFORNIA

California law provides that for dental insurance, domestic partners of California's residents must be treated the same as spouses. If the certificate does not already have a definition of domestic partner, then the following definition applies:

"Domestic Partner means each of two people, one of whom is an employee of the Policyholder, a resident of California and who have registered as domestic partners or members of a civil union with the California government or another government recognized by California as having similar requirements."

If the certificate already has a definition of domestic partner, that definition will apply to California residents, as long as it recognizes as a domestic partner any person registered as the employee's domestic partner with the California government or another government recognized by California as having similar requirements.

Wherever the term **"Spouse"** appears in this certificate it shall, unless otherwise specified, be read to include Your Domestic Partner.

Wherever the term step-child appears, it is replaced by step-child or child of Your Domestic Partner.

NOTICE FOR RESIDENTS OF GEORGIA

IMPORTANT NOTICE

The laws of the state of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.

Sample

NOTICE FOR RESIDENTS OF IDAHO

If You have a question concerning Your coverage or a claim, first contact the Policyholder. If, after doing so, You still have a concern, You may call the toll free telephone number shown on the Certificate Face Page.

If You are still concerned after contacting both the Policyholder and MetLife, You should feel free to contact:

Idaho Department of Insurance

Consumer Affairs

700 West State Street, 3rd Floor

PO Box 83720

Boise, Idaho 83720-0043

1-800-721-3272 (for calls placed within Idaho) or 208-334-4250 or www.DOI.Idaho.gov

NOTICE FOR RESIDENTS OF ILLINOIS

IMPORTANT NOTICE

To make a complaint to MetLife, You may write to:

MetLife
200 Park Avenue
New York, New York 10166

The address of the Illinois Department of Insurance is:

Illinois Department of Insurance
Public Services Division
Springfield, Illinois 62767

Sample

NOTICE FOR RESIDENTS OF INDIANA

Questions regarding your policy or coverage should be directed to:

Metropolitan Life Insurance Company
1-800-438-6388

If you (a) need the assistance of the government agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer you may contact the Department of Insurance by mail, telephone or email:

State of Indiana Department of Insurance
Consumer Services Division
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204

Consumer Hotline: (800) 622-4461; (317) 232-2395

Complaint can be filed electronically at www.in.gov/doi

NOTICE FOR RESIDENTS OF MAINE

You have the right to designate a third party to receive notice if Your insurance is in danger of lapsing due to a default on Your part, such as for nonpayment of a contribution that is due. The intent is to allow reinstatements where the default is due to the insured person's suffering from cognitive impairment or functional incapacity. You may make this designation by completing a "Third-Party Notice Request Form" and sending it to MetLife. Once You have made a designation, You may cancel or change it by filling out a new Third-Party Notice Request Form and sending it to MetLife. The designation will be effective as of the date MetLife receives the form. Call MetLife at the toll-free telephone number shown on the face page of this certificate to obtain a Third-Party Notice Request Form. Within 90 days after cancellation of coverage for nonpayment of premium, You, any person authorized to act on Your behalf, or any covered Dependent may request reinstatement of the certificate on the basis that You suffered from cognitive impairment or functional incapacity at the time of cancellation.

NOTICE FOR MASSACHUSETTS RESIDENTS

CONTINUATION OF DENTAL INSURANCE

1. If Your Dental Insurance ends due to a Plant Closing or Covered Partial Closing, such insurance will be continued for 90 days after the date it ends.
2. If Your Dental Insurance ends because:
 - You cease to be in an Eligible Class; or
 - Your employment terminates;

for any reason other than a Plant Closing or Covered Partial Closing, such insurance will continue for 31 days after the date it ends.

Continuation of Your Dental Insurance under the CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT subsection will end before the end of continuation periods shown above if You become covered for similar benefits under another plan.

Plant Closing and **Covered Partial Closing** have the meaning set forth in Massachusetts Annotated Laws, Chapter 151A, Section 71A.

CONTINUATION OF DENTAL INSURANCE FOR YOUR FORMER SPOUSE

If the judgment of divorce dissolving Your marriage provides for continuation of insurance for Your former Spouse when You remarry, Dental Insurance for Your former Spouse that would otherwise end may be continued.

To continue Dental insurance under this provision:

1. You must make a written request to the employer to continue such insurance;
2. You must make any required premium to the employer for the cost of such insurance.

The request form will be furnished by the Employer.

Such insurance may be continued from the date Your marriage is dissolved until the earliest of the following:

- the date Your former Spouse remarries;
- the date of expiration of the period of time specified in the divorce judgment during which You are required to provide Dental Insurance for Your former Spouse;
- the date coverage is provided under any other group health plan;
- the date Your former Spouse becomes entitled to Medicare;
- the date Dental Insurance under the policy ends for all active employees, or for the class of active employees to which You belonged before Your employment terminated;
- the date of expiration of the last period for which the required premium payment was made; or
- the date such insurance would otherwise terminate under the policy.

If Your former Spouse is eligible to continue Dental Insurance under this provision and any other provision of this Policy, all such continuation periods will be deemed to run concurrently with each other and shall not be deemed to run consecutively.

NOTICE FOR RESIDENTS OF MISSISSIPPI

DENTAL INSURANCE: PROCEDURES FOR DENTAL CLAIMS

Procedures for Presenting Claims for Dental Insurance Benefits

All claim forms needed to file for Dental Insurance benefits under the group insurance program can be obtained from the Employer who can also answer questions about the insurance benefits and to assist You or, if applicable, Your beneficiary in filing claims. Dental claim forms can also be downloaded from www.metlife.com/dental. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully.

Routine Questions on Dental Insurance Claims

If there is any question about a claim payment, an explanation may be requested from MetLife by dialing 1-800-942-0854.

Claim Submission

For claims for Dental Insurance benefits, the claimant must complete the appropriate claim form and submit the required proof as described in the FILING A CLAIM section of the certificate.

Claim forms must be submitted in accordance with the instructions on the claim form.

Initial Determination

After You submit a claim for Dental Insurance benefits to MetLife, MetLife will review Your claim and notify You of its decision to approve or deny Your claim.

If Your claim is a Clean Claim and it is approved by MetLife, benefits will be paid within 25 days after MetLife receives due written proof in electronic form of a covered loss, or within 35 days after receipt of due written proof in paper form of a covered loss. Due written proof includes, but is not limited to, information essential for Us to administer coordination of benefits.

"Clean Claim" means a claim that:

- does not require further information, adjustment or alteration by You or the provider of the services in order for MetLife to process and pay it;
- does not have any defects;
- does not have any impropriety, including any lack of supporting documentation; and
- does not involve a particular circumstance required special treatment that substantially prevents timely payments from being made on the claim.

A Clean Claim does not include a claim submitted by a provider more than 30 days after the date of service, or if the provider does not submit the claim on Your behalf, a claim submitted more than 30 days after the date the provider bills You.

If MetLife is unable to pay a claim for Dental Insurance benefits because MetLife needs additional information or documentation, or there is a particular circumstance requiring special treatment, within 25 days after the date MetLife receives the claim if it is submitted in electronic form, or within 35 days after the date MetLife receives the claim if it is submitted in paper form, MetLife will send You notice of what supporting documentation or information MetLife needs. Any claim or portion of a claim for Dental Insurance benefits that is resubmitted with all of the supporting documentation requested in Our notice and becomes payable will be paid to You within 20 days after MetLife receives it.

NOTICE FOR RESIDENTS OF MISSISSIPPI (continued)

Clean Claim (Continued)

If MetLife does not deny payment of such benefits to You by the end of the 25 day period for clean claims submitted in electronic form, or 35 day period for clean claims submitted in paper form, and such benefits remain due and payable to You, interest will accrue on the amount of such benefits at the rate of 1½ percent per month until such benefits are finally settled. If MetLife does not pay benefits to You when due and payable, You may bring action to recover such benefits, any interest which has accrued with respect to such benefits and any other damages which may be allowed by law. MetLife will pay benefits when MetLife receives satisfactory Written proof of Your claim.

Proof must be given to MetLife not later than 90 days after the end of the Dental Expense Period in which the Covered Dental Expenses were incurred. If proof is not given on time, the delay will not cause a claim to be denied or reduced as long as the proof is given as soon as possible.

Appealing the Initial Determination

If MetLife denies Your claim, You may take two appeals of the initial determination. Upon Your written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim. You must submit Your appeal to MetLife at the address indicated on the claim form within 180 days of receiving MetLife's decision. Appeals must be in writing and must include at least the following information:

- Name of Employee
- Name of the Plan
- Reference to the initial decision
- Whether the appeal is the first or second appeal of the initial determination
- An explanation why You are appealing the initial determination.

As part of each appeal, You may submit any written comments, documents, records, or other information relating to Your claim.

After MetLife receives Your written request appealing the initial determination or determination on the first appeal, MetLife will conduct a full and fair review of Your claim. Deference will not be given to initial denials, and MetLife's review will look at the claim anew. The review on appeal will take into account all comments, documents, records, and other information that You submit relating to Your claim without regard to whether such information was submitted or considered in the initial determination. The person who will review Your appeal will not be the same person as the person who made the initial decision to deny Your claim. In addition, the person who is reviewing the appeal will not be a subordinate of the person who made the initial decision to deny Your claim. If the initial denial is based in whole or in part on a medical judgment, MetLife will consult with a health care professional with appropriate training and experience in the field of dentistry involved in the judgment. This health care professional will not have consulted on the initial determination, and will not be a subordinate of any person who was consulted on the initial determination.

MetLife will notify You in writing of its final decision within 30 days after MetLife's receipt of Your written request for review, except that under special circumstances MetLife may have up to an additional 30 days to provide written notification of the final decision. If such an extension is required, MetLife will notify You prior to the expiration of the initial 30 day period, state the reason(s) why such an extension is needed, and state when it will make its determination.

If MetLife denies the claim on appeal, MetLife will send You a final written decision that states the reason(s) why the claim You appealed is being denied and references any specific Plan provision(s) on which the denial is based. If an internal rule, protocol, guideline or other criterion was relied upon in denying the claim on appeal, the final written decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that You may request a copy free of charge. Upon written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim.

NOTICE FOR NEW HAMPSHIRE RESIDENTS

CONTINUATION OF YOUR DENTAL INSURANCE

If You are a resident of New Hampshire, Your Dental Insurance may be continued if it ends because Your employment ends unless:

- Your employment ends due to Your gross misconduct;
- this Dental Insurance ends for all employees;
- this Dental Insurance is changed to end Dental Insurance for the class of employees to which You belong;
- You are entitled to enroll in Medicare; or
- Your Dental Insurance ends because You failed to pay the required premium.

The Employer must give You written notice of:

- Your right to continue Your Dental Insurance;
- the amount of premium payment that is required to continue Your Dental Insurance;
- the manner in which You must request to continue Your Dental Insurance and pay premiums; and
- the date by which premium payments will be due.

The premium that You must pay for Your continued Dental Insurance may include:

- any amount that You contributed for Your Dental Insurance before it ended;
- any amount the Employer paid; and
- an administrative charge which will not to exceed two percent of the rest of the premium.

To continue Your Dental Insurance, You must:

- send a written request to continue Your Dental Insurance; and
- pay the first premium within 30 days after the date Your employment ends.

The maximum continuation period will be the longest of:

- 36 months if Your employment ends because You retire, and within 12 months of retirement You have a substantial loss of coverage because the employer files for bankruptcy protection under Title 11 of the United States Code;
- 29 months if You become entitled to disability benefits under Social Security within 60 days of the date Your Employment ends; or
- 18 months.

Your continued Dental Insurance will end on the earliest of the following to occur:

- the end of the maximum continuation period;
- the date this Dental Insurance ends;
- the date this Dental Insurance is changed to end Dental Insurance for the class of employees to which You belong;
- the date You are entitled to enroll for Medicare;
- if You do not pay the required premium to continue Your Dental Insurance; or
- the date You become eligible for coverage under any other group Dental coverage.

NOTICE FOR NEW HAMPSHIRE RESIDENTS (continued)

CONTINUATION OF YOUR DEPENDENT'S DENTAL INSURANCE

If You are a resident of New Hampshire, Your Dental Insurance for Your Dependents may be continued if it ends because Your employment ends, Your marriage ends in divorce or separation, or You die, unless:

- Your employment ends due to Your gross misconduct;
- this Dental Insurance ends for all Dependents;
- this Dental Insurance is changed, for the class of employees to which You belong, to end Dental Insurance for Dependents;
- the Dependent is entitled to enroll in Medicare; or
- Your Dental Insurance for Your Dependents ends because You fail to pay a required premium.

If Dental Insurance for Your Dependents ends because Your marriage ends in divorce or separation, the party responsible under the divorce decree or separation agreement for payment of premium for continued Dental Insurance must notify the employer, in writing, within 30 days of the date of the divorce decree or separation agreement that the divorce or separation has occurred. If You and Your divorced or separated Spouse share responsibility for payment of the premium for continued Dental Insurance, both You and Your divorced or separated Spouse must provide the notification.

The Employer must give You, or Your former Spouse if You have died or Your marriage has ended, written notice of:

- Your right to continue Your Dental Insurance for Your Dependents;
- the amount of premium payment that is required to continue Your Dental Insurance for Your Dependents;
- the manner in which You or Your former Spouse must request to continue Your Dental Insurance for Your Dependents and pay premiums; and
- the date by which premium payments will be due.

The premium that You or Your former Spouse must pay for continued Dental Insurance for Your Dependents may include:

- any amount that You contributed for Your Dental Insurance before it ended; and
- any amount the Employer paid.

To continue Dental Insurance for Your Dependents, You or Your former Spouse must:

- send a written request to continue Dental Insurance for Your Dependents; and
- must pay the first premium within 30 days of the date Dental Insurance for Your Dependents ends.

If You, and Your former Spouse, if applicable, fail to provide any required notification, or fail to request to continue Dental Insurance for Your Dependents and pay the first premium within the time limits stated in this section, Your right to continue Dental Insurance for Your Dependents will end.

NOTICE FOR NEW HAMPSHIRE RESIDENTS (continued)

CONTINUATION OF YOUR DEPENDENT'S DENTAL INSURANCE (Continued)

The maximum continuation period will be the longest of the following that applies:

- 36 months if Dental Insurance for Your Dependents ends because Your marriage ends in divorce or separation, except that with respect to a Spouse who is age 55 or older when your marriage ends in divorce or separation the maximum continuation period will end when the divorced or separated Spouse becomes eligible for Medicare or eligible for participation in another employer's group plan;
- 36 months if Dental Insurance for Your Dependents ends because You die, except that with respect to a Spouse who is age 55 or older when You die, the maximum continuation period will end when Your surviving Spouse becomes eligible for Medicare or eligible for participation in another employer's group dental coverage;
- 36 months if Dental Insurance for Your Dependents ends because You become entitled to benefits under Title XVIII of Social Security, except that with respect to a Spouse who is age 55 or older when You become entitled to benefits under Title XVIII of Social Security, the maximum continuation period will end when the divorced or separated Spouse becomes eligible for Medicare or eligible for participation in another employer's group dental coverage;
- 36 months if You become entitled to benefits under Title XVIII of Social Security while You are already receiving continued benefits under this section, except that with respect to a Spouse who is age 55 or older when You first become entitled to continue Your Dental Insurance the maximum continuation period will end when the divorced or separated Spouse becomes eligible for Medicare or eligible for participation in another employer's group dental coverage;
- 36 months with respect to a Dependent Child if Dental Insurance ends because the Child ceases to be a Dependent Child;
- 36 months if Your employment ends because You retire, and within 12 months of retirement You have a substantial loss of coverage because the employer files for bankruptcy protection under Title 11 of the United States Code;
- 29 months if Dental Insurance for Your Dependents ends because Your employment ends, and within 60 days of the date Your employment ends you become entitled to disability benefits under Social Security; or
- 18 months if Dental Insurance for Your Dependents ends because Your employment ends.

A Dependent's continued Dental Insurance will end on the earliest of the following to occur:

- the end of the maximum continuation period;
- the date this Dental Insurance ends;
- the date this Dental Insurance is changed to end Dental Insurance for Dependents for the class of employees to which You belong;
- the date the Dependent becomes entitled to enroll for Medicare;
- if You do not pay a required premium to continue Dental Insurance for Your Dependents; or
- the date the Dependent becomes eligible for coverage under any other group dental coverage.

NOTICE FOR NEW HAMPSHIRE RESIDENTS

The following service will be a Covered Service for New Hampshire residents whether or not general anesthesia or intravenous sedation is already specified elsewhere as covered:

General anesthesia or intravenous sedation in connection with oral surgery, extractions or other Covered Services, when

- the covered person is a Child under the age of 6 who is determined by a licensed Dentist in conjunction with a licensed Physician to have a dental condition of significant complexity which requires the Child to receive general anesthesia for the treatment of such condition;
- the covered person has exceptional medical circumstances or a developmental disability as determined by a licensed Physician which place the person at serious risk; or
- We determine such anesthesia is necessary in accordance with generally accepted dental standards.

NOTICE FOR RESIDENTS OF PENNSYLVANIA

Dental Insurance for a Dependent Child may be continued past the age limit if that Child is a full-time student and insurance ends due to the Child being ordered to active duty (other than active duty for training) for 30 or more consecutive days as a member of the Pennsylvania National Guard or a Reserve Component of the Armed Forces of the United States.

Insurance will continue if such Child:

- re-enrolls as a full-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located;
- re-enrolls for the first term or semester, beginning 60 or more days from the child's release from active duty;
- continues to qualify as a Child, except for the age limit; and
- submits the required Proof of the child's active duty in the National Guard or a Reserve Component of the United States Armed Forces.

Subject to the Date Insurance For Your Dependents Ends subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS, this continuation will continue until the earliest of the date:

- the insurance has been continued for a period of time equal to the duration of the child's service on active duty; or
- the child is no longer a full-time student.

NOTICE FOR RESIDENTS OF TEXAS

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

Sample

NOTICE FOR RESIDENTS OF TEXAS

The exclusion of services which are primarily cosmetic will not apply to the treatment or correction of a congenital defect of a newborn child.

Sample

DENTAL INSURANCE: PROCEDURES FOR DENTAL CLAIMS

NOTICE FOR RESIDENTS OF TEXAS

If You reside in Texas, note the following Procedures for Dental Claims will be followed:

Procedures for Presenting Claims for Dental Insurance Benefits

All claim forms needed to file for Dental Insurance benefits under the group insurance program can be obtained from the Employer who can also answer questions about the insurance benefits and to assist You or, if applicable, Your beneficiary in filing claims. Dental claim forms can also be downloaded from www.metlife.com/dental. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully.

Routine Questions on Dental Insurance Claims

If there is any question about a claim payment, an explanation may be requested from MetLife by dialing 1-800-942-0854.

Claim Submission

For claims for Dental Insurance benefits, the claimant must complete the appropriate claim form and submit the required proof as described in the FILING A CLAIM section of the certificate.

Claim forms must be submitted in accordance with the instructions on the claim form.

Initial Determination

After You submit a claim for Dental Insurance benefits to MetLife, MetLife will notify You acknowledging receipt of Your claim, commence with any investigation, and request any additional information within 15 days of receipt of Your claim.

MetLife will notify You in writing of the acceptance or rejection of Your claim within 15 business days of receipt of all information needed to process Your claim.

If MetLife cannot accept or reject Your claim within 15 business days after receipt of all information, MetLife will notify You within 15 business days stating the reason why we require an extension. If an extension is requested, We will notify You of our decision to approve or deny Your claim within 45 days. Upon notification of approval, Your claim will be paid within 5 business days.

If MetLife denies Your claim in whole or in part, the notification of the claims decision will state the reason why Your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because MetLife did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. Further, if an internal rule, protocol, guideline or other criterion was relied upon in making the denial, the claims decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that You may request a copy free of charge.

DENTAL INSURANCE: PROCEDURES FOR DENTAL CLAIMS (continued)

Appealing the Initial Determination

If MetLife denies Your claim, You may take two appeals of the initial determination. Upon Your written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim. You must submit Your appeal to MetLife at the address indicated on the claim form within 180 days of receiving MetLife's decision. Appeals must be in writing and must include at least the following information:

- Name of Employee;
- Name of the Plan;
- Reference to the initial decision;
- Whether the appeal is the first or second appeal of the initial determination;
- An explanation why You are appealing the initial determination.

As part of each appeal, You may submit any written comments, documents, records, or other information relating to Your claim.

After MetLife receives Your written request appealing the initial determination or determination on the first appeal, MetLife will conduct a full and fair review of Your claim. Deference will not be given to initial denials, and MetLife's review will look at the claim anew. The review on appeal will take into account all comments, documents, records, and other information that You submit relating to Your claim without regard to whether such information was submitted or considered in the initial determination. The person who will review Your appeal will not be the same person as the person who made the initial decision to deny Your claim. In addition, the person who is reviewing the appeal will not be a subordinate of the person who made the initial decision to deny Your claim. If the initial denial is based in whole or in part on a medical judgment, MetLife will consult with a health care professional with appropriate training and experience in the field of dentistry involved in the judgment. This health care professional will not have consulted on the initial determination, and will not be a subordinate of any person who was consulted on the initial determination.

MetLife will notify You in writing of its final decision within 30 days after MetLife's receipt of Your written request for review, except that under special circumstances MetLife may have up to an additional 30 days to provide written notification of the final decision. If such an extension is required, MetLife will notify You prior to the expiration of the initial 30 day period, state the reason(s) why such an extension is needed, and state when it will make its determination.

If MetLife denies the claim on appeal, MetLife will send You a final written decision that states the reason(s) why the claim You appealed is being denied and references any specific Plan provision(s) on which the denial is based. If an internal rule, protocol, guideline or other criterion was relied upon in denying the claim on appeal, the final written decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that You may request a copy free of charge. Upon written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim.

NOTICE FOR RESIDENTS OF UTAH

Notice of Protection Provided by Utah Life and Health Insurance Guaranty Association

This notice provides a brief summary of the Utah Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Utah law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, health, or annuity insurance company becomes financially unable to meet its obligations and is taken over by its insurance regulatory agency. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Utah law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

- Life Insurance
 - o \$500,000 in death benefits
 - o \$200,000 in cash surrender or withdrawal values
- Health Insurance
 - o \$500,000 in hospital, medical and surgical insurance benefits
 - o \$500,000 in long-term care insurance benefits
 - o \$500,000 in disability income insurance benefits
 - o \$500,000 in other types of health insurance benefits
- Annuities
 - o \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$500,000. Special rules may apply with regard to hospital, medical and surgical insurance benefits.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. Coverage is conditioned on residency in this state and there are substantial limitations and exclusions. For a complete description of coverage, consult Utah Code, Title 3 IA, Chapter 28.

Insurance companies and agents are prohibited by Utah law to use the existence of the Association or its coverage to encourage you to purchase insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between Utah law and this notice, Utah law will control.

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website at www.utlifega.org or contact:

Utah Life and Health Insurance Guaranty Assoc.
60 East South Temple, Suite 500
Salt Lake City UT 84111
(801) 320-9955

Utah Insurance Department
3110 State Office Building
Salt Lake City UT 84114-6901
(801) 538-3800

A written complaint about misuse of this Notice or the improper use of the existence of the Association may be filed with the Utah Insurance Department at the above address.

NOTICE FOR RESIDENTS OF THE STATE OF VERMONT

Vermont law provides that the following apply to Your certificate:

Domestic Partner means each of two people, one of whom is an Employee of the Policyholder, who have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a government agency where such registration is available.

Wherever the term "**Spouse**" appears in this certificate it shall, unless otherwise specified, be read to include Your Domestic Partner.

Wherever the term "step-child" appears in this certificate it shall be read to include the children of Your Domestic Partner.

Sample

NOTICE TO RESIDENTS OF VIRGINIA

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

In the event You need to contact someone about this insurance for any reason please contact Your agent. If no agent was involved in the sale of this insurance, or if You have additional questions You may contact the insurance company issuing this insurance at the following address and telephone number:

MetLife
200 Park Avenue
New York, New York 10166
Attn: Corporate Consumer Relations Department

To phone in a claim related question, You may call Claims Customer Service at:
1-800-275-4638

If You have any questions regarding an appeal or grievance concerning the dental services that You have been provided that have not been satisfactorily addressed by this Dental Insurance, You may contact the Virginia Office of the Managed Care Ombudsman for assistance.

The Office of the Managed Care Ombudsman
Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218
1-877-310-6560 - toll-free
1-804-371-9944 - fax
www.scc.virginia.gov - web address
ombudsman@scc.virginia.gov - email

Or:

Office of Licensure and Certification
Division of Acute Care Services
Virginia Department of Health
9960 Mayland Drive
Suite 401
Henrico, Virginia 23233-1463
Phone number: 1-800-955-1819/ local: 804-367-2106
Fax: (804) 527-4503
MCHIP@vdh.virginia.gov

Written correspondence is preferable so that a record of Your inquiry is maintained. When contacting Your agent, company or the Bureau of Insurance, have Your policy number available.

DENTAL INSURANCE: PROCEDURES FOR DENTAL CLAIMS

Claim Submission

For claims for Dental Insurance benefits, the claimant must complete the appropriate claim form and submit the required proof as described in the FILING A CLAIM section of the certificate.

Claim forms must be submitted in accordance with the instructions on the claim form.

NOTICE TO RESIDENTS OF VIRGINIA (continued)

Appealing the Initial Determination

If MetLife denies Your claim, You may take two appeals of the initial determination. Upon your written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to your claim. You must submit Your appeal to MetLife at the address indicated on the claim form within 180 days of receiving MetLife's decision. Appeals must be in writing and must include at least the following information:

- Name of Employee;
- Name of the Plan;
- Reference to the initial decision;
- Whether the appeal is the first or second appeal of the initial determination;
- An explanation why You are appealing the initial determination.

As part of each appeal You may submit any written comments, documents, records or other information relating to Your claim.

After MetLife receives Your written request appealing the initial determination or determination on the first appeal, MetLife will conduct a full and fair review of Your claim. Deference will not be given to initial denials, and MetLife's review will look at the claim anew. The review on appeal will take into account all comments, documents, records, and other information that You submit relating to Your claim without regard to whether such information was submitted or considered in the initial determination. The person who will review Your appeal will not be the same person as the person who made the initial decision to deny Your claim. In addition, the person who is reviewing the appeal will not be a subordinate of the person who made the initial decision to deny Your claim. If the initial denial is based in whole or in part on a medical judgment, MetLife will consult with a health care professional with appropriate training and experience in the field of dentistry involved in the judgment. This health care professional will not have consulted on the initial determination, and will not be a subordinate of any person who was consulted on the initial determination. MetLife will notify You in writing of its final determination within 30 days after MetLife's receipt of Your written request for review, except that under special circumstances MetLife may have up to an additional 30 days to provide written notification of the final decision. If such an extension is required, MetLife will notify You prior to the expiration of the 30 day period, state the reason(s) why an extension is needed, and state when it will make its determination.

If MetLife denies the claim on appeal, MetLife will send You a final written decision that states the reason(s) why the claim You appealed is being denied and references any specific Plan provision(s) on which the denial is based. If an internal rule, protocol, guideline or other criterion was relied upon in denying the claim on appeal, the final written decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that You may request a copy free of charge. Upon written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim.

Policies and Procedures for Emergency and Urgent Care

Urgent care and Emergency services: All member dentists of the MetLife Preferred Dentist Program are required to have 24-hour emergency coverage or have alternate arrangements for emergency care for their patients. Since the MetLife Preferred Dentist Program is a freedom-of-choice PPO program, there is no primary care physician. No authorization of a service is necessary by a Primary Care Physician, nor is it necessary to obtain a pre-authorization of services. The patient is free to use the dentist of their choice.

An important distinction to be made for this section is the difference between Urgent Care in a dental situation versus that found in medical. Urgent care is defined more narrowly in dental to mean the alleviation of severe pain (as there are no life-threatening situations in dental). Additionally, the alleviation of pain in dental is a simple palliative treatment, which is not subject to claim review.

The benefit amount will be consistent with the terms contained in the insured's contract.

Urgent Care Submission:

GCERT2000
notice/va1

NOTICE TO RESIDENTS OF VIRGINIA (continued)

A small number of claims for dental expense benefits may be urgent care claims. Urgent care claims for dental expense benefits are claims for reimbursement of dental expenses for services which a dentist familiar with the dental condition determines would subject the patient to severe pain that cannot be adequately managed without the care or treatment that is the subject of the claim. Of course any such claim may always be submitted in accordance with the normal claim procedures. However your dentist may also submit such a claim to MetLife by telephoning MetLife and informing MetLife that the claim is an Urgent Care Claim. Urgent Care Claims are processed according to the procedures set out above, however once a claim for urgent care is submitted MetLife will notify you of the determination on the claim as soon as possible, but no later than 72 hours after the claim is filed. If you or your covered dependent does not provide the claims administrator with enough information to decide the claim, MetLife will notify you within 24 hours after it receives the claim of the further information that is needed. You will have 48 hours to provide the information. If the needed information is provided, MetLife will then notify you of the claim decision within 48 hours after MetLife received the information. If the needed information is not provided, MetLife will notify you or your covered dependent of its decision within 120 hours after the claim was received.

If your urgent care claim is denied but you receive the care, you may appeal the denial using the normal claim procedures. If your urgent care claim is denied and you do not receive the care, you can request an expedited appeal of your claim denial by phone or in writing. MetLife will provide you any necessary information to assist you in your appeal. MetLife will then notify you of its decision within 72 hours of your request in writing. However, MetLife may notify you by phone within the same time frames above and then mail you a written notice.

NOTICE FOR RESIDENTS OF THE STATE OF WASHINGTON

Washington law provides that the following apply to Your certificate:

Wherever the term "**Spouse**" appears in this certificate it shall, unless otherwise specified, be read to include Your Domestic Partner.

Domestic Partner means each of two people, one of whom is an Employee of the Policyholder, who have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a government agency where such registration is available.

Wherever the term "step-child" appears in this certificate it shall be read to include the children of Your Domestic Partner.

NOTICE FOR RESIDENTS OF WISCONSIN

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE? - If You are having problems with Your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve Your problem.

MetLife
Attn: Corporate Consumer Relations Department
200 Park Avenue
New York, New York 10166
1-800-438-6388

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by contacting:

Office of the Commissioner of Insurance
Complaints Department
P.O. Box 7873
Madison, WI 53707-7873
1-800-236-8517 outside of Madison or 608-266-0103 in Madison.

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SCHEDULE OF BENEFITS

This schedule shows the benefits that are available under the Group Policy. You and Your Dependents will only be insured for the benefits:

- for which You and Your Dependents become and remain eligible;
- which You elect, if subject to election; and
- which are in effect.

BENEFIT

BENEFIT AMOUNT AND HIGHLIGHTS

Dental Insurance For You and Your Dependents

Covered Percentage for:	In-Network based on the Maximum Allowed Charge	Out-of-Network based on the Reasonable and Customary Charge
Type A Services	100%	100%
Type B Services	80%	80%
Type C Services	50%	50%
Orthodontic Covered Services	50%	50%
Deductibles for:		
Yearly Individual Deductible	\$50 for the following Covered Services Combined: Type B; Type C	\$50 for the following Covered Services Combined: Type B; Type C
Yearly Family Deductible	\$150 for the following Covered Services Combined: Type B; Type C	\$150 for the following Covered Services Combined: Type B; Type C
Maximum Benefit:		
Yearly Individual Maximum	\$1,500 for the following Covered Services: Type A; Type B; Type C	\$1,500 for the following Covered Services: Type A; Type B; Type C
Lifetime Individual Maximum Benefit Amount for Orthodontic Covered Services	\$1,500	\$1,500

DEFINITIONS

As used in this certificate, the terms listed below will have the meanings set forth below. When defined terms are used in this certificate, 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:

- the Policyholder's place of business;
- an alternate place approved by the Policyholder; or
- a place to which the Policyholder's business requires You to travel.

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

Cast Restoration means an inlay, onlay, or crown.

Child means the following: (for residents of Alaska, Louisiana, Minnesota, Montana, New Hampshire, New Mexico, Texas, Utah and Washington, the Child Definition is modified as explained in the Notice pages of this certificate - please consult the Notice)

Your natural or adopted child; Your stepchild; or a child who resides with and is fully supported by You; and who, in each case, is:

- under age 19 and unmarried; or
- between ages 19 and 23; and
 - unmarried;
 - supported by You;
 - not employed on a full-time basis; and
 - a full-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located.

The definition of Child includes newborns.

An adopted child includes a child placed in Your physical custody for purpose of adoption. If prior to completion of the legal adoption the child is removed from Your custody, the child's status as an adopted child will end.

If You provide Us notice, a Child also includes a child for whom You must provide Dental Insurance due to a Qualified Medical Child Support Order as defined in the United States Employee Retirement Income Security Act of 1974 as amended.

For the purposes of determining who may become covered for insurance, the term does not include any person who:

- is on active duty in the military of any country or international authority; however, active duty for this purpose does not include weekend or summer training for the reserve forces of the United States, including the National Guard; or
- is insured under the Group Policy as an employee.

DEFINITIONS (continued)

Contributory Insurance means insurance for which the Policyholder requires You to pay any part of the premium.

Contributory Insurance includes: Dental Insurance.

Covered Percentage means:

- for a Covered Service performed by an In-Network Dentist, the percentage of the Maximum Allowed Charge that We will pay for such services after any required Deductible is satisfied; and
- for a Covered Service performed by an Out-of-Network Dentist, the percentage of the Reasonable and Customary Charge that We will pay for such services after any required Deductible is satisfied.

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 insured for Dental Insurance;
- Dentally Necessary to treat the condition; and
- described in the SCHEDULE OF BENEFITS or DENTAL INSURANCE sections of this certificate.

Deductible means the amount You or Your Dependents must pay before We will pay for Covered Services.

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.

Dentally Necessary means that a dental service or treatment is performed in accordance with generally accepted dental standards as determined by Us 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 Policy. 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 Insurance, the term will include a Physician who performs a Covered Service.

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

Dependent(s) means Your Spouse and/or Child.

Full-Time means Active Work of at least 30 hours per week on the Policyholder's regular work schedule for the eligible class of employees to which You belong.

In-Network Dentist means a Dentist who participates in the Preferred Dentist Program and has a contractual agreement with Us to accept the Maximum Allowed Charge as payment in full for a dental service.

DEFINITIONS (continued)

Maximum Allowed Charge means the lesser of:

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

Out-of-Network Dentist means a Dentist who does not participate in the Preferred Dentist Program.

Physician means:

- a person licensed to practice medicine in the jurisdiction where such services are performed; or
- any other person whose services, according to applicable law, must be treated as Physician's services for purposes of the Group Policy. Each such person must be licensed in the jurisdiction where he performs the service and must act within the scope of that license. He must also be certified and/or registered if required by such jurisdiction.

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

Reasonable and Customary Charge is the lowest of:

- the Dentist's actual charge for the services or supplies (or, if the provider of the service or supplies is not a Dentist, such other provider's actual charge for the services or supplies) (the 'Actual Charge'); or
- the usual charge by the Dentist or other provider of the services or supplies for the same or similar services or supplies (the 'Usual Charge'); or
- the usual charge of other Dentists or other providers in the same geographic area equal to the 90th percentile of charges as determined by MetLife based on charge information for the same or similar services or supplies maintained in MetLife's Reasonable and Customary Charge records (the 'Customary Charge'). Where MetLife determines that there is inadequate charge information maintained in MetLife's Reasonable and Customary Charge records for the geographic area in question, the Customary Charge will be determined based on actuarially sound principles.

An example of how the 90th percentile is calculated is to assume one hundred (100) charges for the same service are contained in MetLife's Reasonable and Customary charge records. These one hundred (100) charges would be sorted from lowest to highest charged amount and numbered 1 through 100. The 90th percentile of charges is the charge that is equal to the charge numbered 90.

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.

DEFINITIONS (continued)

Spouse means Your lawful spouse.

For the purposes of determining who may become covered for insurance, the term does not include any person who:

- is on active duty in the military of any country or international authority; however, active duty for this purpose does not include weekend or summer training for the reserve forces of the United States, including the National Guard; or
- is insured under the Group Policy as an employee.

We, Us and **Our** mean MetLife.

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**, for Dental Insurance, means the 12 month period that begins January 1.

You and **Your** mean an employee who is insured under the Group Policy for the insurance described in this certificate.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU

ELIGIBLE CLASS(ES)

All Full-Time employees of the Policyholder.

DATE YOU ARE ELIGIBLE FOR INSURANCE

You may only become eligible for the insurance available for Your eligible class as shown in the SCHEDULE OF BENEFITS.

You will be eligible for insurance described in this certificate on the later of:

1. January 1, 2016; and
2. the first day of the calendar month following the date You complete the Waiting Period of 30 days.

Waiting Period means the period of continuous membership in an eligible class that You must wait before You become eligible for insurance. This period begins on the date You enter an eligible class and ends on the date You complete the period(s) specified.

ENROLLMENT PROCESS FOR DENTAL INSURANCE

If You are eligible for insurance, You may enroll for such insurance by completing the required form in Writing. If You enroll for Contributory Insurance, You must also give the Policyholder Written permission to deduct premiums from Your pay for such insurance. You will be notified by the Policyholder how much You will be required to contribute.

The Dental Insurance has a regular enrollment period established by the Policyholder. Subject to the rules of the Group Policy, You may enroll for Dental Insurance only when You are first eligible, during an annual enrollment period or if You have a Qualifying Event. You should contact the Policyholder for more information regarding the flexible benefits plan.

DATE YOUR INSURANCE TAKES EFFECT

Enrollment When First Eligible

If You complete the enrollment process within 31 days of becoming eligible for insurance, such insurance will take effect on the date You become eligible, provided You are Actively at Work on that date.

If You are not Actively at Work on the date the insurance would otherwise take effect, the insurance will take effect on the day You resume Active Work.

If You Do Not Enroll When First Eligible

If You do not complete the enrollment process within 31 days of becoming eligible, You will not be able to enroll for insurance until the next annual enrollment period for Dental Insurance, as determined by the Policyholder, following the date You first become eligible. At that time You will be able to enroll for insurance for which You are then eligible.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU (continued)

Enrollment During an Annual Enrollment Period

During any annual enrollment period as determined by the Policyholder, You may enroll for insurance for which You are eligible or choose a different option than the one for which You are currently enrolled. If You are not currently enrolled for Dental Insurance but You enroll during an enrollment period, the Dental Insurance takes effect one year after Your request. Otherwise the changes to Your insurance made during an enrollment period will take effect on the first day of the calendar year following the enrollment period, if You are Actively at Work on that date.

If You are not Actively at Work on the date the insurance would otherwise take effect, insurance will take effect on the date You resume Active Work.

Enrollment Due to a Qualifying Event

You may enroll for insurance, for which You are eligible, or change the amount of Your insurance between annual enrollment periods only if You have a Qualifying Event.

If You have a Qualifying Event, You will have 31 days from the date of that change to make a request. This request must be consistent with the nature of the Qualifying Event. The insurance enrolled for, or changes to Your insurance made as a result of a Qualifying Event, will take effect on the first day of the month following the date of Your request, if You are Actively at Work on that date.

If You are not Actively at Work on the date the insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

Qualifying Event includes:

- marriage;
- the birth, adoption or placement for adoption of a dependent child;
- divorce, legal separation or annulment;
- the death of a dependent; or
- You previously did not enroll for Dental Insurance for You or Your dependent because You had other group coverage, but that coverage has ceased due to one or more of the following reasons:
 1. loss of eligibility for the other group coverage;
 2. termination of employer contributions for the other group coverage; or
 3. COBRA Continuation of the other group coverage was exhausted.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU (continued)

DATE YOUR INSURANCE ENDS

Your insurance will end on the earliest of:

1. the date the Group Policy ends;
2. the date insurance ends for Your class;
3. the end of the period for which the last premium has been paid for You;
4. the last day of the calendar month in which Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT; or
5. the date You retire in accordance with the Policyholder's retirement plan.

In certain cases insurance may be continued as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS

ELIGIBLE CLASS(ES) FOR DEPENDENT INSURANCE

All Full-Time employees of the Policyholder.

DATE YOU ARE ELIGIBLE FOR DEPENDENT INSURANCE

You may only become eligible for the Dependent insurance available for Your eligible class as shown in the SCHEDULE OF BENEFITS.

You will be eligible for Dependent insurance described in this certificate on the latest of:

1. January 1, 2016;
2. the date You enter a class eligible for insurance;
3. the date You obtain a Dependent; and
4. the day after the date You complete the Waiting Period of 30 days.

Waiting Period means the period of continuous membership in an eligible class that You must wait before You become eligible for insurance. This period begins on the date You enter an eligible class and ends on the date You complete the period(s) specified.

No person may be insured as a Dependent of more than one employee.

ENROLLMENT PROCESS FOR DEPENDENT DENTAL INSURANCE

If You are eligible for Dependent Insurance, You may enroll for such insurance by completing the required form in Writing for each Dependent to be insured. If You enroll for Contributory Insurance, You must also give the Policyholder Written permission to deduct premiums from Your pay for such insurance. You will be notified by the Policyholder how much You will be required to contribute.

In order to enroll for Dental Insurance for Your Dependents, You must either (a) already be enrolled for Dental Insurance for You or (b) enroll at the same time for Dental Insurance for You.

The Dental Insurance has a regular enrollment period established by the Policyholder. Subject to the rules of the Group Policy, You may enroll for Dependent Dental Insurance only when You are first eligible, during an annual enrollment period or if You have a Qualifying Event. You should contact the Policyholder for more information regarding the flexible benefits plan.

DATE DENTAL INSURANCE TAKES EFFECT FOR YOUR DEPENDENTS

Enrollment When First Eligible

If You complete the enrollment process within 31 days of becoming eligible for Dependent Insurance, such insurance will take effect on the date You become eligible, provided You are Actively at Work on that date.

If You are not Actively at Work on the date the insurance would otherwise take effect, the insurance will take effect on the day You resume Active Work.

If You Do Not Enroll When First Eligible

If You do not complete the enrollment process within 31 days of becoming eligible, You will not be able to enroll for Dependent Insurance until the next annual enrollment period for Dental Insurance, as determined by the Policyholder, following the date You first become eligible. At that time You will be able to enroll for insurance for which You are then eligible.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS (continued)

Enrollment During an Annual Enrollment Period

During any annual enrollment period as determined by the Policyholder, You may enroll for Dependent Insurance for which You are eligible or choose a different option than the one for which Your Dependents are currently enrolled. If You are not currently enrolled for Dependent Insurance but You enroll during an enrollment period, the Dependent Insurance takes effect one year after Your request. Otherwise the changes to Your Dependent Insurance made during an enrollment period will take effect on the first day of the calendar year following the enrollment period, if You are Actively at Work on that date.

If You are not Actively at Work on the date the insurance would otherwise take effect, insurance will take effect on the date You resume Active Work.

Enrollment Due to a Qualifying Event

You may enroll for Dependent Insurance for which You are eligible or change the amount of Your Dependent Insurance between annual enrollment periods only if You have a Qualifying Event.

If You have a Qualifying Event, You will have 31 days from the date of that change to make a request. This request must be consistent with the nature of the Qualifying Event. The insurance enrolled for or changes to Your insurance made as a result of a Qualifying Event will take effect on the first day of the month following the date of Your request, if You are Actively at Work on that date.

If You are not Actively at Work on the date the insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

Qualifying Event includes:

- marriage;
- the birth, adoption or placement for adoption of a dependent child;
- divorce, legal separation or annulment;
- the death of a dependent; or
- You previously did not enroll for Dental Insurance for You or Your dependent because You had other group coverage, but that coverage has ceased due to one or more of the following reasons:
 1. loss of eligibility for the other group coverage;
 2. termination of employer contributions for the other group coverage;
 3. COBRA Continuation of the other group coverage was exhausted.

Once You have enrolled one Child for Dependent Insurance, each succeeding Child will automatically be insured for such insurance on the date the Child qualifies as a Dependent.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS (continued)

DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS

A Dependent's insurance will end on the earliest of:

1. the date You die;
2. the date Dental Insurance for You ends;
3. the date the Group Policy ends;
4. the date insurance for Your Dependents ends under the Group Policy;
5. the date insurance for Your Dependents ends for Your class;
6. the last day of the calendar month in which Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT;
7. the end of the period for which the last premium has been paid;
8. the last day of the calendar month the person ceases to be a Dependent; or
9. the date You retire in accordance with the Policyholder's retirement plan.

In certain cases insurance may be continued as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

SPECIAL RULES FOR GROUPS PREVIOUSLY COVERED UNDER OTHER GROUP DENTAL COVERAGE

The following rules will apply if this Dental Insurance replaces other group dental coverage provided to You by the Policyholder.

Prior Plan means the group dental coverage provided to You by the Policyholder on the day before the Replacement Date.

Replacement Date means the effective date of this Dental Insurance under the Group Policy.

Rules if You or You and Your Dependents were Covered Under the Prior Plan on the Day Before the Replacement Date:

1. if You and Your Dependents were covered under the Prior Plan on the day before the Replacement Date, You will be eligible for this Dental Insurance on the Replacement Date if You are in an eligible class on such date;
2. if any of the following conditions occurred while coverage was in effect under the Prior Plan, We will treat such conditions as though they occurred while this Dental Insurance is in effect:
 - the loss of a tooth; and
 - the accumulation of amounts toward:
 - a) Annual Deductibles;
 - b) Annual Maximum Benefits;
 - c) Lifetime Maximum Benefits;
3. if a dental service was received while the Prior Plan was in effect and such service would be a Covered Service subject to frequency and/or time limitations if performed while this Dental Insurance is in effect, the receipt of such prior service will be counted toward the time and frequency limitations under this Dental Insurance;
4. if a government mandated continuation of coverage under the Prior Plan was in effect on the Replacement Date, such coverage may be continued under this Dental Insurance if the required payment is made for the cost of such coverage. In such case, benefits will be available under this Dental Insurance until the earlier of:
 - the date the continued coverage ends as set forth in the provisions of the government-mandated requirements; or
 - the date this Dental Insurance ends.

Rules if You or You and Your Dependents were NOT covered under the Prior Plan on the Day Before the Replacement Date:

1. You will be eligible for this Dental Insurance when You meet the eligibility requirements for such insurance as described in ELIGIBILITY PROVISIONS: INSURANCE FOR YOU;
2. Your Dependents will be eligible for this Dental Insurance when they meet the eligibility requirements for such insurance as described in ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS; and
3. We will credit any time accumulated toward any eligibility waiting period under the Prior Plan to the satisfaction of any eligibility waiting period required to be met under this Dental Insurance.

CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT

FOR MENTALLY OR PHYSICALLY HANDICAPPED CHILDREN

Insurance 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 31 days after the date the Child attains the age limit and at reasonable intervals after such date.

Subject to the DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS, insurance 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 for continuation of insurance under the Family and Medical Leave Act of 1993 (FMLA), or other legally mandated leave of absence or similar laws. Please contact the Policyholder for information regarding such legally mandated leave of absence laws.

COBRA CONTINUATION FOR DENTAL INSURANCE

If Dental Insurance for You or a Dependent ends, You or Your Dependent may qualify for continuation of such insurance under the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended (COBRA). Please refer to the COBRA section of Your summary plan description or contact the Policyholder for information regarding continuation of insurance under COBRA.

AT THE POLICYHOLDER'S OPTION

The Policyholder has elected to continue insurance by paying premiums for employees who cease Active Work in an eligible class for any of the reasons specified below. If Your insurance is continued, insurance for Your Dependents may also be continued.

Insurance will continue for the following periods:

1. if You cease Active Work due to layoff, for a period in accordance with the Policyholder's general practice for an employee in Your job class;
2. if You cease Active Work due to any other Policyholder approved leave of absence, for a period in accordance with the Policyholder's general practice for an employee in Your job class;
3. if You cease Active Work due to injury or sickness, for a period in accordance with the Policyholder's general practice for an employee in Your job class.

The Policyholder's general practice for employees in a job class determines which employees with the above types of absences are to be considered as still insured and for how long among persons in like situations.

CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (continued)

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

- if You resume Active Work in an eligible class at this time, You will continue to be insured under the Group Policy;
- if You do not resume Active Work in an eligible class at this time, Your employment will be considered to end and Your insurance will end in accordance with the DATE YOUR INSURANCE ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOU.

If Your insurance ends, Your Dependents' insurance will also end in accordance with the DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS.

Sample

DENTAL INSURANCE

If You or a Dependent incur a charge for a Covered Service, Proof of such service must be sent to Us. When We receive such Proof, We will review the claim and if We approve it, will pay the insurance in effect on the date that service was completed.

This Dental Insurance gives You access to Dentists through the MetLife Preferred Dentist Program. Dentists participating in the MetLife Preferred Dentist Program have agreed to limit their charge for a dental service to the Maximum Allowed Charge for such service. Under the MetLife Preferred Dentist Program, We pay benefits for Covered Services performed by either In-Network Dentists or Out-of-Network Dentists. However, You may be able to reduce Your out-of-pocket costs by using an In-Network Dentist because Out-of-Network Dentists have not entered into an agreement with Us to limit their charges. You are always free to receive services from any Dentist. You do not need any authorization from Us to choose a Dentist.

The MetLife Preferred Dentist Program does not provide dental services. Whether or not benefits are available for a particular service, does not mean You should or should not receive the service. You and Your Dentist have the right and are responsible at all times for choosing the course of treatment and services to be performed. After services have been performed, We will determine the extent to which benefits, if any, are payable.

When requesting a Covered Service from an In-Network Dentist, We recommend that You:

- identify Yourself as an insured in the Preferred Dentist Program; and
- confirm that the Dentist is currently an In-Network Dentist at the time that the Covered Service is performed.

The amount of the benefit will not be affected by whether or not You identify Yourself as a member in the Preferred Dentist Program.

You can obtain a customized listing of MetLife's In-Network Dentists either by calling 1-800-942-0854 or by visiting Our website at www.metlife.com/dental.

BENEFIT AMOUNTS

We will pay benefits in an amount equal to the Covered Percentage for charges incurred by You or a Dependent for a Covered Service as shown in the SCHEDULE OF BENEFITS, subject to the conditions set forth in this certificate.

In-Network

If a Covered Service is performed by an In-Network Dentist, We will base the benefit on the Covered Percentage of the Maximum Allowed Charge.

If an In-Network Dentist performs a Covered Service, You will be responsible for paying:

- the Deductible; and
- any other part of the Maximum Allowed Charge for which We do not pay benefits.

Out-of-Network

If a Covered Service is performed by an Out-of-Network Dentist, We will base the benefit on the Covered Percentage of the Reasonable and Customary Charge.

Out-of-Network Dentists may charge You more than the Reasonable and Customary Charge. If an Out-of-Network Dentist performs a Covered Service, You will be responsible for paying:

- the Deductible; and
- any other part of the Reasonable and Customary Charge for which We do not pay benefits; and
- any amount in excess of the Reasonable and Customary Charge charged by the Out-of-Network Dentist.

DENTAL INSURANCE (continued)

Maximum Benefit Amounts

The SCHEDULE OF BENEFITS sets forth Maximum Benefit Amounts We will pay for Covered Services received In-Network and Out-of-Network. We will never pay more than the greater of the In-Network Maximum Benefit Amount or the Out-of-Network Maximum Benefit Amount.

For example, if a Covered Service is received Out-of-Network and We pay \$300 in benefits for such service, \$300 will be applied toward both the In-Network and the Out-of-Network Maximum Benefit Amounts applicable to such service.

Deductibles

The Deductible amounts are shown in the SCHEDULE OF BENEFITS.

The Yearly Individual Deductible is the amount that You and each Dependent must pay for Covered Services to which such Deductible applies each Year before We will pay benefits for such Covered Services.

We apply amounts used to satisfy Yearly Individual Deductibles to the Yearly Family Deductible. Once the Yearly Family Deductible is satisfied, no further Yearly Individual Deductibles are required to be met.

The amount We apply toward satisfaction of a Deductible for a Covered Service is the amount We use to determine benefits for such service. The Deductible Amount will be applied based on when Dental Insurance claims for Covered Services are processed by Us. The Deductible Amount will be applied to Covered Services in the order that Dental Insurance claims for Covered Services are processed by Us regardless of when a Covered Service is "incurred". When several Covered Services are incurred on the same date and Dental Insurance benefits are claimed as part of the same claim, the Deductible Amount is applied based on the Covered Percentage applicable to each Covered Service. The Deductible Amount will be applied in the order of highest Covered Percentage to lowest Covered Percentage.

Alternate Benefit

If We determine that a service, less costly than the Covered Service the Dentist performed, could have been performed to treat a dental condition, We will pay benefits based upon the less costly service if such service:

- would produce a professionally acceptable result under generally accepted dental standards; and
- would qualify as a Covered Service.

For example:

- when an amalgam filling and a composite filling are both professionally acceptable methods for filling a molar, We may base Our benefit determination upon the amalgam filling which is the less costly service;
- when a filling and an inlay are both professionally acceptable methods for treating tooth decay or breakdown, We may base Our benefit determination upon the filling which is the less costly service;
- when a filling and a crown are both professionally acceptable methods for treating tooth decay or breakdown, We may base Our benefit determination upon the filling which is the less costly service; and
- when a partial denture and fixed bridgework are both professionally acceptable methods for replacing multiple missing teeth in an arch, We may base Our benefit determination upon the partial denture which is the less costly service.

If We pay benefits based upon a less costly service in accordance with this subsection, the Dentist may charge You or Your Dependent for the difference between the service that was performed and the less costly service. This is the case even if the service is performed by an In-Network Dentist.

DENTAL INSURANCE (continued)

Certain comprehensive dental services have multiple steps associated with them. These steps can be completed at one time or during multiple sessions. For benefit purposes under this certificate, these separate steps of one service are considered to be part of the more comprehensive service. Even if the dentist submits separate bills, the total benefit payable for all related charges will be limited by the maximum benefit payable for the more comprehensive service. For example, root canal therapy includes x-rays, opening of the pulp chamber, additional x-rays, and filling of the chamber. Although these services may be performed in multiple sessions, they all constitute root canal therapy. Therefore, We will only pay benefits for the root canal therapy.

Orthodontic Covered Services

Orthodontic treatment generally consists of initial placement of an appliance and periodic follow-up visits.

The benefit payable for the initial placement will not exceed 20% of the Lifetime Maximum Benefit Amount for Orthodontia in effect when the course of treatment begins.

The benefit payable for the periodic follow-up visits will also be based on the Lifetime Maximum Benefit Amount for Orthodontia in effect when the course of treatment begins. It will be payable on a quarterly basis during the course of the orthodontic treatment if:

- Dental Insurance is in effect for the person receiving the orthodontic treatment; and
- Proof is given to Us that the orthodontic treatment is continuing.

Benefits for Orthodontic Services Begun Prior to this Dental Insurance

If the initial placement was made prior to this Dental Insurance being in effect, the benefit payable will be reduced by the portion attributable to the initial placement.

If the periodic follow-up visits commenced prior to this Dental Insurance being in effect:

- the number of months for which benefits are payable will be reduced by the number of months of treatment performed before this Dental Insurance was in effect; and
- the total amount of the benefit payable for the periodic visits will be reduced proportionately.

Pretreatment Estimate of Benefits

If a planned dental service is expected to cost more than \$300, You have the option of requesting a pretreatment estimate of benefits. The Dentist should submit a claim detailing the services to be performed and the amount to be charged. After We receive this information, We will provide You with an estimate of the Dental Insurance benefits available for the service. The estimate is not a guarantee of the amount We will pay. Under the Alternate Benefit provision, benefits may be based on the cost of a service other than the service that You choose. You are required to submit Proof on or after the date the dental service is completed in order for Us to pay a benefit for such service.

The pretreatment estimate of benefits is only an estimate of benefits available for proposed dental services. You are not required to obtain a pretreatment estimate of benefits. As always, You or Your Dependent and the Dentist are responsible for choosing the services to be performed.

DENTAL INSURANCE (continued)

Benefits We Will Pay After Insurance Ends

We will pay benefits for a 31 day period after Your insurance ends for the completion of installation of a prosthetic device if:

- the Dentist prepared the abutment teeth or made impressions before Your insurance ends; and
- the device is installed within 31 days after the date the insurance ends.

We will pay benefits for a 31 day period after Your insurance ends for the completion of installation of a Cast Restoration if:

- the Dentist prepared the tooth for the Cast Restoration before Your insurance ends; and
- the Cast Restoration is installed within 31 days after the date the insurance ends.

We will pay benefits for a 31 day period after Your insurance ends for completion of root canal therapy if:

- the Dentist opened into the pulp chamber before Your insurance ends; and
- the treatment is finished within 31 days after the date the insurance ends.

DENTAL INSURANCE: DESCRIPTION OF COVERED SERVICES

Type A Covered Services

1. Oral exams and problem-focused exams, but no more than one exam every 6 months.
2. Screenings, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis, but no more than once every 6 months.
3. Patient assessments (limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment), but no more than once every 6 months.
4. Full mouth or panoramic x-rays once every 60 months.
5. Bitewing x-rays 1 set every 6 months.
6. Intraoral-periapical x-rays.
7. X-rays, except as mentioned elsewhere.
8. Pulp vitality tests and bacteriological studies for determination of bacteriologic agents.
9. Collection and preparation of genetic sample material for laboratory analysis and report, but no more than once per lifetime.
10. Diagnostic casts.
11. Cleaning of teeth (oral prophylaxis) once every 6 months.
12. Emergency palliative treatment to relieve tooth pain.
13. Topical fluoride treatment for a Child under age 19 once in 12 months.
14. Space maintainers for a Child under age 99.
15. Sealants or sealant repairs for a Child under age 16, which are applied to non-restored, non-decayed first and second permanent molars, once per tooth every 60 months.
16. Preventive resin restorations, which are applied to non-restored first and second permanent molars, once per tooth every 60 months.
17. Interim caries arresting medicament application applied to permanent bicuspid and 1st and 2nd molar teeth first and second permanent molars, once per tooth every 60 months.

DENTAL INSURANCE: DESCRIPTION OF COVERED SERVICES (continued)

Type B Covered Services

1. Initial placement of amalgam fillings.
2. Replacement of an existing amalgam filling, but only if:
 - at least 24 months have passed since the existing filling was placed; or
 - a new surface of decay is identified on that tooth.
3. Initial placement of resin-based composite fillings.
4. Replacement of an existing resin-based composite filling, but only if:
 - at least 24 months have passed since the existing filling was placed; or
 - a new surface of decay is identified on that tooth.
5. Protective (sedative) fillings.
6. Oral surgery, except as mentioned elsewhere in this certificate.
7. Consultations for interpretation of diagnostic image by a Dentist not associated with the capture of the image, but not more than twice in a 12 month period.
8. Other consultations, but not more than twice in a 12 month period.
9. Root canal treatment, including bone grafts and tissue regeneration procedures in conjunction with periradicular surgery, but not more than once in any 24 month period for the same tooth.
10. Other endodontic procedures, such as apicoectomy, retrograde fillings, root amputation, and hemisection.
11. Periodontal scaling and root planing, but no more than once per quadrant in any 24 month period.
12. Full mouth debridements, but not more than once in any 36 month period.
13. Periodontal maintenance, where periodontal treatment (including scaling, root planing, and periodontal surgery, such as osseous surgery) has been performed. Periodontal maintenance is limited to four times in any year.
14. Periodontal surgery, including gingivectomy, gingivoplasty and osseous surgery, but no more than one surgical procedure per quadrant in any 36 month period.
15. Simple extractions. Extractions of primary teeth or adult teeth solely for orthodontic purposes will be treated as orthodontic services.
16. Surgical extractions. Extractions of primary teeth or adult teeth solely for orthodontic purposes will be treated as orthodontic services.
17. Pulp capping (excluding final restoration).
18. Therapeutic pulpotomy (excluding final restoration).
19. Pulp therapy.
20. Apexification/recalcification.
21. Pulpal regeneration, but not more than once per lifetime.
22. Local chemotherapeutic agents.
23. General anesthesia or intravenous sedation in connection with oral surgery, extractions or other Covered Services, when We determine such anesthesia is necessary in accordance with generally accepted dental standards.
24. Injections of therapeutic drugs.
25. Relinings and rebasings of existing removable Dentures:
 - if at least 6 months have passed since the installation of the existing removable Denture; and
 - not more than once in any 36 month period.

DENTAL INSURANCE: DESCRIPTION OF COVERED SERVICES (continued)

26. Re-cementing of Cast Restorations or Dentures, but not more than once in a 12 month period.
27. Adjustments of Dentures, if at least 6 months have passed since the installation of the Denture and not more than once in any 12 month period.
28. Addition of teeth to a partial removable Denture to replace teeth removed while this Dental Insurance was in effect for the person receiving such services.
29. Tissue conditioning, but not more than once in a 36 month period.
30. Simple repairs of Cast Restorations or Dentures other than recementing, but not more than once in a 12 month period.
31. Application of desensitizing medicaments where periodontal treatment (including scaling, root planing, and periodontal surgery, such as osseous surgery) has been performed.
32. Occlusal adjustments, but not more than once in a 12 month period.

DENTAL INSURANCE: DESCRIPTION OF COVERED SERVICES (continued)

Type C Covered Services

1. Initial installation of full or partial Dentures (other than implant supported prosthetics):
 - when needed to replace teeth that are lost while the person receiving such benefits was insured for Dental Insurance.
2. Replacement of a non-serviceable fixed Denture if such Denture was installed more than 84 months prior to replacement.
3. Replacement of a non-serviceable removable Denture if such Denture was installed more than 84 months prior to replacement.
4. Replacement of an immediate, temporary, full Denture with a permanent, full Denture, if the immediate, temporary, full Denture cannot be made permanent and such replacement is done within 12 months of the installation of the immediate, temporary, full Denture.
5. Other fixed Denture prosthetic services not described elsewhere.
6. Initial installation of Cast Restorations (except implant supported Cast Restorations).
7. Replacement of Cast Restoration (except an implant supported Cast Restoration) but only if at least 84 months have passed since the most recent time that:
 - a Cast Restoration was installed for the same tooth surface; or
 - a Cast Restoration for the same tooth surface was replaced.
8. Prefabricated crown, but no more than one replacement for the same tooth within 84 consecutive months.
9. Core buildup, but no more than once per tooth in a period of 84 months.
10. Posts and cores, but no more than once per tooth in a period of 84 months.
11. Labial veneers, but no more than once per tooth in a period of 84 months.
12. Fixed and removable appliances for correction of harmful habits.
13. Implant services (including sinus augmentation and bone replacement and graft for ridge preservation), but no more than once for the same tooth position in a 60 month period:
 - when needed to replace teeth that are lost while the person receiving such benefits was insured for Dental Insurance.
14. Repair of implants, but no more than once in a 12 month period.
15. Implant supported Cast Restorations, but no more than once for the same tooth position in an 84 month period.
16. Implant supported fixed Dentures, but no more than once for the same tooth position in an 84 month period.
17. Implant supported removable Dentures, but no more than once for the same tooth position in an 84 month period.
18. Cleaning and inspection of a removable appliance once every 6 months.

Orthodontic Covered Services

Orthodontia, for a Child under 19 or 23 if a full-time student.

DENTAL INSURANCE: EXCLUSIONS

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

1. services which are not Dentally Necessary, or those which do not meet generally accepted standards of care for treating the particular dental condition;
2. services for which You would not be required to pay in the absence of Dental Insurance;
3. services or supplies received by You or Your Dependent before the Dental Insurance starts for that person;
4. services which are neither performed nor prescribed by a Dentist, except for those services of a licensed Dental Hygienist which are supervised and billed by a Dentist, and which are for:
 - scaling and polishing of teeth; or
 - fluoride treatments;
5. services which are primarily cosmetic, (For residents of Texas, see notice page section);
6. services or appliances which restore or alter occlusion or vertical dimension;
7. restoration of tooth structure damaged by attrition, abrasion or erosion, unless caused by disease;
8. restorations or appliances used for the purpose of periodontal splinting;
9. counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
10. personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss;
11. initial installation of a Denture or implant to replace one or more teeth which were missing before such person was insured for Dental Insurance;
12. decoration or inscription of any tooth, device, appliance, crown or other dental work;
13. missed appointments;
14. services:
 - covered under any workers' compensation or occupational disease law;
 - covered under any employer liability law;
 - for which the Employer of the person receiving such services is required to pay; or
 - received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital;
15. services covered under other coverage provided by the Policyholder;
16. biopsies of hard or soft oral tissue;
17. temporary or provisional restorations;
18. temporary or provisional appliances;
19. prescription drugs;
20. services for which the submitted documentation indicates a poor prognosis;
21. the following, when charged by the Dentist on a separate basis:
 - claim form completion;
 - infection control, such as gloves, masks, and sterilization of supplies; or
 - local anesthesia, non-intravenous conscious sedation or analgesia, such as nitrous oxide;
22. dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
23. caries susceptibility tests;
24. modification of removable prosthodontic and other removable prosthetic services;
25. appliances or treatment for bruxism (grinding teeth);

DENTAL INSURANCE: EXCLUSIONS (continued)

26. precision attachments associated with fixed and removable prostheses, except when the precision attachment is related to implant prosthetics;
27. adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
28. duplicate prosthetic devices or appliances;
29. replacement of a lost or stolen appliance, Cast Restoration or Denture;
30. replacement of an orthodontic device;
31. diagnosis and treatment of temporomandibular joint disorders and cone beam imaging associated with the treatment of temporomandibular joint disorders;
32. intra and extraoral photographic images.

DENTAL INSURANCE: COORDINATION OF BENEFITS

When You or a Dependent incur charges for Covered Services, there may be other Plans, as defined below, that also provide benefits for those same charges. In that case, We may reduce what We pay based on what the other Plans pay. This Coordination of Benefits section explains how and when We do this.

DEFINITIONS

In this section, the terms set forth below have the following meanings:

Allowable Expense means a necessary dental expense for which both of the following are true:

- a covered person must pay it; and
- it is at least partly covered by one or more of the Plans that provide benefits to the covered person.

If a Plan provides fixed benefits for specified events or conditions (instead of benefits based on expenses incurred), such benefits are Allowable Expenses.

If a Plan provides benefits in the form of services, We treat the reasonable cash value of each service performed as both an Allowable Expense and a benefit paid by that Plan.

The term does not include:

- expenses for services performed because of a Job-Related Injury or Sickness;
- any amount of expenses in excess of the higher reasonable and customary fee for a service, if two or more Plans compute their benefit payments on the basis of reasonable and customary fees;
- any amount of expenses in excess of the higher negotiated fee for a service, if two or more Plans compute their benefit payments on the basis of negotiated fees; and
- any amount of benefits that a Primary Plan does not pay because the covered person fails to comply with the Primary Plan's managed care or utilization review provisions, these include provisions requiring:
 - second surgical opinions;
 - pre-certification of services;
 - use of providers in a Plan's network of providers; or
 - any other similar provisions.

We won't use this provision to refuse to pay benefits because an HMO member has elected to have dental services provided by a non-HMO provider and the HMO's contract does not require the HMO to pay for providing those services.

Claim Determination Period means a period that starts on any January 1 and ends on the next December 31. A Claim Determination Period for any covered person will not include periods of time during which that person is not covered under This Plan.

Custodial Parent means a Parent awarded custody, other than joint custody, by a court decree. In the absence of a court decree, it means the Parent with whom the child resides more than half of the Year without regard to any temporary visitation.

HMO means a Health Maintenance Organization or Dental Health Maintenance Organization.

Job-Related Injury or Sickness means any injury or sickness:

- for which You are entitled to benefits under a workers' compensation or similar law, or any arrangement that provides for similar compensation; or
- arising out of employment for wage or profit.

Parent means a person who covers a child as a dependent under a Plan.

DENTAL INSURANCE: COORDINATION OF BENEFITS (continued)

Plan means any of the following, if it provides benefits or services for an Allowable Expense:

- a group insurance plan;
- an HMO;
- a blanket plan;
- uninsured arrangements of group or group type coverage;
- a group practice plan;
- a group service plan;
- a group prepayment plan;
- any other plan that covers people as a group;
- motor vehicle No Fault coverage if the coverage is required by law; and
- any other coverage required or provided by any law or any governmental program, except Medicaid.

The term does not include any of the following:

- individual or family insurance or subscriber contracts;
- individual or family coverage through closed panel Plans or other prepayment, group practice or individual practice Plans;
- hospital indemnity coverage;
- a school blanket plan that only provides accident-type coverage on a 24 hour basis, or a "to and from school basis," to students in a grammar school, high school or college;
- disability income protection coverage;
- accident only coverage;
- specified disease or specified accident coverage;
- nursing home or long term care coverage; or
- any government program or coverage if, by state or Federal law, its benefits are excess to those of any private insurance plan or other non-government plan.

The provisions of This Plan, which limit benefits based on benefits or services provided under:

- Government Plans; or
- Plans which the Policyholder (or an affiliate) contributes to or sponsors;

will not be affected by these Coordination of Benefits provisions.

Each policy, contract or other arrangement for benefits is a separate Plan. If part of a Plan reserves the right to reduce what it pays based on benefits or services provided by other Plans, that part will be treated separately from any parts which do not.

This Plan means the dental benefits described in this certificate, except for any provisions in this certificate that limit insurance based on benefits for services provided under government plans, or plans which the Policyholder (or an affiliate) contributes to or sponsors.

Primary Plan means a Plan that pays its benefits first under the "Rules to Decide Which Plan Is Primary" section. A Primary Plan pays benefits as if the Secondary Plans do not exist.

Secondary Plan means a Plan that is not a Primary Plan. A Secondary Plan may reduce its benefits by amounts payable by the Primary Plan. If there are more than two Plans that provide coverage, a Plan may be Primary to some plans, and Secondary to others.

DENTAL INSURANCE: COORDINATION OF BENEFITS (continued)

RULES TO DECIDE WHICH PLAN IS PRIMARY

When more than one Plan covers the person for whom Allowable Expenses were incurred, We determine which plan is primary by applying the rules in this section.

When there is a basis for claim under This Plan and another Plan, This Plan is Secondary unless:

- the other Plan has rules coordinating its benefits with those of This Plan; and
- this Plan is primary under This Plan's rules.

The first rule below, which will allow Us to determine which Plan is Primary, is the rule that We will use.

Dependent or Non-Dependent: A Plan that covers a person other than as a dependent (for example, as an employee, member, subscriber, or retiree) is Primary and shall pay its benefits before a Plan that covers the person as a dependent; except that if the person is a Medicare beneficiary and, as a result of federal law or regulations, Medicare is:

- Secondary to the Plan covering the person as a dependent; and
- Primary to the Plan covering the person as other than a dependent (e.g., a retired employee);

then the order of benefits between the two Plans is reversed and the Plan that covers the person as a dependent is Primary.

Child Covered Under More Than One Plan – Court Decree: When This Plan and another Plan cover the same Child as the Dependent of two or more Parents, and the specific terms of a court decree state that one of the Parents must provide health coverage or pay for the Child's health care expenses, that Parent's Plan is Primary, if the Plan has actual knowledge of those terms. This rule applies to Claim Determination Periods that start after the Plan is given notice of the court decree.

Child Covered Under More Than One Plan – The Birthday Rule: When This Plan and another Plan cover the same Child as the Dependent of two or more Parents, the Primary Plan is the Plan of the Parent whose birthday falls earlier in the Year if:

- the Parents are married; or
- the Parents are not separated (whether or not they have ever married); or
- a court decree awards joint custody without specifying which Parent must provide health coverage.

If both Parents have the same birthday, the Plan that covered either of the Parents longer is the Primary Plan.

However, if the other Plan does not have this rule, but instead has a rule based on the gender of the parent, and if, as a result, the Plans do not agree on the order of benefits, the rule in the other Plan will determine the order of benefits.

Child Covered Under More than One Plan – Custodial Parent: When This Plan and another Plan cover the same Child as the Dependent of two or more Parents, if the Parents are not married, or are separated (whether or not they ever married), or are divorced, the Primary Plan is:

- the Plan of the Custodial Parent; then
- the Plan of the spouse of the Custodial Parent; then
- the Plan of the non-custodial Parent; and then
- the Plan of the spouse of the non-custodial Parent.

DENTAL INSURANCE: COORDINATION OF BENEFITS (continued)

Active or Inactive Employee: A Plan that covers a person as an employee who is neither laid off nor retired is Primary to a Plan that covers the person as a laid-off or retired employee (or as that person's Dependent). If the other Plan does not have this rule and, if as a result, the Plans do not agree on the order of benefits, this rule is ignored.

Continuation Coverage: The Plan that covers a person as an active employee, member or subscriber (or as that employee's Dependent) is Primary to a Plan that covers that person under a right of continuation pursuant to federal law (e.g., COBRA) or state law. If the Plan that covers the person has not adopted this rule, and if, as a result, the Plans do not agree on the order of benefits, this rule shall not apply.

Longer/Shorter Time Covered: If none of the above rules determine which Plan is Primary, the Plan that has covered the person for the longer time shall be Primary to a Plan that has covered the person for a shorter time.

No Rules Apply: If none of the above rules determine which Plan is Primary, the Allowable Expenses shall be shared equally between all the Plans. In no event will This Plan pay more than it would if it were Primary.

COORDINATION DISPUTES

If You believe that We have not paid a claim properly, You should first attempt to resolve the problem by contacting Us. If You are still not satisfied, You may call the Ohio Department of Insurance for instructions on filing a consumer complaint. Call (614) 644-2673 or 1-800-686-1526.

EFFECT ON BENEFITS OF THIS PLAN

If This Plan is Secondary, when the total Allowable Expenses incurred by a covered person in any Claim Determination Period are less than the sum of:

- the benefits that would be payable under This Plan without applying this Coordination of Benefits provision; and
- the benefits that would be payable under all other Plans without applying Coordination of Benefits or similar provisions;

then We will reduce the benefits that would otherwise be payable under This Plan. The sum of these reduced benefits, plus all benefits payable for such Allowable Expenses under all other Plans, will not exceed the total of the Allowable Expenses. Benefits payable under all other Plans include all benefits that would be payable if the proper claims had been made on time.

RIGHT TO RECEIVE AND RELEASE NEEDED INFORMATION

We need certain information to apply the Coordination of Benefits rules. We have the right to decide which facts We need. We may get facts from or give them to any other organization or person. We do not need to tell, or get the consent of, any person or organization to do this. To obtain all benefits available, a covered person who incurs Allowable Expenses should file a claim under each Plan which covers the person. Each person claiming benefits under This Plan must give Us any facts We need to pay the claim.

FACILITY OF PAYMENT

A payment made under another Plan may include an amount which should have been paid under This Plan. If it does, We may pay that amount to the organization which made that payment. That amount will then be treated as though it were a benefit paid under This Plan. We will not have to pay that amount again. The term "payment made" includes benefits provided in the form of services, in which case We may pay the reasonable cash value of the benefits provided in the form of services.

DENTAL INSURANCE: COORDINATION OF BENEFITS (continued)

RIGHT OF RECOVERY

If the amount We pay is more than We should have paid under this Coordination of Benefits provision, We may recover the excess from one or more of:

- the person We have paid or for whom We have paid;
- insurance companies; or
- other organizations.

The amount of the payment includes the reasonable cash value of any benefits provided in the form of services.

Sample

FILING A CLAIM

The Policyholder should have a supply of claim forms. Obtain a claim form from the Policyholder and fill it out carefully. Return the completed claim form with the required Proof to the Policyholder. The Policyholder will certify Your insurance under the Group Policy and send the certified claim form and Proof to Us.

For Dental Insurance, all claim forms needed to file for benefits under the group insurance program can be obtained by calling MetLife at 1-800-942-0854. Dental claim forms can also be downloaded from www.metlife.com/dental. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim.

When We receive the claim form and Proof, We will review the claim and, if We approve it, We will pay benefits subject to the terms and provisions of this certificate and the Group Policy.

CLAIMS FOR DENTAL INSURANCE BENEFITS

When a claimant files a claim for Dental Insurance benefits described in this certificate, both the notice of claim and the required Proof should be sent to Us within 90 days of the date of a loss.

Claim and Proof may be given to Us by following the steps set forth below:

Step 1

A claimant can request a claim form by calling Us at 1-800-942-0854.

Step 2

We will send a claim form to the claimant within 15 days of the request. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim.

Step 3

When the claimant receives the claim form, the claimant should fill it out as instructed and return it with the required Proof described in the claim form.

Step 4

The claimant must give Us Proof not later than 90 days after the date of the loss.

If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and Proof are given as soon as is reasonably possible.

Time Limit on Legal Actions. A legal action on a claim may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends 3 years after the date such Proof is required.

DENTAL INSURANCE: PROCEDURES FOR DENTAL CLAIMS

Procedures for Presenting Claims for Dental Insurance Benefits

All claim forms needed to file for Dental Insurance benefits under the group insurance program can be obtained from the Employer who can also answer questions about the insurance benefits and to assist You or, if applicable, Your beneficiary in filing claims. Dental claim forms can also be downloaded from www.metlife.com/dental. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully.

Routine Questions on Dental Insurance Claims

If there is any question about a claim payment, an explanation may be requested from MetLife by dialing 1-800-942-0854.

Claim Submission

For claims for Dental Insurance benefits, the claimant must complete the appropriate claim form and submit the required Proof as described in the FILING A CLAIM section of the certificate.

Claim forms must be submitted in accordance with the instructions on the claim form.

Initial Determination

After You submit a claim for Dental Insurance benefits to MetLife, MetLife will review Your claim and notify You of its decision to approve or deny Your claim.

Such notification will be provided to You within a 24 day period from the date We received Your completed claim; except for situations requiring an extension of time of up to 15 days because of matters beyond the control of MetLife. If MetLife needs such an extension, MetLife will notify You prior to the expiration of the initial 24 day period, state the reason why the extension is needed, and state when it will make its determination. If an extension is needed because You did not provide sufficient information or filed an incomplete claim, the time from the date of MetLife's notice requesting further information and an extension until MetLife receives the requested information does not count toward the time period MetLife is allowed to notify You as to its claim decision. You will have 45 days to provide the requested information from the date You receive the notice requesting further information from MetLife.

If MetLife denies Your claim in whole or in part, the notification of the claims decision will state the reason why Your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because MetLife did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. Further, if an internal rule, protocol, guideline or other criterion was relied upon in making the denial, the claims decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that You may request a copy free of charge.

Appealing the Initial Determination

If MetLife denies Your claim, You may take two appeals of the initial determination. Upon Your written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim. You must submit Your appeal to MetLife at the address indicated on the claim form within 180 days of receiving MetLife's decision. Appeals must be in writing and must include at least the following information:

- Name of Employee
- Name of the Plan
- Reference to the initial decision
- Whether the appeal is the first or second appeal of the initial determination
- An explanation why You are appealing the initial determination.

DENTAL INSURANCE: PROCEDURES FOR DENTAL CLAIMS (continued)

As part of each appeal, You may submit any written comments, documents, records, or other information relating to Your claim.

After MetLife receives Your written request appealing the initial determination or determination on the first appeal, MetLife will conduct a full and fair review of Your claim. Deference will not be given to initial denials, and MetLife's review will look at the claim anew. The review on appeal will take into account all comments, documents, records, and other information that You submit relating to Your claim without regard to whether such information was submitted or considered in the initial determination. The person who will review Your appeal will not be the same person as the person who made the initial decision to deny Your claim. In addition, the person who is reviewing the appeal will not be a subordinate of the person who made the initial decision to deny Your claim. If the initial denial is based in whole or in part on a medical judgment, MetLife will consult with a health care professional with appropriate training and experience in the field of dentistry involved in the judgment. This health care professional will not have consulted on the initial determination, and will not be a subordinate of any person who was consulted on the initial determination.

MetLife will notify You in writing of its final decision within 30 days after MetLife's receipt of Your written request for review, except that under special circumstances MetLife may have up to an additional 30 days to provide written notification of the final decision. If such an extension is required, MetLife will notify You prior to the expiration of the initial 30 day period, state the reason(s) why such an extension is needed, and state when it will make its determination.

If MetLife denies the claim on appeal, MetLife will send You a final written decision that states the reason(s) why the claim You appealed is being denied and references any specific Plan provision(s) on which the denial is based. If an internal rule, protocol, guideline or other criterion was relied upon in denying the claim on appeal, the final written decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that You may request a copy free of charge. Upon written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim.

GENERAL PROVISIONS

Assignment

The rights and benefits under the Group Policy are not assignable prior to a claim for benefits, except as required by law. We are not responsible for the validity of an assignment.

Upon receipt of a Covered Service, You may assign Dental Insurance benefits to the Dentist providing such service.

Dental Insurance: Who We Will Pay

If You assign payment of Dental Insurance benefits to Your or Your Dependent's Dentist, We will pay benefits directly to the Dentist. Otherwise, We will pay Dental Insurance benefits to You.

Entire Contract

Your insurance is provided under a contract of group insurance with the Policyholder. The entire contract with the Policyholder is made up of the following:

1. the Group Policy and its Exhibits, which include the certificate(s);
2. the Policyholder's application; and
3. any amendments and/or endorsements to the Group Policy.

Incontestability: Statements Made by You

Any statement made by You will be considered a representation and not a warranty.

Evidence of insurability will not be required nor will any statement made by You, which relates to insurability, be used:

1. to contest the validity of the insurance benefits; or
2. to reduce the insurance benefits.

Conformity with Law

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

Overpayments

Recovery of Dental Insurance Overpayments

We have the right to recover any amount that We determine to be an overpayment, whether for services received by You or Your Dependents.

An overpayment occurs if We determine that:

- the total amount paid by Us on a claim for Dental Insurance is more than the total of the benefits due to You under this certificate; or
- payment We made should have been made by another group plan.

If such overpayment occurs, You have an obligation to reimburse Us.

GENERAL PROVISIONS (continued)

How We Recover Overpayments

We may recover the overpayment from You by:

- stopping or reducing any future benefits payable for Dental Insurance;
- demanding an immediate refund of the overpayment from You; and
- taking legal action.

If the overpayment results from Our having made a payment to You that should have been made under another group plan, We may recover such overpayment from one or more of the following:

- any other insurance company;
- any other organization; or
- any person to or for whom payment was made.

**THE PRECEDING PAGE IS THE END OF THE CERTIFICATE.
THE FOLLOWING IS ADDITIONAL INFORMATION.**

Sample

ERISA INFORMATION

THIS SUMMARY PLAN DESCRIPTION IS EXPRESSLY MADE PART OF THE SAMPLE GROUP DENTAL INSURANCE PLAN AND IS LEGALLY ENFORCEABLE AS PART OF THE PLAN WITH RESPECT TO ITS TERMS AND CONDITIONS. IN THE EVENT THERE IS NO OTHER PLAN DOCUMENT, THIS DOCUMENT SHALL SERVE AS A SUMMARY PLAN DESCRIPTION AND SHALL ALSO CONSTITUTE THE PLAN.

NAME AND ADDRESS OF EMPLOYER AND PLAN ADMINISTRATOR

Sample Group
123 Main Street
Anytown, OH 12345

EMPLOYER IDENTIFICATION NUMBER: 00-0000000

PLAN NUMBER	COVERAGE	PLAN NAME
500	All Coverages	Employee Welfare Plan

TYPE OF ADMINISTRATION

The above listed benefits are insured by Metropolitan Life Insurance Company ("MetLife").

AGENT FOR SERVICE OF LEGAL PROCESS

For disputes arising under the Plan, service of legal process may be made upon the Plan administrator at the above address. For disputes seeking payment of benefits, service of legal process may be made upon MetLife by serving MetLife's designated agent to accept service of process.

ELIGIBILITY FOR INSURANCE; DESCRIPTION OR SUMMARY OF BENEFITS

Your MetLife certificate describes the eligibility requirements for insurance provided by MetLife under the Plan. It also includes a detailed description of the insurance provided by MetLife under the Plan.

PLAN TERMINATION OR CHANGES

The group policy sets forth those situations in which the Employer and/or MetLife have the rights to end the policy.

The Employer reserves the right to change or terminate the Plan at any time. Therefore, there is no guarantee that you will be eligible for the insurance described herein for the duration of your employment. Any such action will be taken only after careful consideration.

Your consent or the consent of your beneficiary is not required to terminate, modify, amend, or change the Plan.

In the event Your insurance ends in accordance with the DATE YOUR INSURANCE ENDS and DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS subsections of Your certificate, you may still be eligible to receive benefits. The circumstances under which benefits are available are described in Your MetLife certificate.

CONTRIBUTIONS TO PREMIUM

If you enroll for Dental Insurance coverage, you are required to make contributions to premiums.

Premium rates are set by MetLife.

PLAN YEAR

The Plan's fiscal records are kept on a Plan year basis beginning each January 1st and ending on the following December 31st.

QUALIFIED DOMESTIC RELATIONS ORDERS/QUALIFIED MEDICAL CHILD SUPPORT ORDERS

You and your beneficiaries can obtain, without charge, from the Plan Administrator a copy of any procedures governing Qualified Domestic Relations Orders (QDRO) and Qualified Medical Child Support Orders (QMCSO).

CLAIMS INFORMATION

Dental Benefits Claims

Procedures for Presenting Claims for Dental Benefits

All claim forms needed to file for benefits under the group insurance program can be obtained from the Employer who can also answer questions about the insurance benefits and to assist you or, if applicable, your beneficiary in filing claims. Dental claim forms can also be downloaded from www.metlife.com/dental.

Routine Questions

If there is any question about a claim payment, an explanation may be requested from MetLife by dialing 1-800-942-0854.

Claim Submission

For claims for dental benefits, the claimant must complete the appropriate claim form and submit the required proof as described in the FILING A CLAIM section of the certificate.

Claim forms must be submitted in accordance with the instructions on the claim form.

Initial Determination

After you submit a claim for dental benefits to MetLife, MetLife will review your claim and notify you of its decision to approve or deny your claim.

Such notification will be provided to you within a 30 day period from the date you submitted your claim; except for situations requiring an extension of time of up to 15 days because of matters beyond the control of the Plan. If MetLife needs such an extension, MetLife will notify you prior to the expiration of the initial 30 day period, state the reason why the extension is needed, and state when it will make its determination. If an extension is needed because you did not provide sufficient information or filed an incomplete claim, the time from the date of MetLife's notice requesting further information and an extension until MetLife receives the requested information does not count toward the time period MetLife is allowed to notify you as to its claim decision. You will have 45 days to provide the requested information from the date you receive the notice requesting further information from MetLife.

If MetLife denies your claim in whole or in part, the notification of the claims decision will state the reason why your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because MetLife did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. Further, if an internal rule, protocol, guideline or other criteria was relied upon in making the denial, the claims decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that you may request a copy free of charge.

Appealing the Initial Determination

If MetLife denies your claim, you may make two appeals of the initial determination. Upon your written request, MetLife will provide you free of charge with copies of documents, records and other information relevant to your claim. You must submit your appeal to MetLife at the address indicated on the claim form within 180 days of receiving MetLife's decision. Appeals must be in writing and must include at least the following information:

- Name of Employee
- Name of the Plan
- Reference to the initial decision
- Whether the appeal is the first or second appeal of the initial determination
- An explanation why you are appealing the initial determination

As part of each appeal, you may submit any written comments, documents, records, or other information relating to your claim.

After MetLife receives your written request appealing the initial determination or determination on the first appeal, MetLife will conduct a full and fair review of your claim. Deference will not be given to initial denials, and MetLife's review will look at the claim anew. The review on appeal will take into account all comments, documents, records, and other information that you submit relating to your claim without regard to whether such information was submitted or considered in the initial determination. The person who will review your appeal will not be the same person as the person who made the initial decision to deny your claim. In addition, the person who is reviewing the appeal will not be a subordinate of the person who made the initial decision to deny your claim. If the initial denial is based in whole or in part on a medical judgment, MetLife will consult with a health care professional with appropriate training and experience in the field of dentistry involved in the judgment. This health care professional will not have consulted on the initial determination, and will not be a subordinate of any person who was consulted on the initial determination.

MetLife will notify you in writing of its final decision within 30 days after MetLife's receipt of your written request for review, except that under special circumstances MetLife may have up to an additional 30 days to provide written notification of the final decision. If such an extension is required, MetLife will notify you prior to the expiration of the initial 30 day period, state the reason(s) why such an extension is needed, and state when it will make its determination.

If MetLife denies the claim on appeal, MetLife will send you a final written decision that states the reason(s) why the claim you appealed is being denied and references any specific Plan provision(s) on which the denial is based. If an internal rule, protocol, guideline or other criteria was relied upon in denying the claim on appeal, the final written decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that you may request a copy free of charge. Upon written request, MetLife will provide you free of charge with copies of documents, records and other information relevant to your claim.

When the claim has been processed, you will be notified of the benefits paid. If any benefits have been denied, you will receive a written explanation.

Urgent Care Claim Submission

A small number of claims for dental benefits may be urgent care claims. Urgent care claims for dental benefits are claims for reimbursement of dental expenses for services which a dentist familiar with the dental condition determines would subject the patient to severe pain that cannot be adequately managed without the care or treatment that is the subject of the claim. Of course any such claim may always be submitted in accordance with the normal claim procedures. However your dentist may also submit such a claim to MetLife by telephoning MetLife and informing MetLife that the claim is an Urgent Care Claim. Urgent Care Claims are processed according to the procedures set out above, however once a claim for urgent care is submitted, MetLife will notify you of the determination on the claim as soon as possible, but no later than 72 hours after the claim was filed. If you or your covered dependent does not provide the claims administrator with enough information to decide the claim, MetLife will notify you within 24 hours after it receives the claim of the further information that is needed. You will have 48 hours to provide the information. If the needed information is provided, MetLife will then notify you of the claim decision within 48 hours after MetLife received the information. If the needed information is not provided, MetLife will notify you or your covered dependent of its decision within 120 hours after the claim was received.

If your urgent care claim is denied but you receive the care, you may appeal the denial using the normal claim procedures. If your urgent care claim is denied and you do not receive the care, you can request an expedited appeal of your claim denial by phone or in writing. MetLife will provide you any necessary information to assist you in your appeal. MetLife will then notify you of its decision within 72 hours of your request in writing. However, MetLife may notify you by phone within the time frames above and then mail you a written notice.

Discretionary Authority of Plan Administrator and Other Plan Fiduciaries

In carrying out their respective responsibilities under the Plan, the Plan administrator and other Plan fiduciaries shall have discretionary authority to interpret the terms of the Plan and to determine eligibility for and entitlement to Plan benefits in accordance with the terms of the Plan. Any interpretation or determination made pursuant to such discretionary authority shall be given full force and effect, unless it can be shown that the interpretation or determination was arbitrary and capricious.

NOTICE OF YOUR RIGHT AND YOUR DEPENDENTS' RIGHT TO COBRA CONTINUATION COVERAGE

COBRA is a federal law that requires most group health plans to give their employees and their dependents the opportunity to continue coverage when coverage is terminated due to certain specific events. If your employment terminates for any reason other than your gross misconduct, or if your hours worked are reduced so that your coverage terminates, you and your covered dependents may be able to continue coverage under This Plan for a period of up to 18 months. If it is determined under the terms of the Social Security Act that you or your covered dependent is disabled within the first 60 days of COBRA coverage, you and your covered dependents may be able to continue your dental coverage under This Plan for an additional 11 months after the expiration of the 18 month period. In addition, if you should die, become divorced or legally separated, or become eligible for Medicare, your covered dependents may be able to continue coverage under This Plan for up to 36 months. Also, your covered children may be able to continue coverage under This Plan for up to 36 months after they no longer qualify as covered dependents under the terms of This Plan. Group health plans for employers with fewer than 20 employees, church plans, and plans established and maintained by the federal government are not subject to COBRA continuation requirements.

During the continuation period, a child of yours that is (1) born; (2) adopted by you; or (3) placed with you for adoption, will be treated as if the child were a covered dependent at the time coverage was lost due to an event described above.

This continuation will terminate on the earliest of:

- a. the end of the 18, 29 or 36 month continuation period, as the case may be;
- b. the date of expiration of the last period for which the required payment was made;

- c. the date, after you or your covered dependent elects to continue coverage, that you or your covered dependent first becomes covered under another group health plan as long as the new plan does not contain any exclusion or limitation with respect to your or your covered dependent's preexisting condition;
- d. the date your employer ceases to provide any group health plan for its employees.

Notice will be given when you or your covered dependent becomes entitled to continue coverage under This Plan. You or your covered dependent will then have 60 days to elect to continue coverage. If you or your covered dependent do not notify your Employer within the 60-day election period, you will lose the option to elect continuation coverage.

Each person who is eligible for COBRA coverage is entitled to make a separate election of COBRA coverage. Thus, a covered spouse (as defined by federal law) or dependent child (or parent on their behalf) is entitled to elect COBRA coverage even if the covered Employee does not make that election. However, covered Employees may elect COBRA coverage on behalf of their covered dependents. Any person who elects to continue coverage under This Plan must pay the full cost of that coverage (including both the share you now pay and the share your Employer now pays), plus any additional amounts permitted by law. Your payments for continued coverage must be made on the first day of each month in advance.

If you do not elect COBRA coverage, your dental coverage will end. However, if you initially waive COBRA continuation coverage before the end of the 60-day election period, you may change your election by sending the completed election form to the Plan Administrator and postmarking it no later than the last day of the 60-day election period.

Qualifying Event Due To Bankruptcy Of Employer

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to the Employer, and that bankruptcy results in the loss of coverage of any retired employee covered under This Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's covered spouse and covered dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under This Plan.

If You Elect COBRA

If you choose COBRA coverage and pay the required premiums, you are entitled to coverage which, as of the time coverage is being provided, is identical to the coverage provided by the Employer to similarly situated active Employees, spouses or dependent children. This means that if the coverage for similarly situated Employees, spouses or dependent children changes, coverage will change for those who elected COBRA coverage.

Duration Of COBRA Coverage

The law requires that you be given the opportunity to maintain COBRA coverage for 36 months from the date coverage ends as a result of the qualifying event unless you lost coverage because of the covered Employee's termination of employment or reduction in hours. In that case, the required COBRA coverage period is 18 months from the date you lose coverage as a result of the termination of employment or reduction in hours. However, the 18-month coverage period may be extended under the following circumstances:

Disability. If any person entitled to COBRA coverage (the covered Employee, covered spouse or covered dependent child) is determined by the Social Security Administration to have been disabled at any time during the first 60 days of COBRA coverage period and the disability lasts at least until the end of the 18 month period of continuation coverage, then all such persons entitled to elect COBRA coverage may be able to continue coverage for up to 29 months, rather than 18 months.

In order to be eligible for the additional 11 months of COBRA coverage, the covered Employee, covered spouse or covered dependent child must notify the Employer's COBRA Administrator within 60 days of the **latest** of: (1) the Social Security Administration's determination of disability; (2) the date of the qualifying event; (3) the date on which the covered Employee's coverage initially was or will be lost; or (4) the date a person entitled to COBRA coverage is informed of this obligation by being provided the initial COBRA notice for the applicable group health plan. Written notice to the COBRA Administrator must be received before the

end of the initial 18-month coverage period. A copy of the Social Security Administration's determination must be provided to the COBRA Administrator. **If these procedures are not followed, there will be no disability extension of COBRA.**

During the additional 11 months of coverage, your cost for that coverage will be approximately 50% higher than it was during the preceding 18 months.

The additional 11 months of coverage provided on account of a disability will end as of the earlier of:

- The first day of the month beginning more than 30 days after a final determination by the Social Security Administration that the disability no longer exists; or
- The last day of the 29th month of total coverage.

A person entitled to COBRA coverage must notify the COBRA Administrator within 30 days if the Social Security Administration determines that the disabled person is no longer disabled. This Plan reserves the right to retroactively cancel COBRA coverage, and will require reimbursement of all benefits paid for claims incurred after coverage terminates.

Subsequent Qualifying Events. If, during the 18-month period of COBRA coverage (or within the 29-month maximum coverage period in the case of a disability extension), the covered Employee and the spouse divorce, the covered Employee dies, the covered Employee becomes entitled to Medicare, or a dependent ceases to be an eligible dependent under the terms of This Plan, then the covered spouse and/or covered dependent child(ren) (as applicable) may be able to extend COBRA coverage for up to 36 months from the date of the termination of employment or reduction in hours.

A person entitled to COBRA coverage must notify the Employer's COBRA Administrator of the subsequent event no later than 60 days after its occurrence. If such notification is not given, the covered spouse and/or covered dependent child will not be entitled to the additional COBRA coverage.

Premiums For COBRA Coverage

A person entitled to COBRA coverage is entirely responsible for paying the premiums for COBRA coverage. The required payment for each continuation coverage period for each option will be described in the notice that is sent when an individual experiences a qualifying event.

Initial Premium Payment

If continuation of coverage is elected, payment for continuation coverage must be made no later than 45 days after the date of such election. (This is the date the election notice is post-marked, if mailed.) If the first payment for continuation coverage is not made in full by the 45th day after the date of election, continuation coverage under This Plan will end. A person entitled to COBRA coverage is responsible for making sure that the amount of the first payment is correct.

After the first payment for continuation coverage, the amount due for each coverage period for each qualified beneficiary will be provided when coverage is elected.

STATEMENT OF ERISA RIGHTS

The following statement is required by federal law and regulation.

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

Receive Information About Your Plan and Benefits

Examine, without charge, at the Plan administrator's office and at other specified locations, all Plan documents governing the Plan, including insurance contracts and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefit Security Administration.

Obtain, upon written request to the Plan administrator, copies of documents governing the operation of the Plan, including insurance contracts and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report. The Plan administrator is required by law to furnish each participant with a copy of this summary annual report.

Continue Group Dental Plan Insurance

Continue dental insurance for yourself, spouse or dependents if there is a loss of coverage under the Plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description and the documents governing the Plan on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

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

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

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan administrator to provide the materials and pay you up to \$110.00 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court.

In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court.

If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees.

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

Assistance with Your Questions

If you have any questions about your Plan, you should contact the Plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

PLAN PRIVACY INFORMATION

Notwithstanding any other Plan provision in this or other sections of this Plan, the Plan will operate in accordance with the HIPAA privacy laws and regulations as set forth in 45 CFR Parts 160 and 164, and as they may be amended ("HIPAA"), with respect to protected health information ("PHI") as that term is defined therein. The Plan Administrator and/or his or her designee retains full discretion in interpreting these rules and applying them to specific situations. All such decisions shall be given full deference unless the decision is determined to be arbitrary and capricious.

The term "Plan Sponsor" means Sample Group.

The term "Plan Administrator" means Sample Group.

I. Permitted Uses and Disclosures of PHI by the Plan and the Plan Sponsor

The Plan and the Plan Sponsor are permitted to use and disclose PHI for the following purposes, to the extent they are not inconsistent with HIPAA:

- For general plan administration, including policyholder service functions, enrollment and eligibility functions, reporting functions, auditing functions, financial and billing functions, to assist in the administration of a consumer dispute or inquiry, and any other authorized insurance or benefit function.
- As required for computer programming, consulting or other work done in respect to the computer programs or systems utilized by the Plan.
- Other uses relating to plan administration which are approved in writing by the Plan Administrator or Plan Privacy Officer.
- At the request of an individual, to assist in resolving claims the individual may have with respect to benefits under the Plan.

II. Uses and Disclosures of PHI by the Plan and the Plan Sponsor for Required Purposes

The Plan and Plan Sponsor may use or disclose PHI for the following required purposes:

- Judicial and administrative proceedings, in response to lawfully executed process, such as a court order or subpoena.
- For public health and health oversight activities, and other governmental activities accompanied by lawfully executed process.
- As otherwise may be required by law.

III. Sharing of PHI With the Plan Sponsor

As a condition of the Plan Sponsor receiving PHI from the Plan, the Plan Documents have been amended to incorporate the following provisions, under which the Plan Sponsor agrees to:

- Not use or further disclose PHI other than as permitted or required by the plan documents in Sections I and II above;
- Ensure that any agents to whom it provides PHI received from the Plan agree to the same restrictions and conditions that apply to the Plan Sponsor;
- Not use or disclose PHI for employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the Plan Sponsor;
- Report to the Plan any use or disclosure of the information that is inconsistent with the permitted uses or disclosures of which it becomes aware;
- Make PHI available to Plan participants for the purposes of the rights of access and inspection, amendment, and accounting of disclosures as required by HIPAA;
- Make its internal practices, books and records relating to the use and disclosure of PHI received from the Plan available to the Secretary of the U.S. Department of Health and Human Services for purposes of determining compliance by the Plan with HIPAA;
- If feasible, return or destroy all PHI received from the Plan that the sponsor still maintains in any form and retain no copies of such information when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible;
- Ensure that adequate separation between the Plan and Plan Sponsor is established in accordance with the following requirements:

(A) Employees to be Given Access to PHI: The following employees (or class of employees) of the Plan Sponsor are the only individuals that may access PHI provided by the Plan:

Director of HR

(B) Restriction to Plan Administration Functions: The access to and use of PHI by the employees of the Plan Sponsor designated above will be limited to plan administration functions that the Plan Sponsor performs for the Plan.

(C) Mechanism for Resolving issues of Noncompliance: If the Plan Administrator or Privacy Officer determines that an employee of the Plan Sponsor designated above has acted in noncompliance with the plan document provisions outlined above, then the Plan Administrator or Privacy Officer shall take or seek to have taken appropriate disciplinary action with respect to that employee, up to and including termination of employment as appropriate. The Plan Administrator or Privacy Officer shall also document the facts of the violation, actions that have been taken to discipline the offending party and the steps taken to prevent future violations.

- Certify to the Plan, prior to the Plan permitting disclosure of PHI to the Plan Sponsor, that the Plan Documents have been amended to incorporate the provisions in this Section III.

IV. Participants Rights

Participants and their covered dependents will have the rights set forth in the Plan's or its dental insurer's HIPAA Notice of Privacy Practices for Protected Health Information and any other rights and protections required under the HIPAA. The Notice may periodically be revised by the Plan or its dental insurer.

V. Privacy Complaints/Issues

All complaints or issues raised by Plan participants or their covered dependents in respect to the use of their PHI must be submitted in writing to the Plan Administrator or the Plan's appointed Privacy Officer. A response will be made within 30 days of the receipt of the written complaint. In the event more time is required to resolve any issues this period can be extended to 90 days. The affected participant must receive written notice of the extension and the resolution of their complaint. The Plan Administrator or Privacy Officer

shall have full discretion in resolving the complaint and making any required interpretations and factual determinations. The decision of the Plan Administrator or Privacy Officer shall be final and be given full deference by all parties.

VI. Security

As a condition of the Plan Sponsor receiving electronic PHI ("ePHI") from the Plan, the Plan Documents have been amended to incorporate the following provisions, under which the Plan Sponsor agrees to:

- Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the ePHI that it creates, receives, maintains, or transmits on behalf of the Plan;
- Ensure that the adequate separation between the Plan and the Plan Sponsor, which is required by the applicable section(s) of the Plan relating to the sharing of PHI with the Plan Sponsor, is supported by reasonable and appropriate security measures;
- Ensure that any agent to whom it provides ePHI agrees to implement reasonable and appropriate security measures to protect the information; and
- Report to the Plan any security incident of which it becomes aware. In this context, the term "security incident" means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in information systems such as hardware, software, information, data, applications, communications, and people.

FUTURE OF THE PLAN

It is hoped that the Plan will be continued indefinitely, but Sample Group reserves the right to change or terminate the Plan in the future. Any such action would be taken only after careful consideration.

The Board of Directors of Sample Group shall be empowered to amend or terminate the Plan or any benefit under the Plan at any time.

Uniformed Services Employment And Reemployment Rights Act

This section describes the right that you may have to continue coverage for yourself and your covered dependents under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA).

Continuation of Group Dental Insurance:

If you take a leave from employment for “service in the uniformed services,” as that term is defined in USERRA, and as a consequence your dental insurance coverage under your employer’s group dental insurance policy ends, you may elect to continue dental insurance for yourself and your covered dependents, for a limited period of time, as described below.

The law requires that your employer notify you of your rights, benefits and obligations under USERRA including instructions on how to elect to continue insurance, the amount and procedure for payment of premium. If permitted by USERRA, your employer may require that you elect to continue coverage within a period of time specified by your employer.

You may be responsible for payment of the required premium to continue insurance. If your leave from employment for service in the uniformed services lasts less than 31 days, your required premium will be no more than the amount you were required to pay for dental insurance before the leave began; for a leave lasting 31 or more days, you may be required to pay up to 102% of the total dental insurance premium, including any amount that your employer was paying before the leave began.

Your and your covered dependents’ insurance that is continued pursuant to USERRA will end on the earliest of the following:

- the end of 24 consecutive months from the date your leave from employment for service in the uniformed services begins; or
- the day after the date on which you fail to apply for, or return to employment, in accordance with USERRA.

You and your covered dependent may become entitled to continuation of coverage under the Consolidated Omnibus Budget Reconciliation Act (“COBRA”) while you have dental insurance coverage under your employer’s group dental insurance policy pursuant to USERRA. Contact your employer for more information.



SAMPLE Group Policy Managed Dental Plan - FL

The material that follows is being furnished for illustrative purposes only. Actual contractual material used in administering the plan may be adjusted to reflect specific plan requirements.

GROUP CONTRACT FOR PREPAID SERVICES

between

**SAFEGUARD HEALTH PLANS, INC., a MetLife company,
a Florida corporation**

and

GROUP CONTRACT FOR PREPAID SERVICES
between
SAFEGUARD HEALTH PLANS, INC., a MetLife company,
and

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GROUP CONTRACT FOR PREPAID SERVICES
Benefits provided by SafeGuard Health Plans, Inc., a MetLife company

It is agreed between the organization named in the Application and Acknowledgment Group Dental Benefits form ("ORGANIZATION") and SAFEGUARD HEALTH PLANS, INC., a Florida corporation ("SAFEGUARD"), that:

A. SAFEGUARD (a MetLife company) is a Florida corporation, licensed as a Prepaid Limited Health Service Organization under applicable Florida law, specifically Chapter 636 of Florida Statutes, whose primary purpose is to operate various dental health care service plans. Said services are established on a prepaid closed panel capitated basis.

B. ORGANIZATION desires to obtain the services herein specified for and on behalf of its Eligible Participants as defined herein.

NOW, THEREFORE, the parties do mutually covenant and agree as follows:

I. REFERENCE TO ATTACHMENTS

This Contract, together with the Application and Acknowledgment Group Dental Benefits form (the "Acceptance Agreement"), Evidence of Coverage, Schedule of Benefits and Copayments and any Amendments, Directory of Participating Providers or other attachments hereto constitutes the entire agreement of the parties.

II. DEFINITIONS

2.1 BENEFIT PLAN shall mean the coverage provided in the Schedule of Benefits and Copayments; the Exclusions and Limitations, and the Administrative Policies, if any.

2.2 COPAYMENT shall mean an additional fee charged by Dentist and to be paid by the member.

2.3 DENTIST OR PARTICIPATING DENTIST shall mean the dentist licensed by the state of Florida under contract to SAFEGUARD and shall include any hygienists and technicians recognized by the dental profession who act with and assist the dentist.

2.4 ELIGIBLE PARTICIPANT shall mean an employee, member, or beneficiary of ORGANIZATION who is eligible to participate in the SAFEGUARD Plan under the eligibility requirements determined by ORGANIZATION.

2.5 MEMBER shall mean an eligible participant who is actually enrolled in the SAFEGUARD plan. The terms "Member" or "Members", as used herein, shall be deemed to include all Subscribers, if enrolled in the Plan.

2.6 ORGANIZATION means an association, employer, group or other ORGANIZATION to which the member belongs and which is the contracting entity as set forth in the Acceptance Agreement.

2.7 PLAN or SAFEGUARD shall mean Safeguard Health Plans, Inc., a corporation licensed to provide limited health care services under Chapter 636 of Florida Statutes, as amended.

2.8 SUBSCRIBER shall mean the person whose relationship with the ORGANIZATION is the basis for eligibility for membership in the Plan.

III. PREPAYMENT FEE

3.1 As set forth in the Acceptance Agreement, ORGANIZATION shall pay SAFEGUARD the appropriate monthly prepayment fee per month for each covered Member, as applicable, commencing on the effective date of this Contract, which sum shall be the guaranteed monthly prepayment fee until contract renewal date.

3.2 The prepayment fee is paid by ORGANIZATION. The payment of this sum shall relieve ORGANIZATION and Subscribers of any further liability for payment of a prepayment fee hereunder.

3.3 ORGANIZATION acknowledges and understands that this Contract provides solely and exclusively for services to be performed at dental facilities with whom SAFEGUARD has a contractual relationship. This Contract provides for the provision of services only. This Contract is not an insurance policy and does not indemnify or reimburse any Member or ORGANIZATION in cash in any manner whatsoever, except as set forth in Paragraph 11.3.

3.4 ORGANIZATION shall send payment covering all Members to SAFEGUARD at the address specified in the Acceptance Agreement, and continuing each month thereafter on said date, for the duration of this Contract.

IV. OTHER CHARGES

4.1 Late Fees: ORGANIZATION acknowledges that any late payment of the prepayment fee by ORGANIZATION under the terms of this Agreement will cause SAFEGUARD to incur costs not contemplated under this Contract, the exact amount of such costs being extremely impractical to fix. Such costs include, without limitation, processing and accounting charges, and other administrative costs associated with the collection of the late payment of the prepayment fee. Therefore, if the prepayment fee is not received from the ORGANIZATION by the tenth (10th) day of each month, ORGANIZATION shall pay to SAFEGUARD an additional sum of five percent (5%) of the monthly prepayment fee then due. SAFEGUARD and ORGANIZATION agree that this charge represents a reasonable estimate of such costs and expenses and is fair compensation to SAFEGUARD for its loss suffered by such nonperformance by ORGANIZATION. Acceptance of this charge shall not constitute a waiver of ORGANIZATION's default with respect to such nonperformance by ORGANIZATION nor prevent SAFEGUARD from exercising all other rights and remedies available to SAFEGUARD.

4.2 Interest: Interest on late prepayment fees from the date such fees are due will be charged at a rate equal to eighteen percent (18%) per year. Unpaid interest will be due and payable upon notice thereof to ORGANIZATION from SAFEGUARD.

V. ELIGIBILITY

5.1 The determination of who is eligible to participate and who is actually participating in the Plan shall be determined by ORGANIZATION and SAFEGUARD shall have the right to rely upon that determination. Any disputes or inquiries regarding eligibility, including rights regarding renewal, reinstatement and the like, if any, shall be referred by SAFEGUARD to ORGANIZATION, which shall then advise SAFEGUARD of its determination.

5.2 In the absence of a determination of eligibility by ORGANIZATION, SAFEGUARD defines eligible dependents to be:

- The lawful spouse or domestic partner of the Subscriber, if the Organization permits such coverage.
- The unmarried children or grandchildren of the Subscriber up to age 25 for whom the Subscriber provides care (including adopted children, step-children, or other children for

whom the Subscriber is required to provide dental care pursuant to a court or administrative order.)

- Children of the Subscriber who are incapable of self-sustaining employment and support due to a developmental disability or physical handicap. Attainment of age 25 shall not operate to terminate the coverage of this child while the child is and continues to be both (1) incapable of self-sustaining employment by reason of mental retardation or physical handicap and (2) chiefly dependent upon the subscriber for support and maintenance, provided proof of the incapacity and dependency is furnished to SAFEGUARD by the member within 31 days of the request for the information by SAFEGUARD, but not more frequently than annually after the two-year period following the child's attainment of the limiting age.
- Other dependents if the Organization provides benefits for these dependents.

5.3 In order for coverage to become effective, a written and signed enrollment application must be received by SAFEGUARD and any required prepayment fees must be paid. SAFEGUARD must receive such enrollment application within 30 days of the date that each eligible person becomes eligible for coverage. Dependent spouses are eligible for coverage from the moment of marriage. Newborn children and newborn adopted children are eligible for coverage at birth. Legally adopted children, foster children, and step-children are covered from the day they are placed with the employee. SAFEGUARD will also honor any court ordered coverage for any other dependents.

5.4 ORGANIZATION shall also send an eligibility list via hard copy, magnetic tape or other electronic medium to SAFEGUARD specifying the names and other identifying data for each Member to be covered for the succeeding month. Said eligibility list shall:

- (a) Specifically identify those Members who are newly eligible to receive services.
- (b) Specifically identify those Members who are no longer eligible to receive services.
- (c) Be provided to SAFEGUARD no later than the twentieth (20th) day of the month preceding the month during which Members will be eligible for benefits.

5.5 Should a Subscriber be terminated or leave ORGANIZATION, the Subscriber shall continue to be eligible to receive services, and SAFEGUARD shall be entitled to its monthly prepayment fee for such Members until such time as SAFEGUARD is notified in writing of the Subscriber's termination and the Subscriber is removed from the eligibility list specified above. Should SAFEGUARD be notified of a Subscriber's termination after the eligibility list is provided by ORGANIZATION to SAFEGUARD, coverage for the Subscriber shall continue until the end of the applicable monthly period, if any, and SAFEGUARD shall retain or must be paid the applicable prepayment fee to the end of the monthly period for the Subscriber.

5.6 Subscribers are eligible to become Members of SAFEGUARD at the time designated by the ORGANIZATION as of the effective date of this Contract. For the Subscribers of the ORGANIZATION who become eligible as determined by the ORGANIZATION after the effective date of this Contract, the effective date of eligibility shall be subject to the eligibility rules of the ORGANIZATION.

VI. CHOICE OF PROVIDERS

To receive covered dental benefits, when a Member enrolls in the SAFEGUARD plan, he or she must choose a Participating General Dentist from the SAFEGUARD network. Each family member may select a different dental office. The Directory of Participating Providers contains a complete listing of Participating Dentists. Participating Dentists may also be located by accessing www.metlife.com/mybenefits to view General Dentists by zip codes.

VII. FACILITIES

All facilities under the Benefit Plan are available for service 24 hours a day, 7 days a week and are listed in the Directory of Participating Providers. Facilities may also be located by accessing www.metlife.com/mybenefits to view General Dentists by zip codes.

VIII. ADMINISTRATION

8.1 Whenever SAFEGUARD is obligated to give any notice to Members with regard to any matters covered by this Contract or any statutes or regulations issued pursuant thereto, it shall be sufficient for SAFEGUARD to give such notice to a representative of ORGANIZATION. ORGANIZATION shall then be obligated to give that notice to the Members in its next regular communication, but in no event shall such notice be given later than thirty (30) days after SAFEGUARD gives such notice to ORGANIZATION. The ORGANIZATION representative designated to receive such notice is set forth in the Acceptance Agreement.

8.2 With regard to the distribution of all materials, such as an Evidence of Coverage and other material required to be distributed pursuant to Chapter 636 of Florida Statutes, as amended, or any other relevant statutes or regulations, it shall be sufficient for SAFEGUARD to deliver the material for distribution to the representative of ORGANIZATION designated in the Acceptance Agreement. ORGANIZATION shall be responsible to distribute such material to Subscribers and/or Eligible Participants.

8.3 SAFEGUARD agrees, subject to its Member Services and Quality Department procedures, to duly investigate and endeavor to resolve any and all complaints received from Members with regard to the nature of professional services rendered. All grievances may be made by calling 800-880-1800. Members may also submit a completed written grievance form (available by calling the Member Services number) or a detailed summary of your grievance to: SafeGuard Health Plans, Inc., c/o Quality Management Department, PO Box 3532 Laguna Hills, CA 92654-3532. A grievance may also be filed via our website at www.metlife.com/mybenefits. SAFEGUARD will consider and respond to grievances which are filed within 180 days of the occurrence or incident that is the subject of the grievance.

8.4 SAFEGUARD shall resolve all grievances within 30 days of submission by the Member in accordance with the provisions set forth in the Evidence of Coverage.

8.5 SAFEGUARD shall issue an identification card to each Member, identifying that Member as being eligible for services provided by this Contract. Each month thereafter for new Members who enroll in the Plan, and after ORGANIZATION's notification to SAFEGUARD of said new Members' enrollment, SAFEGUARD shall issue an identification card, as set forth above.

8.6 SAFEGUARD shall provide a Directory of Participating Providers to the Organization and/or the individual Member, upon request by the Organization. In addition, the Directory of Participating Providers is available online at www.metlife.com/mybenefits.

8.7 SAFEGUARD shall maintain a contractual relationship with dental facilities at appropriate locations to provide services to Members. ORGANIZATION recognizes that the establishment maintenance and location of all dental facilities are within the sole discretion of SAFEGUARD; and SAFEGUARD shall make the sole determination of the location and establishment of a contractual relationship with all such dental facilities. SAFEGUARD agrees to promptly notify Members and ORGANIZATION in writing of the termination, breach of contract by, inability to perform of, or closure of any participating dental facility and to transfer Members to existing or alternate dental facilities on this Benefit Plan. A list of the names and addresses of the Participating Dentists for this Benefit Plan is attached marked Directory of Participating Providers.

8.8 SAFEGUARD shall not refuse to cover, or refuse to continue to cover, or limit the amount, extent or kind of coverage available to an individual, or charge a different rate for the same coverage solely

because of a physical or mental impairment, except where the refusal, limitation or rate differential is based on sound actuarial principles applied to actual experience, or, if insufficient actual experience is available, then to sound underwriting practices.

IX. DENTIST-PATIENT RELATIONSHIP

9.1 It is expressly understood that the relationship between the Member and the Dentist rendering services or treatment, shall be subject to the rules, limitations and privileges incident to the professional relationship, and SAFEGUARD's Peer Review and Public Policy Committees. The Dentist shall be solely responsible to the Member, without interference from SAFEGUARD or ORGANIZATION, for all services or treatment within the professional relationship. The Dentist shall have the right to refuse treatment to a Member who continually fails to follow a prescribed course of treatment, who uses the relationship for illegal purposes, or makes the professional relationship onerous.

9.2 While SAFEGUARD 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 Dentist's facility, equipment and the rendition of all professional services shall be solely and exclusively under the control and supervision of the 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.

9.3 SAFEGUARD will undertake to see that the services provided to Members by 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 Dentist practices.

9.4 Upon termination of a provider contract, SAFEGUARD shall be liable for covered services rendered by such provider (other than for co-payments) to a Member who retains eligibility under this Contract or by operation of law under the care of such provider at the time of such termination until the services being rendered to the Member by such provider are completed, unless SAFEGUARD makes reasonable and medically appropriate provision for the assumption of such services by a contracted provider.

X. DURATION OF THIS CONTRACT

This Contract and Plan Coverage shall be effective on the date indicated in the Acceptance Agreement and shall continue to the end of the period specified in the Acceptance Agreement.

XI. TERMINATION OF BENEFITS

11.1 Should ORGANIZATION be in default by the failure to remit the monthly prepayment fees or provide an eligibility list as required by Section III herein, SAFEGUARD shall have the right to terminate this Contract upon fifteen (15) days written notice. ORGANIZATION shall then have a grace period, as set forth below, from the date of receipt of such notice to remit the monthly prepayment fees or provide the eligibility list when due. Termination shall be effective the last day of the month in which the grace period expires.

11.2 Grace Period: This contract has a fifteen (15) day grace period. This provision means that if any required premium is not paid on or before the date it is due, it may be paid subsequently during the grace period. During the grace period, this Contract will stay in force.

11.3 SAFEGUARD shall within thirty (30) days of termination of this Contract refund to ORGANIZATION the pro rata portion of the prepayment fee which corresponds to any unexpired term for which prepayment fees have been received, together with any amounts due on claims, if any, less amounts due SAFEGUARD. SAFEGUARD shall be paid its prepayment fee to date of termination.

11.4 In the event a Subscriber terminates employment or association with ORGANIZATION or is certified by ORGANIZATION as being no longer eligible for benefits provided for herein, coverage for such terminated Subscriber and his or her dependents, if applicable, shall cease the last day of the monthly period for which ORGANIZATION has paid the applicable prepayment fee to SAFEGUARD for the terminated Subscriber and his or her dependents, if applicable.

11.5 In the event of termination of this Contract, each Dentist shall complete all dental procedures, which have been started prior to the date of termination, pursuant to the terms and conditions of this Contract as may be applicable.

11.6 In the event this Contract is cancelled, SAFEGUARD shall notify ORGANIZATION in writing and Organization is required, within five (5) calendar days, to mail promptly to each Subscriber a legible, true copy of such notice of cancellation and to provide SAFEGUARD proof of such mailing and the date thereof within two (2) calendar days of such mailing. The ORGANIZATION shall also have the obligation to provide notice to the subscriber when the Contract has actually been terminated within five (5) calendar days of such termination. If the ORGANIZATION fails to provide such notices as required under this Contract, SAFEGUARD shall provide such notices to the subscribers and will retain the right of recourse against the ORGANIZATION for failure to perform under this Contract.

11.7 Upon termination of a dental contract SAFEGUARD shall be liable for covered services rendered by such Dentist, other than for Copayments or exclusions to a Member who retains eligibility under this Contract or by operation of law, under the care of such Dentist at the time of such termination until the services being rendered to the Member by such Dentist are completed, unless SAFEGUARD makes reasonable and appropriate provision for the assumption of such services by another Dentist.

11.8 In the event SAFEGUARD fails to pay a Participating Dentist as may be required, neither the Member nor ORGANIZATION shall be liable to the Dentist for any sums owed by SAFEGUARD to the Dentist. In the event a Member receives services from a non- SAFEGUARD dentist, and SAFEGUARD fails to pay the non-SAFEGUARD dentist, the Member may be liable to the non-SAFEGUARD dentist for the cost of services rendered.

XII. CANCELLATION OR NONRENEWAL OF CONTRACT

12.1 Except for nonpayment of premium or termination of eligibility, as set forth above, SAFEGUARD shall not cancel or otherwise terminate or fail to renew this contract without giving ORGANIZATION at least 45 days' written notice of the cancellation, termination, or nonrenewal of the contract. The written notice must state the reason or reasons for the cancellation, termination, or nonrenewal.

12.2 The only reasons for cancellation at such time other than the renewal period shall be as follows:

12.2.1 The subscriber's behavior is disruptive, unruly, abusive, unlawful, fraudulent, or uncooperative to the extent that the subscriber's continuing participation seriously impairs the organization's ability to provide services to other subscribers.

12.2.2 Fraud or material misrepresentation in applying for or presenting any claim for benefits under the contract.

12.2.3 Misuse of the documents provided as evidence of benefits available pursuant to the contract.

12.2.4 Furnishing to the organization, by the subscriber, incorrect or incomplete information for the purposes of fraudulently obtaining services.

12.3 Prior to disenrollment of a subscriber, SAFEGUARD shall make an effort to resolve the problem through the grievance procedure and must determine that the subscriber's behavior is not due to use of the services provided or mental illness.

12.4 Notification of cancellation shall be given by given to SAFEGUARD through ORGANIZATION, and SAFEGUARD shall be deemed to have complied with applicable provisions of Florida statutes upon notifying ORGANIZATION of the cancellation or nonrenewal and requesting ORGANIZATION to forward the required notice to all subscribers.

XIII. REINSTATEMENT

13.1 Receipt by SAFEGUARD of the proper prepayment fee after termination of this Contract for non-payment, shall reinstate this Contract as though it had never been terminated, if such prepayment fee is received by SAFEGUARD on or before the due date of the next succeeding prepayment fee. However, performance by SAFEGUARD of any one of the following acts shall avoid any such reinstatement:

- (a) SAFEGUARD refunds such payment within five (5) business days or if such payment is received more than five (5) business days after issuance of a notice of termination, within fifteen (15) business days.
- (b) SAFEGUARD issues to ORGANIZATION, within five (5) business days of receipt of such payment, a new contract accompanied by written notice stating clearly those respects in which the new contract differs from the terminated contract in benefits, coverage and otherwise.

XIV. RENEWAL PROVISIONS

The parties may renew this Contract at the end of the term hereof and by mutual consent modify or alter this Contract. However, said modifications, amendments, alterations or renewals shall be in writing, duly executed by both parties hereto and attached to this Contract as such. SAFEGUARD shall not increase the amount of the prepayment fee or decrease in any manner the benefits provided to members except upon 45 days written notice to the Organization.

XV. EXTENSION OF BENEFITS

Termination of this Contract by SAFEGUARD is without prejudice to any continuous loss which commenced while the Contract was in force. Extension of benefits beyond the period the Contract was in force will continue until the specific treatment or procedure undertaken upon any subscriber has been completed or for 90 days, whichever is the lesser period of time.

XVI. BENEFITS TO BE PROVIDED - BENEFITS, COPAYMENTS, LIMITATIONS, EXCLUSIONS AND ADMINISTRATIVE POLICIES

16.1 SAFEGUARD and ORGANIZATION agree that SAFEGUARD shall provide services to Members of ORGANIZATION under the Benefit Plan set forth in the Schedule of Benefits attached to the Acceptance Agreement marked Exhibit A.

16.2 The Member and not SAFEGUARD nor ORGANIZATION shall be solely responsible for payment of all Copayments and for any excluded procedure, and shall make payment directly to the Dentist rendering such services.

16.3 SAFEGUARD agrees that Participating Dentists shall abide by the Benefit Plan as set forth in this Contract. SAFEGUARD further agrees that it will not increase the prepayment fees as set forth in the Acceptance Agreement, and that it will not modify the Schedule of Benefits and Copayments during the term of this Contract.

XVII. INDIVIDUAL CONTINUATION OF BENEFITS

17.1 If, at the time a member enrolls in this SAFEGUARD dental plan, he or she has been receiving care from a dental care provider, he or she may have the opportunity to continue receiving services from the dental care provider for a designated time period and under certain limited circumstances. In addition, he or she may also have a right to continuation of care if a Selected General Dental Office terminates its contractual relationship with SAFEGUARD. The member must make a specific request to continue under the care of his or her current provider. SAFEGUARD is not required to continue care with a provider if the member is not eligible under this plan or if SAFEGUARD cannot reach an agreement with their provider on the terms regarding your care in accordance with Florida law. A member may obtain a copy of SAFEGUARD's policy on continuation of care from SAFEGUARD's Member Services Department by calling 800-880-1800. If there are any questions regarding SAFEGUARD's Continuation of Care policy, a member may contact SAFEGUARD's Member Services Department at 800-880-1800.

17.2 If Organization is required to offer any Continuation of Coverage period or election period, necessary for ORGANIZATION'S compliance with requirements of the Consolidated Omnibus Budget Reconciliation Act (Federal COBRA) and any regulations adopted thereunder, or any similar state law requiring the Continuation of Benefits for the Subscriber, such benefits will be continued provided ORGANIZATION continues to certify the eligibility of the Subscriber and the monthly prepayment fees for COBRA coverage for such Subscribers continues to be paid by or through ORGANIZATION pursuant to this Contract.

17.3 Federal COBRA (Groups with 20 or more Employees): A Member who would otherwise lose coverage may continue uninterrupted coverage upon arrangement with Organization in compliance with Federal COBRA. Eligibility is conditioned upon payment of the applicable monthly prepayment fee to Organization. The following are "qualifying events":

- (a) Termination of employment, including lay-off or reduction in hours (except for gross misconduct);
- (b) Death of the Covered Employee;
- (c) Divorce or legal separation;
- (d) Loss of eligibility of a covered Dependent child; or
- (e) While covered Dependents are on continuation with the Employee, the Employee becomes entitled to Medicare benefits.

17.4 Coverage under COBRA continues only upon timely payment of the applicable monthly prepayment fee to Organization and ends on the earlier of:

- (a) Termination of this Contract;
- (b) Coverage under any other group health plan, including Medicare, which does not contain any exclusion or limitation with respect to any pre-existing condition;
- (c) Expiration of 18 calendar months of continuation by a covered dependent after the Employee's death, divorce, legal separation or entitlement to Medicare;
- (d) Expiration of 18 calendar months after termination of employment, lay-off or reduction in hours;
- (e) For a disabled Member Person, expiration of 29 months after termination of employment if:

- (1) The Member was totally disabled at the time of the termination of employment within the meaning of the Social Security Act, or is determined disabled by the Social Security Administration effective any time within the first 60 days of COBRA continuation coverage; and
- (2) The Member notified employer of the disability within the initial 18-month continuation period.

17.5 Application for continuation must be made in accordance with the COBRA regulations, and must be made by written request to Employer within sixty (60) days after any qualifying event. The Employer will provide the necessary forms. Premiums must be paid within forty-five (45) days of election of continuation.

17.6 Continuation of group coverage is not available to a Covered Person who is eligible for Medicare (except a covered Dependent is eligible for coverage for thirty-six (36) months after the Employee's Medicare eligibility).

17.7 Newly acquired dependents can be added to coverage within thirty-one (31) days while an Employee or former Employee is under COBRA continuation coverage. A newly born or newly adopted child added to coverage within thirty-one (31) days has "qualified beneficiary" status and has independent election rights and second qualifying event rights. Any other dependents added while under COBRA continuation coverage are not qualified beneficiaries.

17.8 The cost of continuation of coverage under COBRA is 102% of the applicable group rate including any portion previously paid by the Organization. However, for a person determined by the Social Security Administration to have been disabled at the time his or her employment stopped or work hours were reduced and his or her dependents, the cost is 150% of the applicable group rate including any portion previously paid by the Organization for the additional 11 months.

17.9 State "Mini-COBRA" (Policyholders with less than twenty (20) employees): SafeGuard recognizes and understands that it may be required to comply with Florida state "Mini-COBRA" laws..

- (a) A qualified beneficiary has the responsibility to inform SAFEGUARD of a qualifying event. This notification must be made in writing within 60 days of the date of the qualifying event and include:
 - the name of the qualified member;
 - the date of the qualifying event and the type of qualifying event as listed above;
 - the name of the Policyholder and the group vision plan number;
 - the name and address of all qualified members.
- (b) Failure to provide the required notification within 60 days will disqualify the Member from receiving continuation coverage.
- (c) If continuation coverage is chosen, the coverage will be the same as the coverage provided to similarly situated employees and dependents. No proof of insurability is required; however, the Covered Person will pay 110% of the applicable premium charged to similarly situated individuals under the group contract.

17.10 Coverage will be effective on the day after coverage would otherwise be terminated. The first premium payment must be submitted to us by first class mail, certified mail, or other reliable means of delivery, including personal delivery, express mail, or private courier company, within forty-five (45) days of delivering the completed enrollment form. The payment must cover the period from the last day of the

prior coverage to the present. There can be no gap between prior coverage and Mini-COBRA continuation coverage. Failure to submit the correct premium within the forty-five (45) day period noted above will disqualify the Member from receiving continuation coverage.

XVIII. GENERAL PROVISIONS

- 18.1 (a) Each and every disagreement, dispute or controversy, which remains unresolved, concerning the construction, interpretation, performance or breach of this Contract arising between the ORGANIZATION, a Member or the heir-at-law or personal representative of such person, as the case may be, and SAFEGUARD, its employees, officers, or directors, may be voluntarily submitted to arbitration by the subscriber or member in accordance with, and pursuant to, the commercial arbitration rules of the American Arbitration Association then in effect, whether such dispute involves a claim in tort, contract or otherwise. This includes, without limitation, all disputes as to whether any dental services rendered under this Contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered. It also includes, without limitation, any act or omission which occurs during the term of this Contract but which gives rise to a claim after the termination of this Contract.
- (b) The locale of the arbitration shall be the City of Tampa, Florida, unless all parties to the arbitration otherwise mutually agree in writing.
- (c) If the arbitrators shall make an award to a party, the arbitrators shall state what portion of the award shall be attributed to economic damages and which portion shall be attributed to non-economic damages.
- (d) Arbitration shall be initiated by written notice to the President of SAFEGUARD HEALTH PLANS, INC., 95 Enterprise, Suite 200, Aliso Viejo, CA 92656. The notice shall include a detailed description of the matter to be arbitrated.

18.2 SAFEGUARD shall defend, indemnify and hold ORGANIZATION harmless from any and all injuries, claims, demands, liabilities, suits at law or in equity, or judgments of any nature whatsoever, which ORGANIZATION, its employees, representatives, agents or third parties may sustain or incur by reason of any act, neglect, default, alleged malpractice or inadequate care or service rendered to the Member by any Dentist or dental facility.

18.3 The waiver by either party of one or more defaults, if any, under this Contract shall not be construed to operate as a waiver of any other or future default, either in the same condition or covenant or any other condition or covenant contained within this Contract.

18.4 Whenever it becomes necessary for either party to serve notice on the other with respect to this Contract such notice shall be in writing and shall be served registered or certified mail, return receipt requested, addressed as indicated below:

- (a) If addressed to SAFEGUARD, it shall be addressed as follows:

SAFEGUARD HEALTH PLANS, INC.
Attention Law Department
95 Enterprise, Suite 200
Aliso Viejo, CA 92656
800.880.1800

- (b) If addressed to ORGANIZATION, it shall be addressed as indicated in the Acceptance Agreement.

- 18.5 (a) The telephone number of SAFEGUARD's Member Services Department is 800.880.1800.
- (b) The telephone number of SAFEGUARD's Client Services Department is 800.962.1836.

18.6 Throughout this Contract, the singular shall include the plural and the plural the singular; the masculine shall include the neuter and feminine; and the neuter shall include the masculine and feminine.

18.7 This Contract is subject to the requirements of Chapter 636 of Florida Statutes. Should either the law or the regulations be amended, such amendments shall automatically be deemed to be a part of this Contract and shall take precedence over any inconsistent provision of this Contract. Any provision required to be in this Contract by either the law or the regulations, shall automatically bind SAFEGUARD.

18.8 If any provision of this Contract is held to be illegal or invalid for any reason, such decision shall not affect the validity of the remaining provisions of this Contract, and such remaining provisions shall continue in full force and effect, unless the illegality or invalidity prevent the accomplishment of the objectives and purposes of this Contract.

18.9 ORGANIZATION covenants and agrees that it will not sell, assign or transfer this Contract without the specific written consent of SAFEGUARD and any such sale, assignment, or transfer shall be null and void and shall act as a default of this Contract. SAFEGUARD's consent to any one sale, assignment or transfer shall not waive its right with respect to declining to consent to any other sale, assignment or transfer. This Contract shall not be assigned, transferred or set over, either voluntarily or involuntarily or by operation of law or otherwise, including but not limited to any proceeding initiated under the Bankruptcy Act of the laws of the United States and/or the appointment of a trustee or receiver, whether by state or federal court or otherwise. As an exception to the provisions of this paragraph, either party may sell, assign, and/or transfer its rights and delegate its duties hereunder to any entity into which it is merged or which acquires substantially all of its assets.

18.10 In the event ORGANIZATION is regulated under the Employee Retirement Income Security Act of 1974 (ERISA), ORGANIZATION covenants and agrees that it and not SAFEGUARD shall be responsible for meeting all requirements of ERISA. SAFEGUARD will cooperate with ORGANIZATION in supplying ORGANIZATION with any information within its possession to aid ORGANIZATION in meeting any ERISA reporting requirements. SAFEGUARD is not and shall not be designated the administrator or fiduciary of the Plan.

18.11 This Contract constitutes the entire agreement of the parties. There are no oral representations or agreements not embodied in this Contract. This Contract may only be modified by a subsequent writing executed by the parties.

18.12 Each of the parties acknowledges that it has read his Contract, understands its contents and executes this Contract voluntarily.

18.13 ORGANIZATION represents it has the authority under applicable law and its charter instrument to execute this Contract and has passed all necessary resolutions giving it the authority to do so.

18.14 ORGANIZATION covenants and agrees it will not solicit, use, engage or contract with any Dentist for use in any manner whatsoever in any prepaid or managed care dental plan, other than a SAFEGUARD Plan, during the term of this Contract.

18.15 A specimen of this Contract may be furnished to any member upon request.

18.16 This Contract shall be governed by the laws of the State of Florida.

EXHIBIT A
Insert Schedule of Benefits

Sample

**City of Fort Lauderdale
DHMO Copay Comparison**

Proposer's

Name Metropolitan Life Insurance Company

CDT Code	Benefit	<i>MET245</i>
	Specialist Services	Specialist services are available with referral from the general dentist
	Are charges for noble & high noble metal included in listed copays?	Yes
	Are lab charges included in listed copays?	Yes
	Charge for cases involving more than 6 crowns, implants and/or fixed bridge units	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.
	Office Visit Copay in addition to copay for specific service	Yes
Diagnostic		
Clinical Oral Evaluations		
D0120	Periodic Oral Evaluation	\$0
D0140	Limited Oral Evaluation	\$0
D0145	Oral Evaluation for a Patient Under 3 Years of Age	\$0
D0150	Comprehensive Oral Evaluation	\$0
D0160	Detailed and Extensive Oral Evaluation	\$0
D0170	Re-evaluation - Limited, Problem Focused	\$0
D0180	Comprehensive Periodontal Evaluation	\$0
Pre-diagnostic Services		
D0190	Screening of a patient	\$0
D0191	Assessment of a patient	\$0
Radiographs/Diagnostic Imaging (Including Interpretation)		
D0210	Intraoral - Complete Series (Including Bitewings)	\$0
D0220	Intraoral - Periapical, First Film	\$0
D0230	Intraoral - Periapical, Each Additional Film	\$0
D0240	Intraoral - Occlusal Film	\$0
D0250	Extraoral - First Film	\$0
D0260	Extraoral - Each Additional Film	\$0
D0270	Bitewing - Single Film	\$0
D0272	Bitewings - Two Films	\$0
D0273	Bitewings - Three Films	\$0
D0274	Bitewings - Four Films	\$0
D0277	Vertical Bitewings - 7 to 8 Films	\$0
D0290	Posterior-Anterior or Lateral Skull and Facial Bone Survey Film	Not Covered

**City of Fort Lauderdale
DHMO Copay Comparison**

Proposer's

Name Metropolitan Life Insurance Company

CDT Code	Benefit	<i>MET245</i>
D0310	Sialography	Not Covered
D0320	Temporomandibular Joint Arthrogram	Not Covered
D0321	Other Temporomandibular Joint Films, By Report	Not Covered
D0322	Tomographic Survey	Not Covered
D0330	Panoramic Film	\$0
D0340	Cephalometric Film	\$0
D0350	Oral/Facial Photographic Images	\$0
D0360	Cone Beam CT	Not Covered
D0362	Cone Beam - Two-Dimensional Image Reconstruction	Not Covered
D0363	Cone Beam - Three-Dimensional Image Reconstruction	\$160
D0364	Cone Beam CT capture and interpretation with limited field of view	\$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
D0368	Cone Beam CT capture and interpretation for TMJ series	Not Covered
D0369	Maxillofacial MRI capture and interpretation	Not Covered
D0370	Maxillofacial ultrasound capture and interpretation	Not Covered
D0371	Sialoendoscopy capture and interpretation	Not Covered
Image Capture Only		
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
D0384	Cone Beam image capture for TMJ series including two or more exposures	Not Covered
D0385	Maxillofacial MRI image capture	Not Covered
D0386	Maxillofacial ultrasound image capture	Not Covered
Image Capture Only		
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
D0416	Viral Culture	Not Covered
D0417	Collection and Preparation of Saliva Sample for Laboratory Diagnostic Testing	Not Covered

**City of Fort Lauderdale
DHMO Copay Comparison**

Proposer's

Name Metropolitan Life Insurance Company

CDT Code	Benefit	<i>MET245</i>
D0418	Analysis of Saliva Sample	Not Covered
D0421	Genetic Test for Susceptibility to Oral Diseases	Not Covered
D0425	Caries Susceptibility Tests	\$0
D0431	Adjunctive Pre-diagnostic Test, Not to Include Cytology or Biopsy Procedures	\$50
D0460	Pulp Vitality Tests	\$0
D0470	Diagnostic Casts	\$0
Oral Pathology Laboratory		
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
D0486	Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	\$0
D0475	Decalcification Procedure	Not Covered
D0476	Special Stains for Microorganisms	Not Covered
D0477	Special Stains, not for Microorganisms	Not Covered
D0478	Immunohistochemical Stains	Not Covered
D0479	Tissue In-Situ Hybridization, Including Interpretation	Not Covered
D0481	Electron Microscopy - Diagnostic	Not Covered
D0482	Direct Immunofluorescence	Not Covered
D0483	Indirect Immunofluorescence	Not Covered
D0484	Consultation on Slides Prepared Elsewhere	Not Covered
D0485	Consultation, Including Preparation of Slides From Biopsy Material Supplied By Referring Source	Not Covered
D0502	Other Oral Pathology Procedures, By Report	\$0
D0999	Unspecified Diagnostic Procedure, By Report	Not Covered
Preventive		
Dental Prophylaxis		
D1110	Prophylaxis - Adult	\$0
	(Additional Cleaning, In Addition to the One Allowed Every 6 Months)	\$35
D1120	Prophylaxis - Child	\$0
	(Additional Cleaning, In Addition to the One Allowed Every 6 Months)	\$25
Topical Fluoride Treatment (Office Procedure)		
D1203	Topical Application of Fluoride - Child	Not Covered

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CDT Code	Benefit	<i>MET245</i>
D1204	Topical Application of Fluoride - Adult	Not Covered
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients	\$0
D1208	Topical application of fluoride	\$0
Other Preventive Services		
D1310	Nutritional Counseling for Control of Dental Disease	\$0
D1320	Tobacco Counseling for the Control and Prevention of Oral Disease	\$0
D1330	Oral Hygiene Instructions	\$0
D1351	Sealant - Per Tooth	\$0
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$0
Space Maintenance (Passive Appliances)		
D1510	Space Maintainer - Fixed - Unilateral	\$25
D1515	Space Maintainer - Fixed - Bilateral	\$25
D1520	Space Maintainer - Removable - Unilateral	\$35
D1525	Space Maintainer - Removable - Bilateral	\$35
D1550	Re-cementation of Space Maintainer	\$15
D1555	Removal of Fixed Space Maintainer	\$15
<u>Restorative</u>		
Amalgam Restorations (Including Polishing)		
D2140	Amalgam - One Surface, Primary or Permanent	\$0
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$0
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$0
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$0
Resin-Based Composite Restorations - Direct		
D2330	Resin-Based Composite - One Surface, Anterior	\$0
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$0
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$0
D2335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle (Anterior)	\$0
D2390	Resin-Based Composite Crown, Anterior	\$30
D2391	Resin-Based Composite - One Surface, Posterior	\$30
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$45
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$65
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$65
Gold Foil Restorations		
D2410	Gold Foil - One Surface	Not Covered
D2420	Gold Foil - Two Surfaces	Not Covered
D2430	Gold Foil - Three Surfaces	Not Covered
Inlay/Onlay Restorations		

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CDT Code	Benefit	MET245
D2510	<i>Inlay - Metallic - One Surface</i>	\$225
D2520	<i>Inlay - Metallic - Two Surfaces</i>	\$235
D2530	<i>Inlay - Metallic - Three or More Surfaces</i>	\$245
D2542	<i>Onlay - Metallic - Two Surfaces</i>	\$245
D2543	<i>Onlay - Metallic - Three Surfaces</i>	\$260
D2544	<i>Onlay - Metallic - Four or More Surfaces</i>	\$270
D2610	<i>Inlay - Porcelain/Ceramic - One Surface</i>	\$245
D2620	<i>Inlay - Porcelain/Ceramic - Two Surfaces</i>	\$245
D2630	<i>Inlay - Porcelain/Ceramic - Three or More Surfaces</i>	\$245
D2642	<i>Onlay - Porcelain/Ceramic - Two Surfaces</i>	\$245
D2643	<i>Onlay - Porcelain/Ceramic - Three Surfaces</i>	\$245
D2644	<i>Onlay - Porcelain/Ceramic - Four or More Surfaces</i>	\$245
D2650	<i>Inlay - Resin-Based Composite - One Surface</i>	\$245
D2651	<i>Inlay - Resin-Based Composite - Two Surfaces</i>	\$245
D2652	<i>Inlay - Resin-Based Composite - Three or More Surfaces</i>	\$245
D2662	<i>Onlay - Resin-Based Composite - Two Surfaces</i>	\$245
D2663	<i>Onlay - Resin-Based Composite - Three Surfaces</i>	\$245
D2664	<i>Onlay - Resin-Based Composite - Four or More Surfaces</i>	\$245
Crowns - Single Restorations Only		
D2710	<i>Crown - Resin-Based Composite (Indirect)</i>	\$245
D2712	<i>Crown - 3/4 Resin-Based Composite (Indirect)</i>	\$245
D2720	<i>Crown - Resin with High Noble Metal</i>	\$245
D2721	<i>Crown - Resin with Predominantly Base Metal</i>	\$245
D2722	<i>Crown - Resin with Noble Metal</i>	\$245
D2740	<i>Crown - Porcelain/Ceramic Substrate</i>	\$245
D2750	<i>Crown - Porcelain Fused to High Noble Metal</i>	\$245
D2751	<i>Crown - Porcelain Fused to Predominantly Base Metal</i>	\$245
D2752	<i>Crown - Porcelain Fused to Noble Metal</i>	\$245
D2780	<i>Crown - 3/4 Cast High Noble Metal</i>	\$245
D2781	<i>Crown - 3/4 Cast Predominantly Base Metal</i>	\$245
D2782	<i>Crown - 3/4 Cast Noble Metal</i>	\$245
D2783	<i>Crown - 3/4 Porcelain/Ceramic</i>	\$245
D2790	<i>Crown - Full Cast High Noble Metal</i>	\$245
D2791	<i>Crown - Full Cast Predominantly Base Metal</i>	\$245
D2792	<i>Crown - Full Cast Noble Metal</i>	\$245
D2794	<i>Crown - Titanium</i>	\$245
D2799	<i>Provisional Crown</i>	\$70
Other Restorative Services		
D2910	<i>Recement Inlay, Onlay, or Partial Coverage Restoration</i>	\$0
D2915	<i>Recement Cast or Prefabricated Post and Core</i>	\$0

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CDT Code	Benefit	MET245
D2920	Recement Crown	\$0
D2929	Prefabricated porcelain/ceramic crown-primary tooth	
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
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	
D2940	Protective Restoration	\$0
D2950	Core Buildup, Including Any Pins	\$70
D2951	Pin Retention - Per Tooth, In Addition to Restoration	\$10
D2952	<i>Post and Core In Addition to Crown, Indirectly Fabricated</i>	\$50
D2953	<i>Each Additional Indirectly Fabricated Post - Same Tooth</i>	\$50
D2954	Prefabricated Post and Core In Addition to Crown	\$30
D2955	Post Removal (Not in Conjunction with Endodontic Therapy)	\$10
D2957	Each Add Prefabricated Post - Same Tooth	\$30
D2960	Labial Veneer (Resin Laminate) - Chairside	\$250
D2961	<i>Labial Veneer (Resin Laminate) - Laboratory</i>	\$300
D2962	<i>Labial veneer (Porcelain Laminate) - Laboratory</i>	\$350
D2970	Temporary Crown (Fractured Tooth)	\$0
D2971	Additional Procedures to Construct New Crown Under Existing Partial Denture Framework	\$50
D2975	Coping	Not Covered
D2980	Crown Repair, By Report	\$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
D2999	Unspecified Restorative Procedure, By Report	Not Covered
Endodontics		
Pulp Capping		
D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$5
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$5
Pulpotomy		
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$30
D3221	Pulpal Debridement, Primary and Permanent Teeth	\$55
D3222	Partial Pulpotomy for Apexogenesis - Permanent Tooth with Incomplete Root Development	\$30
Endodontic Therapy on Primary Teeth		

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CDT Code	Benefit	<i>MET245</i>
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	\$40
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	\$40
Endodontic Therapy		
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$100
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)	\$152
D3330	Endodontic Therapy, Molar (Excluding Final Restoration)	\$210
D3331	Treatment of Root Canal Obstruction; Non-Surgical Access	\$85
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	\$96
D3333	Internal Root Repair or Perforation Defects	\$85
Endodontic Retreatment		
D3346	Retreatment of Previous Root Canal Therapy - Anterior	\$180
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	\$280
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$325
Apexification/Recalcification Procedures		
D3351	Apexification/Recalcification - Initial Visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$70
D3352	Apexification/Recalcification/pulpal regeneration - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$70
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair of Perforations, Root Resorption, etc.)	\$70
D3354	Pulpal Regeneration - (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final restoration	\$70
Apicoectomy/Periradicular Services		
D3410	Apicoectomy/Periradicular Surgery - Anterior	\$95
D3421	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	\$95
D3425	Apicoectomy/Periradicular Surgery - Molar (First Root)	\$95
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	\$60
D3430	Retrograde Filling - Per Root	\$60
D3450	Root Amputation - Per Root	\$95
D3460	Endodontic Endosseous Implant	\$555
D3470	Intentional Reimplantation (Including Necessary Splinting)	Not Covered
Other Endodontic Procedures		
D3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	\$0

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CDT Code	Benefit	<i>MET245</i>
D3920	Hemisection (Including any Root Removal), Not Including Root Canal Therapy	\$90
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	\$15
D3999	Unspecified Endodontic Procedure, By Report	Not Covered
<u>Periodontics</u>		
Surgical Services (Including Usual Postoperative Care)		
D4210	Gingivectomy of Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$110
D4211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$83
D4212	Gingivectomy of Gingivoplasty to allow access for restorative procedure, per tooth	\$83
D4230	Anatomical Crown Exposure - Four or More Teeth Per Quadrant	Not Covered
D4231	Anatomical Crown Exposure - One to Three Teeth Per Quadrant	Not Covered
D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$150
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$113
D4245	Apically Positioned Flap	\$165
D4249	Clinical Crown Lengthening - Hard Tissue	\$150
D4260	Osseous Surgery (Including Flap Entry and Closure) - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$300
D4261	Osseous Surgery (Including Flap Entry and Closure) - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$225
D4263	Bone Replacement Graft - First Site in Quadrant	\$180
D4264	Bone Replacement Graft - Each Additional Site in Quadrant	\$95
D4265	Biologic Materials to Aid in Soft and Osseous Tissue Regeneration	\$95
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	\$215
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane Removal)	\$255
D4268	Surgical Revision Procedure, Per Tooth	\$0
D4270	Pedicle Soft Tissue Graft Procedure	\$245
D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	
D4273	Subepithelial Connective Tissue Graft Procedures, Per Tooth	\$75
D4274	Distal or Proximal Wedge Procedure (When Not performed in Conjunction With Surgical Procedures in the Same Anatomical Area)	\$100
D4275	Soft Tissue Allograft	\$380
D4276	Combined Connective Tissue and Double Pedicle Graft, Per Tooth	\$75
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$245

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CDT Code	Benefit	<i>MET245</i>
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	\$245
Non-Surgical Periodontal Service		
D4320	Provisional Splinting, Intracoronaral	\$95
D4321	Provisional Splinting, Extracoronaral	\$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
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	\$50
D4381	Localized Delivery of Antimicrobial Agents Via a Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth, By Report	\$65
Other Periodontal Services		
D4910	Periodontal Maintenance	\$40
	Additional Periodontal Maintenance	
D4920	Unscheduled Dressing Change (by someone other than treating dentist)	\$55
D4999	Unspecified Periodontal Procedure, By Report	
<u>Prosthodontics (Removable)</u>		
Complete Dentures		
D5110	Complete Denture - Maxillary	\$325
D5120	Complete Denture - Mandibular	\$325
D5130	Immediate Denture - Maxillary	Not Covered
D5140	Immediate Denture - Mandibular	Not Covered
Partial Dentures (Including Routine Post-delivery Care)		
D5211	Maxillary Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	\$400
D5212	Mandibular Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	\$400
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$425
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$425
D5225	Maxillary Partial Denture - Flexible Base (Including any Clasps, Rests and Teeth)	\$425
D5226	Mandibular Partial Denture - Flexible Base (Including any Clasps, Rests and Teeth)	\$425
D5281	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps and Teeth)	\$300
Adjustments to Dentures		

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CDT Code	Benefit	<i>MET245</i>
D5410	Adjust Complete Denture - Maxillary	\$10
D5411	Adjust Complete Denture - Mandibular	\$10
D5421	Adjust Partial Denture - Maxillary	\$10
D5422	Adjust Partial Denture - Mandibular	\$10
Repairs to Complete Dentures		
<i>D5510</i>	<i>Repair Broken Complete Denture Base</i>	\$35
<i>D5520</i>	<i>Replace Missing or Broken Teeth - Complete Denture (Each Tooth)</i>	\$35
Repairs to Partial Dentures		
<i>D5610</i>	<i>Repair Resin Denture Base</i>	\$35
<i>D5620</i>	<i>Repair Cast Framework</i>	\$35
<i>D5630</i>	<i>Repair or Replace Broken Clasp</i>	\$35
<i>D5640</i>	<i>Replace Broken Teeth - Per Tooth</i>	\$35
<i>D5650</i>	<i>Add Tooth to Existing Partial Denture</i>	\$35
<i>D5660</i>	<i>Add Clasp to Existing Partial Denture</i>	\$35
<i>D5670</i>	<i>Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary)</i>	\$165
<i>D5671</i>	<i>Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)</i>	\$165
Denture Rebase Procedures		
<i>D5710</i>	<i>Rebase Complete Maxillary Denture</i>	\$75
<i>D5711</i>	<i>Rebase Complete Mandibular Denture</i>	\$75
<i>D5720</i>	<i>Rebase Maxillary Partial Denture</i>	\$75
<i>D5721</i>	<i>Rebase Mandibular Partial Denture</i>	\$75
Denture Reline Procedures		
D5730	Reline Complete Maxillary Denture (Chairside)	\$65
D5731	Reline Complete Mandibular Denture (Chairside)	\$65
D5740	Reline Maxillary Partial Denture (Chairside)	\$65
D5741	Reline Mandibular Partial Denture (Chairside)	\$65
<i>D5750</i>	<i>Reline Complete Maxillary Denture (Laboratory)</i>	\$85
<i>D5751</i>	<i>Reline Complete Mandibular Denture (Laboratory)</i>	\$85
<i>D5760</i>	<i>Reline Maxillary Partial Denture (Laboratory)</i>	\$85
<i>D5761</i>	<i>Reline Mandibular Partial Denture (Laboratory)</i>	\$85
Interim Prosthesis		
<i>D5810</i>	<i>Interim Complete Denture (Maxillary)</i>	\$230
<i>D5811</i>	<i>Interim Complete Denture (Mandibular)</i>	\$230
<i>D5820</i>	<i>Interim Partial Denture (Maxillary)</i>	\$160
<i>D5821</i>	<i>Interim Partial Denture (Mandibular)</i>	\$170
Other Removable Prosthetic Services		
D5850	Tissue Conditioning, Maxillary	\$20
D5851	Tissue Conditioning, Mandibular	\$20
D5860	Overdenture - Complete, By Report	

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CDT Code	Benefit	<i>MET245</i>
D5861	Overdenture - Partial, By Report	
D5862	Precision Attachment, By report	\$160
D5867	Replacement of Replaceable Part of Semi-Precision or Precision Attachment (Male or Female Component)	Not Covered
D5875	Modification of Removable Prosthesis Following Implant Surgery	Not Covered
D5899	Unspecified Removable Prosthodontic Procedure, By Report	Not Covered
Maxillofacial Prosthetics		
D5911	Facial Moulage (Sectional)	Not Covered
D5912	Facial Moulage (Complete)	Not Covered
D5913	Nasal Prosthesis	Not Covered
D5914	Auricular Prosthesis	Not Covered
D5915	Orbital Prosthesis	Not Covered
D5916	Ocular Prosthesis	Not Covered
D5919	Facial Prosthesis	Not Covered
D5922	Nasal Septal Prosthesis	Not Covered
D5923	Ocular Prosthesis, Interim	Not Covered
D5924	Cranial Prosthesis	Not Covered
D5925	Facial Augmentation Implant Prosthesis	Not Covered
D5926	Nasal Prosthesis, Replacement	Not Covered
D5927	Auricular Prosthesis, Replacement	Not Covered
D5928	Orbital Prosthesis, Replacement	Not Covered
D5929	Facial Prosthesis, Replacement	Not Covered
D5931	Obturator Prosthesis, Surgical	Not Covered
D5932	Obturator Prosthesis, Definitive	Not Covered
D5933	Obturator Prosthesis, Modification	Not Covered
D5934	Mandibular Resection Prosthesis with Guide Flange	Not Covered
D5935	Mandibular Resection Prosthesis without Guide Flange	Not Covered
D5936	Obturator Prosthesis, Interim	Not Covered
D5937	Trismus Appliance (Not for TMD Treatment)	Not Covered
D5951	Feeding Aid	Not Covered
D5952	Speech Aid Prosthesis, Pediatric	Not Covered
D5953	Speech Aid Prosthesis, Adult	Not Covered
D5954	Palatal Augmentation Prosthesis	Not Covered
D5955	Palatal Lift Prosthesis, Definitive	Not Covered
D5958	Palatal Lift Prosthesis, Interim	Not Covered
D5959	Palatal Lift Prosthesis, Modification	Not Covered
D5960	Speech Aid Prosthesis, Modification	Not Covered
D5982	Surgical Stent	Not Covered
D5983	Radiation Carrier	Not Covered
D5984	Radiation Shield	Not Covered

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CDT Code	Benefit	<i>MET245</i>
D5985	Radiation Cone Locator	Not Covered
D5986	Fluoride Gel Carrier	Not Covered
D5987	Commissure Splint	Not Covered
D5988	Surgical Splint	Not Covered
D5991	Topical Medicament Carrier	Not Covered
D5992	Adjust maxillofacial prosthetic appliance, by report	Not Covered
D5993	Maintenance and Cleaning of a Maxillofacial Prosthesis (Extra or Intraoral) Other Than Required Adjustments, By Report	Not Covered
D5999	Unspecified Maxillofacial Prosthesis, By Report	Not Covered
<u>Implant Services</u>		
Pre-Surgical Services		
D6190	Radiographic/surgical Implant Index, By Report	\$130
Surgical Services		
D6010	Surgical Placement of Implant Body: Endosteal Implant	\$1,005
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant	\$770
D6040	Surgical Placement: Eposteal Implant	\$1,860
D6050	Surgical Placement: Transosteal Implant	\$1,170
D6100	Implant Removal, By Report	\$240
D6101	Debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure	\$113
D6102	Ddebridement of osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure	\$225
D6103	Bone graft for repair of periimplant defect-not including flap entry and closure or, when indicated, placement of a barrier membrane or biologic materials to aid in osseous regeneration	\$100
D6104	Bone graft at time of implant placement	\$100
<u>Implant Supported Prosthetics</u>		
Supporting Structures		
D6051	Interim abutment	Not Covered
D6055	Connecting Bar - Implant Supported or Abutment Supported	\$345
D6056	Prefabricated Abutment - Includes Placement	\$245
D6057	Custom Abutment - Includes Placement	\$335
Implant/Abutment Supported Removable Dentures		
D6053	Implant/Abutment Supported Removable Denture for Completely Edentulous Arch	\$995
D6054	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch	\$945
Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)		

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CDT Code	Benefit	MET245
D6078	Implant/Abutment Supported Fixed Denture for Completely Edentulous Arch	\$2,380
D6079	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch	\$1,410
Single Crowns, Abutment Supported		
D6058	<i>Abutment Supported Porcelain/Ceramic Crown</i>	\$685
D6059	<i>Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)</i>	\$660
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	\$640
D6061	<i>Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)</i>	\$645
D6062	<i>Abutment Supported Cast Metal Crown (High Noble Metal)</i>	\$655
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	\$640
D6064	<i>Abutment Supported Cast Metal Crown (Noble Metal)</i>	\$720
D6094	<i>Abutment Supported Crown - (Titanium)</i>	\$650
Single Crowns, Implant Supported		
D6065	<i>Implant Supported Porcelain/Ceramic Crown</i>	\$725
D6066	<i>Implant Supported Porcelain Fused to Metal Crown (Titanium, Titanium Alloy, or High Noble Metal)</i>	\$700
D6067	<i>Implant Supported Metal Crown (Titanium, Titanium Alloy, or High Noble Metal)</i>	\$725
Fixed Partial Denture, Abutment Supported		
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	\$680
D6069	<i>Abutment Supported Retainer for Porcelain Fused to Metal FPD (High Noble Metal)</i>	\$680
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Predominantly Base Metal)	\$595
D6071	<i>Abutment Supported Retainer for Porcelain Fused to Metal FPD (Noble Metal)</i>	\$635
D6072	<i>Abutment Supported Retainer for Cast Metal FPD (High Noble Metal)</i>	\$625
D6073	Abutment Supported Retainer for Cast Metal FPD (Predominantly Base Metal)	\$445
D6074	<i>Abutment Supported Retainer for Cast Metal FPD (Noble Metal)</i>	\$640
D6194	<i>Abutment Supported Retainer Crown for FPD- (Titanium)</i>	\$520
Fixed Partial Denture, Implant Supported		
D6075	Implant Supported Retainer for Ceramic FPD	\$720
D6076	<i>Implant Supported Retainer for Porcelain Fused to Metal FPD (Titanium, Titanium Alloy, or High Noble Metal)</i>	\$700
D6077	<i>Implant Supported Retainer for Cast Metal FPD (Titanium, Titanium Alloy, or High Noble Metal)</i>	\$510

**City of Fort Lauderdale
DHMO Copay Comparison**

Proposer's

Name Metropolitan Life Insurance Company

CDT Code	Benefit	<i>MET245</i>
Other Implant Services		
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments and Reinsertion of Prosthesis	\$55
D6090	Repair Implant Supported Prosthesis, By Report	\$190
D6095	Repair Implant Abutment, By Report	\$140
D6091	Replacement of Semi-Precision or Precision Attachment (Male or Female Component) of Implant/Abutment Supported Prosthesis, Per Attachment	\$170
D6092	Recement Implant/Abutment Supported Crown	\$50
D6093	Recement Implant/Abutment Supported Fixed Partial Denture	\$70
D6199	Unspecified Implant Procedure, By Report	
<u>Prosthodontics, Fixed</u>		
Fixed Partial Denture Pontics		
D6205	Pontic - Indirect Resin Based Composite	\$245
<i>D6210</i>	<i>Pontic - Cast High Noble Metal</i>	\$245
D6211	Pontic - Cast Predominantly Base Metal	\$245
<i>D6212</i>	<i>Pontic - Cast Noble Metal</i>	\$245
<i>D6214</i>	<i>Pontic - Titanium</i>	\$245
<i>D6240</i>	<i>Pontic - Porcelain Fused to High Noble Metal</i>	\$245
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$245
<i>D6242</i>	<i>Pontic - Porcelain Fused to Noble Metal</i>	\$245
<i>D6245</i>	<i>Pontic - Porcelain/Ceramic</i>	\$265
<i>D6250</i>	<i>Pontic - Resin with High Noble Metal</i>	\$245
D6251	Pontic - Resin with Predominantly Base Metal	\$245
<i>D6252</i>	<i>Pontic - Resin with Noble Metal</i>	\$245
<i>D6253</i>	<i>Provisional Pontic</i>	\$70
D6254	Interim Pontic	
Fixed Partial Denture Retainers - Inlays/Onlays		
<i>D6545</i>	<i>Retainer - Cast Metal for Resin Bonded Fixed Prosthesis</i>	\$100
D6548	Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$100
<i>D6600</i>	<i>Inlay - Porcelain/Ceramic - Two Surfaces</i>	\$245
<i>D6601</i>	<i>Inlay - Porcelain/Ceramic - Three or More Surfaces</i>	\$245
<i>D6602</i>	<i>Inlay - Cast High Noble Metal, Two Surfaces</i>	\$245
<i>D6603</i>	<i>Inlay - Cast High Noble Metal, Three or More Surfaces</i>	\$245
D6604	Inlay - Cast Predominantly Base Metal, Two Surfaces	\$245
D6605	Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$245
<i>D6606</i>	<i>Inlay - Cast Noble Metal, Two Surfaces</i>	\$245
<i>D6607</i>	<i>Inlay - Cast Noble Metal, Three or More Surfaces</i>	\$245
D6624	Inlay - Titanium	\$245
<i>D6608</i>	<i>Onlay - Porcelain/Ceramic - Two Surfaces</i>	\$245

**City of Fort Lauderdale
DHMO Copay Comparison**

Proposer's

Name Metropolitan Life Insurance Company

CDT Code	Benefit	MET245
D6609	<i>Onlay - Porcelain/Ceramic - Three or More Surfaces</i>	\$245
D6610	<i>Onlay - Cast High Noble Metal, Two Surfaces</i>	\$245
D6611	<i>Onlay - Cast High Noble Metal, Three or More Surfaces</i>	\$245
D6612	<i>Onlay - Cast Predominantly Base Metal, Two Surfaces</i>	\$245
D6613	<i>Onlay - Cast Predominantly Base Metal, Three or More Surfaces</i>	\$245
D6614	<i>Onlay - Cast Noble Metal, Two Surfaces</i>	\$245
D6615	<i>Onlay - Cast Noble Metal, Three or More Surfaces</i>	\$245
D6634	<i>Onlay - Titanium</i>	\$245
Fixed Partial Denture Retainers - Crowns		
D6710	<i>Crown - Indirect Resin Based Composite</i>	\$245
D6720	<i>Crown - Resin with High Noble Metal</i>	\$245
D6721	<i>Crown - Resin with Predominantly Base Metal</i>	\$245
D6722	<i>Crown - Resin with Noble Metal</i>	\$245
D6740	<i>Crown - Porcelain/Ceramic</i>	\$245
D6750	<i>Crown - Porcelain Fused to High Noble Metal</i>	\$245
D6751	<i>Crown - Porcelain Fused to Predominantly Base Metal</i>	\$245
D6752	<i>Crown - Porcelain Fused to Noble Metal</i>	\$245
D6780	<i>Crown - 3/4 Cast High Noble Metal</i>	\$245
D6781	<i>Crown - 3/4 Cast Predominantly Base Metal</i>	\$245
D6782	<i>Crown - 3/4 Cast Noble Metal</i>	\$245
D6783	<i>Crown - 3/4 Porcelain/Ceramic</i>	\$245
D6790	<i>Crown - Full Cast High Noble Metal</i>	\$245
D6791	<i>Crown - Full Cast Predominantly Base Metal</i>	\$245
D6792	<i>Crown - Full Cast Noble Metal</i>	\$245
D6794	<i>Crown - Titanium</i>	\$245
D6793	<i>Provisional Retainer Crown</i>	\$70
D6795	<i>Interim Retainer Crown</i>	
Other Fixed Partial Denture Services		
D6920	Connector Bar	Not Covered
D6930	Recement Fixed Partial Denture	\$0
D6940	Stress Breaker	\$110
D6950	Precision Attachment	\$195
D6970	<i>Cast Post and Core In Addition to Fixed Partial Denture Retainer, Indirectly Fabricated</i>	
D6972	<i>Prefabricated Post and Core In Addition to Fixed Partial Denture Retainer</i>	
D6973	<i>Core Buildup for Retainer, Including Any Pins</i>	Not Covered
D6975	<i>Coping - Metal</i>	Not Covered
D6976	<i>Each Additional Indirectly Fabricated Post - Same Tooth</i>	Not Covered
D6977	<i>Each Additional Prefabricated Post - Same Tooth</i>	Not Covered

**City of Fort Lauderdale
DHMO Copay Comparison**

Proposer's

Name Metropolitan Life Insurance Company

CDT Code	Benefit	MET245
D6980	Fixed Partial Denture Repair By Report	\$45
D6985	Pediatric Partial Denture, Fixed	Not Covered
D6999	Unspecified Fixed Prosthodontic Procedure, By Report	Not Covered
<u>Oral and Maxillofacial Surgery</u>		
Extractions		
D7111	Extraction of Coronal Remnants - Deciduous Tooth	\$5
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$5
Surgical Extractions		
D7210	Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	\$30
D7220	Removal of Impacted Tooth - Soft Tissue	\$50
D7230	Removal of Impacted Tooth - Partially Bony	\$65
D7240	Removal of Impacted Tooth - Completely Bony	\$80
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	\$100
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$40
D7251	Coronectomy - Intentional Partial Tooth Removal	\$80
Other Surgical Procedures		
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	\$50
D7272	Tooth Transplantation (Includes Reimplantation from One Site to Another and Splinting and/or Stabilization)	
D7280	Surgical Access of an Unerupted Tooth	\$100
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$90
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$90
D7285	Biopsy of Oral Tissue - Hard (Bone, Tooth)	\$150
D7286	Biopsy of Oral Tissue - Soft	\$60
D7287	Exfoliative Cytological Sample Collection	\$50
D7288	Brush Biopsy - Transepithelial Sample Collection	\$50
D7290	Surgical Repositioning of Teeth	
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report	\$40
D7292	Surgical Placement; Temporary Anchorage Device (Screw Retained Plate) Requiring Surgical Flap	Not Covered
D7293	Surgical Placement; Temporary Anchorage Device Requiring Surgical Flap	Not Covered
D7294	Surgical Placement; Temporary Anchorage Device without Surgical Flap	Not Covered

**City of Fort Lauderdale
DHMO Copay Comparison**

Proposer's

Name Metropolitan Life Insurance Company

CDT Code	Benefit	<i>MET245</i>
D7295	Harvest of Bone Fur Use In Autogenous Grafting Procedure	Not Covered
Alveoloplasty - Surgical Preparation of Ridge for Dentures		
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	\$15
D7320	Alveoloplasty not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$60
D7321	Alveoloplasty not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$25
Vestibuloplasty		
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	\$370
D7350	Vestibuloplasty - Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, etc.)	\$990
Surgical Excision of Soft Tissue Lesions		
D7410	Excision of Benign Lesion Up to 1.25 cm	Not Covered
D7411	Excision of Benign Lesion Greater than 1.25 cm	Not Covered
D7412	Excision of Benign Lesion, Complicated	Not Covered
D7413	Excision of Malignant Lesion Up to 1.25 cm	Not Covered
D7414	Excision of Malignant Lesion Greater than 1.25 cm	Not Covered
D7415	Excision of Malignant Lesion, Complicated	Not Covered
D7465	Destruction of Lesion(s) By Physical or Chemical Method, By Report	Not Covered
Surgical Excision of Intra-Osseous Lesions		
D7440	Excision of Malignant Tumor - Lesion Diameter Up to 1.25 cm	Not Covered
D7441	Excision of Malignant Tumor - Lesion Diameter Greater than 1.25 cm	Not Covered
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
D7460	Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	Not Covered
D7461	Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter Greater than 1.25 cm	Not Covered
Excision of Bone Tissue		
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$80
D7472	Removal of Torus Palatinus	\$60
D7473	Removal of Torus Mandibularis	\$60
D7485	Surgical Reduction of Osseous Tuberosity	\$60
D7490	Radical Resection of Maxilla or Mandible	Not Covered
Surgical Incision		

**City of Fort Lauderdale
DHMO Copay Comparison**

Proposer's

Name Metropolitan Life Insurance Company

CDT Code	Benefit	<i>MET245</i>
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$35
D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage of Multiple Fascial Spaces)	\$35
D7520	Incision and Drainage of Abscess - Extraoral Soft Tissue	\$35
D7521	Incision and Drainage of Abscess - Extraoral Soft Tissue Complicated (Includes Drainage of Multiple Fascial Spaces)	\$35
D7530	Removal of Foreign Body from Mucosa, Skin, or Subcutaneous Alveolar Tissue	Not Covered
D7540	Removal of Reaction Producing Foreign Bodies, Musculoskeletal System	Not Covered
D7550	Partial Osteotomy/Sequestrectomy for Removal of Non-vital Bone	\$125
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	\$505
Treatment of Fractures - Simple		
D7610	Maxilla - Open Reduction (Teeth Immobilized, if Present)	Not Covered
D7620	Maxilla - Closed Reduction (Teeth Immobilized, if Present)	Not Covered
D7630	Mandible - Open Reduction (Teeth Immobilized, if Present)	Not Covered
D7640	Mandible - Closed Reduction (Teeth Immobilized, if Present)	Not Covered
D7650	Malar and/or Zygomatic Arch - Open Reduction	Not Covered
D7660	Malar and/or Zygomatic Arch - Closed Reduction	Not Covered
D7670	Alveolus - Closed Reduction, May Include Stabilization of Teeth	Not Covered
D7671	Alveolus - Open Reduction, May Include Stabilization of Teeth	Not Covered
D7680	Facial Bones - Complicated Reduction with Fixation and Multiple Surgical Approaches	Not Covered
Treatment of Fractures - Compound		
D7710	Maxilla - Open Reduction	Not Covered
D7720	Maxilla - Closed Reduction	Not Covered
D7730	Mandible - Open Reduction	Not Covered
D7740	Mandible - Closed Reduction	Not Covered
D7750	Malar and/or Zygomatic Arch - Open Reduction	Not Covered
D7760	Malar and/or Zygomatic Arch - Closed Reduction	Not Covered
D7770	Alveolus - Open Reduction Stabilization of Teeth	Not Covered
D7771	Alveolus - Closed Reduction Stabilization of Teeth	Not Covered
D7780	Facial Bones - Complicated Reduction with Fixation and Multiple Surgical Approaches	Not Covered
Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions		
D7810	Open Reduction of Dislocation	Not Covered
D7820	Closed Reduction of Dislocation	Not Covered
D7830	Manipulation under Anesthesia	Not Covered
D7840	Condylectomy	Not Covered
D7850	Surgical Discectomy, with/without Implant	Not Covered
D7852	Disc Repair	Not Covered

**City of Fort Lauderdale
DHMO Copay Comparison**

Proposer's

Name Metropolitan Life Insurance Company

CDT Code	Benefit	<i>MET245</i>
D7854	Synovectomy	Not Covered
D7856	Myotomy	Not Covered
D7858	Joint Reconstruction	Not Covered
D7860	Arthrotomy	Not Covered
D7865	Arthroplasty	Not Covered
D7870	Arthrocentesis	Not Covered
D7871	Non-arthroscopic Lysis and Lavage	Not Covered
D7872	Arthroscopy - Diagnosis, with or without Biopsy	Not Covered
D7873	Arthroscopy - Surgical: Lavage and Lysis of Adhesions	Not Covered
D7874	Arthroscopy - Surgical: Disc Repositioning and Stabilization	Not Covered
D7875	Arthroscopy - Surgical: Synovectomy	Not Covered
D7876	Arthroscopy - Surgical: Discectomy	Not Covered
D7877	Arthroscopy - Surgical: Debridement	Not Covered
D7880	Occlusal Orthotic Device, By Report	Not Covered
D7899	Unspecified TMD Therapy By Report	Not Covered
Repair of Traumatic Wounds		
D7910	Suture of Recent Small Wounds up to 5 cm	Not Covered
Complicated Suturing		
D7911	Complicated Suture - Up to 5 cm	Not Covered
D7912	Complicated Suture - Greater than 5 cm	Not Covered
Other Repair Procedures		
D7920	Skin Graft (Identify Defect Covered, Location and Type of Graft)	Not Covered
D7921	Collection and application of autologous blood concentrate product	Not Covered
D7940	Osteoplasty - For Orthognathic Deformities	Not Covered
D7941	Osteotomy - Mandibular Rami	Not Covered
D7943	Osteotomy - Mandibular Rami with Bone Graft; Includes Obtaining the Graft	Not Covered
D7944	Osteotomy - Segmented or Subapical	Not Covered
D7945	Osteotomy - Body of Mandible	Not Covered
D7946	LeFort I (Maxilla - Total)	Not Covered
D7947	LeFort I (Maxilla - Segmented)	Not Covered
D7948	LeFort II or LeFort III - without Bone Graft	Not Covered
D7949	LeFort II or LeFort III - with Bone Graft	Not Covered
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	\$825
D7952	Sinus augmentation via a vertical approach	\$825
D7953	Bone Replacement Graft for Ridge Preservation - Per Site	\$100
D7955	Repair of Maxillofacial Soft and/or Hard Tissue Defect	
D7960	Frenulectomy (Frenectomy or Frenotomy) - Separate procedure	\$50

**City of Fort Lauderdale
DHMO Copay Comparison**

Proposer's

Name Metropolitan Life Insurance Company

CDT Code	Benefit	<i>MET245</i>
D7963	Frenuloplasty	\$50
D7970	Excision of Hyperplastic Tissue -Per Arch	\$40
D7971	Excision of Pericoronal Gingival	\$40
D7972	Surgical Reduction of Fibrous Tuberosity	\$125
D7980	Sialolithotomy	Not Covered
D7981	Excision of Salivary Gland, By Report	Not Covered
D7982	Sialodochoplasty	Not Covered
D7983	Closure of Salivary Fistula	Not Covered
D7990	Emergency Tracheotomy	Not Covered
D7991	Coronoidectomy	Not Covered
D7995	Synthetic Graft - Mandible or Facial Bones, By Report	Not Covered
D7996	Implant - Mandible for Augmentation Purposes (Excluding Alveolar Ridge), By Report	Not Covered
D7997	Appliance Removal (Not by Dentist who Placed Appliance), Includes Removal of Archbar	Not Covered
D7998	Intraoral Placement of a Fixation Device not in Conjunction with a Fracture	Not Covered
D7999	Unspecified Oral Surgery Procedure, By Report	Not Covered
<u>Orthodontics</u>		
Limited Orthodontic Treatment		
D8010	Limited Orthodontic Treatment of the Primary Dentition	\$1,000
D8020	Limited Orthodontic Treatment of the Transition Dentition	\$1,000
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	\$1,000
D8040	Limited Orthodontic Treatment of the Adult Dentition	\$1,000
Interceptive Orthodontic Treatment		
D8050	Interceptive Orthodontic Treatment of the Primary Dentition	Not Covered
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition	Not Covered
Comprehensive Orthodontic		
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	\$1,850
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	\$1,850
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	\$1,850
Minor Treatment to Control Harmful Habits		
D8210	Removable Appliance Therapy	Not Covered
D8220	Fixed Appliance Therapy	Not Covered
Other Orthodontic Services		
D8660	Pre-Orthodontic Treatment Visit	\$35
D8670	Periodic Orthodontic Treatment Visit (As Part of Contract)	\$35
	Children (Up to 19th Birthday):	
	24 Month Treatment Fee	
	Charge Per Month for 24 Months	

**City of Fort Lauderdale
DHMO Copay Comparison**

Proposer's

Name Metropolitan Life Insurance Company

CDT Code	Benefit	<i>MET245</i>
	Adults:	
	24 Month Treatment Fee	
	Charge Per Month for 24 Months	
	Ortho Visits Beyond 24 Months of Active Treatment or Retention	
D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer (s))	\$300
D8690	Orthodontic Treatment (Alternative Billing to a Contract Fee)	Not Covered
D8691	Repair of Orthodontic Appliance	Not Covered
D8692	Replacement of Lost or Broken Retainer	Not Covered
D8693	Rebonding or Recementing; and/or Repair, as Required, of Fixed Retainers	\$0
D8999	Unspecified Orthodontic Procedure, By Report	Not Covered
<u>Adjunctive General Services</u>		
Unclassified Treatment		
D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	\$10
D9120	Fixed Partial Denture Sectioning	\$0
Anesthesia		
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
D9220	Deep Sedation/General Anesthesia - First 30 Minutes	\$150
D9221	Deep Sedation/General Anesthesia - Each Additional 15 Minutes	\$45
D9230	Inhalation of Nitrous Oxide/anxiolysis, analgesia	\$15
D9241	Intravenous Conscious Sedation/Analgesia - First 30 Minutes	\$150
D9242	Intravenous Conscious Sedation/Analgesia - Each Additional 15 Minutes	\$45
D9248	Non-intravenous Conscious Sedation	\$15
Professional Consultation		
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician other than Requesting Dentist or Physician	\$0
Professional Visits		
D9410	House/Extended Care Facility Call	Not Covered
D9420	Hospital or Ambulatory Surgical Center Call	Not Covered
D9430	Office Visit for Observation (During Regularly Scheduled Hours) - No other Services Performed	\$0
D9440	Office Visit - After Regularly Scheduled Hours	\$30
D9450	Case Presentation, Detailed and Extensive Treatment Planning	\$0
	Broken Appointment without 24 hour notice - Per 15 Minutes	Not Covered

**City of Fort Lauderdale
DHMO Copay Comparison**

Proposer's

Name Metropolitan Life Insurance Company

CDT Code	Benefit	<i>MET245</i>
Drugs		
D9610	Therapeutic Parenteral Drug, Single Administration	\$15
D9612	Therapeutic Parenteral Drugs, Two or More Administrations, Different Medications	\$25
D9630	Other Drugs and/or Medicaments, By Report	\$15
Miscellaneous Services		
D9910	Application of Desensitizing Medicament	\$15
D9911	Application of Desensitizing Resin for Cervical and/or Root Surface, Per Tooth	Not Covered
D9920	Behavior Management, By Report	Not Covered
D9930	Treatment of Complications (Post-surgical) - Unusual Circumstances, By Report	\$0
D9940	Occlusal Guard, By Report	\$85
D9941	Fabrication of Athletic Mouthguard	Not Covered
D9942	Repair and/or Reline of Occlusal Guard	\$40
D9950	Occlusion Analysis - Mounted Case	Not Covered
D9951	Occlusal Adjustment - Limited	\$30
D9952	Occlusal Adjustment - Complete	\$100
D9970	Enamel Micro abrasion	Not Covered
D9971	Odontoplasty 1-2 Teeth; Includes Removal of Enamel Projections	Not Covered
D9972	External Bleaching, Per Arch	Not Covered
D9973	External Bleaching, Per Tooth	Not Covered
D9974	Internal Bleaching, Per Tooth	Not Covered
D9975	External bleaching for home application, per arch; includes materials and fabricaiton of custom trays	Not Covered
D9999	Unspecified Adjunctive Procedure, By Report	Not Covered

Additional lab and metal charges may apply for procedures in italics.

SECTION VI - COST PROPOSAL PAGE

Proposer Name: Metropolitan Life Insurance Company

Proposer agrees to supply the products and services at the prices bid below in accordance with the terms, conditions and specifications contained in this RFP.

	Fully-Insured DHMO for Management & Teamsters	Fully-Insured DPPO for Management & Teamsters	Fully-Insured DPPO for Firefighters
Employee Only	\$12.62	\$58.00	\$34.03
Employee + Spouse	\$22.10	\$108.69	\$62.20
Employee + Child or Children	\$26.51	\$111.73	\$55.15
Employee + Family	\$37.23	\$140.83	\$97.43

The premiums listed above are guaranteed for

1 year _____ 2 years _____ 3 years x 4 years _____ 5 years _____

Rate cap and details for any renewal not guaranteed:

Multi-year guarantees (especially 3 years) are preferred and will be factored into the evaluation.

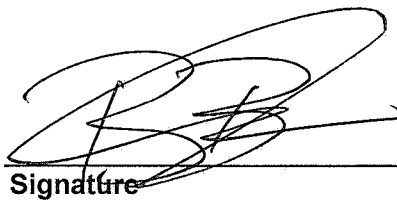
Submitted by:

Brian Blackburn

Name (printed)

April 4, 2017

Date



Signature

Vice President

Title



City of Fort Lauderdale

Employer Sponsored Dental, Managed Dental Plan

Proposal produced on April 3, 2017
Quote valid through the effective date of the coverage quoted

City of Fort Lauderdale Rate Summary

Coverage	Participating Lives	Covered Volume	Rates	Annual Premium
3 Year Rate Guarantee 4153271				
Employer Sponsored Dental (per Employee Per Month)	1,343			
Firefighters				\$289,687
▪ Employee Only	131		\$34.03	
▪ Employee + Spouse	49		\$62.20	
▪ Employee + Child(ren)	49		\$55.15	
▪ Employee + Family	143		\$97.43	
Management & Teamster Employees				\$1,133,462
▪ Employee Only	391		\$58.00	
▪ Employee + Spouse	209		\$108.69	
▪ Employee + Child(ren)	95		\$111.73	
▪ Employee + Family	273		\$140.83	
Management & Teamster Employees TX & MS				\$2,696
▪ Employee Only	2		\$58.00	
▪ Employee + Spouse	1		\$108.69	
▪ Employee + Child(ren)	0		\$111.73	
▪ Employee + Family	0		\$140.83	
Rates are guaranteed from January 1, 2018 - December 31, 2020				
Managed Dental Plan (per Employee Per Month)	504			\$123,917
▪ Employee Only	258		\$12.62	
▪ Employee + Spouse	87		\$22.10	
▪ Employee + Child(ren)	72		\$26.51	
▪ Employee + Family	87		\$37.23	
Rates are guaranteed from January 1, 2018 - December 31, 2019				

Summary of Benefits

Dental Insurance - 3 Year Rate Guarantee

Employer Sponsored Dental				
Class Description	Firefighters		Management & Teamster Employees	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Reimbursement	Negotiated Fee Schedule	R&C 90th Percentile	Negotiated Fee Schedule	R&C 90th Percentile
Type A – Preventive	100%	100%	100%	100%
Type B – Basic	80%	80%	100%	60%
Type C – Major	50%	50%	60%	60%
Calendar Year Deductible applies to:	B & C	B & C	B & C	B & C
▪ Individual	\$100	\$100	\$0	\$100
▪ Family	No Limit	No Limit	\$0 Aggregate	\$300 Aggregate
Calendar Year Maximum (applies to A,B,C services)	\$1,500	\$1,500	\$1,500	\$1,500
Orthodontia	50%	50%	60%	60%
Orthodontia Lifetime Maximum	\$1,500	\$1,500	\$2,500	\$2,500
* Out of Network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.				

Employer Sponsored Dental		
Class Description	Management & Teamster Employees TX & MS	
	In-Network	Out-of-Network*
Reimbursement	Negotiated Fee Schedule	R&C 90th Percentile
Type A – Preventive	100%	100%
Type B – Basic	100%	100%
Type C – Major	60%	60%
Calendar Year Deductible applies to:	B & C	B & C
▪ Individual	\$0	\$0
▪ Family	\$0	\$0
	Aggregate	Aggregate
Calendar Year Maximum (applies to A,B,C services)	\$1,500	\$1,500
Orthodontia	60%	60%
Orthodontia Lifetime Maximum	\$2,500	\$2,500
<p>* Out of Network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.</p>		

Frequency & Allocations / Exclusions

(Custom Comprehensive (Flex) - Custom Standard (Flex))

Class Description: Firefighters	
TYPE A	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Examinations	▪ 2 times in 1 calendar year
▪ Examinations – Problem Focused	▪ Combined with Examinations Limit
▪ Prophylaxis: Cleanings	▪ 2 times in 1 calendar year
▪ Sealants	▪ 1 per molar in lifetime for a child under age 14
▪ Fluoride	▪ 1 time in 1 calendar year for a dependent child under age 17
▪ Full Mouth X-Rays	▪ Once in 3 calendar years
▪ Bitewing X-Rays	▪ For a child under 19: 2 times in 1 calendar year ▪ Adult: 2 times in 1 calendar year
▪ Labs & Other Tests	
▪ Periapical X-Rays	
▪ Other X-Rays	
TYPE B	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Space Maintainers	▪ 1 per lifetime for a child under age 15
▪ Amalgam Fillings	▪ 1 replacement per surface in 24 Months
▪ Root Canal	▪ 1 in 24 months
▪ Periodontal Maintenance	▪ 2 perio. Treatments in 1 calendar yr, includes 2 cleanings (total comb: 2)
▪ Periodontal Surgery	▪ 1 per quadrant in any 36 month period
▪ Scaling & Root Planing	▪ 1 per quadrant in any 24 month period
▪ Prefabricated Crowns	▪ 1 per tooth in 5 calendar years
▪ Emergency Palliative Treatment	
▪ General Anesthesia	
▪ Resin Composite Fillings(excludes coverage for composite fillings on molars)	
▪ Pulpotomy	
▪ Pulp Capping	
▪ Pulp Therapy	
▪ Apexification & Recalcification	
▪ Periodontal Surgery – Soft & Connective Tissue Grafts	
▪ Periodontics – Non-Surgical	
▪ Oral Surgery: Simple Extractions	
▪ Oral Surgery: Surgical Extractions	
▪ Other Oral Surgery	
▪ General Services	
▪ Harmful Habit Appliances	
TYPE C	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Consultations	▪ 2 in 12 months
▪ Crown Buildups / Post Core	▪ 1 per tooth in 5 calendar years
▪ Repairs	▪ 1 in 12 months
▪ Recementations	▪ 1 in 12 months
▪ Dentures	▪ 1 in 5 calendar years
▪ Dentures – Rebases / Relines	▪ 1 in 12 months
▪ Denture Adjustments	▪ 1 in 6 months
▪ Fixed Bridges	▪ 1 in 5 calendar years

▪ Inlays / Onlays /Crowns	▪ 1 replacement per tooth in 5 calendar years
▪ Implant Services	▪ 1 per tooth position in 5 calendar years
▪ Implant Repairs	▪ 1 per tooth in 12 months
▪ Implant Supported Prosthetic	▪ 1 per tooth in 5 calendar years
▪ Tissue Conditioning	▪ 1 in 36 months
▪ Occlusal Adjustments	▪ 1 in 12 months
Orthodontics	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Orthodontic Diagnostics	
▪ Orthodontic Treatment	

Exclusions	
Firefighters	
<ul style="list-style-type: none"> ▪ Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature. ▪ Services for which a covered person would not be required to pay in the absence of dental insurance. ▪ Services or supplies received by a covered person before the insurance starts for that person. ▪ Services which are neither performed nor prescribed by a dentist except for those services of a licensed dental hygienist which are supervised and billed by a dentist and which are for scaling or polishing of teeth or fluoride treatment. ▪ Services which are primarily cosmetic unless such service is: required for reconstructive surgery which is incidental to or follows surgery which results from a trauma, an infection or other disease of the involved part; or required for reconstructive surgery because of a congenital disease or anomaly of a Child which has resulted in a functional defect; or (For residents of Texas) required for the treatment or correction of a congenital defect of a newborn child). ▪ Services or appliances which restore or alter occlusion or vertical dimension. ▪ Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease. ▪ Restorations or appliances used for the purpose of periodontal splinting. ▪ Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco. ▪ Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss. ▪ Initial installation of a Denture to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth. ▪ Decoration or inscription of any tooth, device, appliance, crown or other dental work. ▪ Missed appointments. ▪ Services covered under any workers' compensation or occupational disease law. ▪ Services paid under any employer liability law. ▪ Services for which the employer of the person receiving such services is not required to pay. ▪ Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital. ▪ Services covered under other coverage provided by the Policyholder. ▪ Temporary or provisional restorations. ▪ Temporary or provisional appliances. ▪ Prescription drugs. ▪ Services for which the submitted documentation indicates a poor prognosis. ▪ Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first. ▪ The following when charged by the dentist on a separate basis - Claim form completion; infection control such as gloves, masks, and sterilization of supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide. ▪ Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing and biting of food. ▪ Caries susceptibility tests. ▪ Precision attachments associated with fixed and removable prostheses. 	

- Adjustment of a denture made within 6 months after installation by the same dentist who installed it.
- Duplicate prosthetic devices or appliances.
- Replacement of a lost or stolen appliance, cast restoration or denture.
- Intra and extraoral photographic images.
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
- Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.

Frequency & Allocations / Exclusions

(Custom Comprehensive (Flex) - Custom Standard (Flex))

Class Description: Management & Teamster Employees	
TYPE A	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Examinations	▪ 2 times in 1 calendar year
▪ Examinations – Problem Focused	▪ Combined with Examinations Limit
▪ Prophylaxis: Cleanings	▪ 2 times in 1 calendar year
▪ Sealants	▪ 1 per molar in lifetime for a child under age 14
▪ Fluoride	▪ 1 time in 1 calendar year for a dependent child under age 14
▪ Full Mouth X-Rays	▪ Once in 3 calendar years
▪ Bitewing X-Rays	▪ For a child under 19: 2 times in 1 calendar year ▪ Adult: 2 times in 1 calendar year
▪ Labs & Other Tests	
TYPE B	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Space Maintainers	▪ 1 per lifetime for a child under age 14
▪ Amalgam Fillings	▪ 1 replacement per surface in 24 Months
▪ Root Canal	▪ 1 in 24 months
▪ Periodontal Maintenance	▪ 2 perio. Treatments in 1 calendar yr, includes 2 cleanings (total comb: 2)
▪ Periodontal Surgery	▪ 1 per quadrant in any 36 month period
▪ Scaling & Root Planing	▪ 1 per quadrant in any 24 month period
▪ Prefabricated Crowns	▪ 1 per tooth in 5 calendar years
▪ Repairs	▪ 1 in 12 months
▪ Recementations	▪ 1 in 12 months
▪ Denture Adjustments	▪ 1 in 12 months
▪ Emergency Palliative Treatment	
▪ Periapical X-Rays	
▪ Other X-Rays	
▪ General Anesthesia	
▪ Resin Composite Fillings(excludes coverage for composite fillings on molars)	
▪ Pulpotomy	
▪ Pulp Capping	
▪ Pulp Therapy	
▪ Apexification & Recalcification	
▪ Periodontal Surgery – Soft & Connective Tissue Grafts	
▪ Periodontics – Non-Surgical	
▪ Oral Surgery: Simple Extractions	
▪ Oral Surgery: Surgical Extractions	

▪ Other Oral Surgery	
▪ General Services	
TYPE C	
<i>Benefits are payable after a 12 month waiting period from the start date of an individual's benefits</i>	
▪ Consultations	▪ 2 in 12 months
▪ Crown Buildups / Post Core	▪ 1 per tooth in 5 calendar years
▪ Dentures	▪ 1 in 5 calendar years
▪ Dentures – Rebases / Relines	▪ 1 in 36 months
▪ Fixed Bridges	▪ 1 in 5 calendar years
▪ Inlays / Onlays /Crowns	▪ 1 replacement per tooth in 5 calendar years
▪ Implant Services	▪ 1 per tooth position in 5 calendar years
▪ Implant Repairs	▪ 1 per tooth in 12 months
▪ Implant Supported Prosthetic	▪ 1 per tooth in 5 calendar years
▪ Tissue Conditioning	▪ 1 in 36 months
▪ Occlusal Adjustments	▪ 1 in 12 months
Orthodontics	
<i>Benefits are payable after a 12 month waiting period from the start date of an individual's benefits</i>	
▪ Orthodontic Diagnostics	
▪ Orthodontic Treatment	

Exclusions
Management & Teamster Employees
<ul style="list-style-type: none"> ▪ Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature. ▪ Services for which a covered person would not be required to pay in the absence of dental insurance. ▪ Services or supplies received by a covered person before the insurance starts for that person. ▪ Services which are neither performed nor prescribed by a dentist except for those services of a licensed dental hygienist which are supervised and billed by a dentist and which are for scaling or polishing of teeth or fluoride treatment. ▪ Services which are primarily cosmetic unless such service is: required for reconstructive surgery which is incidental to or follows surgery which results from a trauma, an infection or other disease of the involved part; or required for reconstructive surgery because of a congenital disease or anomaly of a Child which has resulted in a functional defect; or (For residents of Texas) required for the treatment or correction of a congenital defect of a newborn child). ▪ Services or appliances which restore or alter occlusion or vertical dimension. ▪ Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease. ▪ Restorations or appliances used for the purpose of periodontal splinting. ▪ Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco. ▪ Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss. ▪ Initial installation of a Denture to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth. ▪ Decoration or inscription of any tooth, device, appliance, crown or other dental work. ▪ Missed appointments. ▪ Services covered under any workers' compensation or occupational disease law. ▪ Services paid under any employer liability law. ▪ Services for which the employer of the person receiving such services is not required to pay. ▪ Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital. ▪ Services covered under other coverage provided by the Policyholder. ▪ Temporary or provisional restorations. ▪ Temporary or provisional appliances. ▪ Prescription drugs. ▪ Services for which the submitted documentation indicates a poor prognosis. ▪ Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the

government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first.

- The following when charged by the dentist on a separate basis - Claim form completion; infection control such as gloves, masks, and sterilization of supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing and biting of food.
- Caries susceptibility tests.
- Precision attachments associated with fixed and removable prostheses.
- Adjustment of a denture made within 6 months after installation by the same dentist who installed it.
- Duplicate prosthetic devices or appliances.
- Replacement of a lost or stolen appliance, cast restoration or denture.
- Intra and extraoral photographic images.
- Fixed and removable appliances for correction of harmful habits.
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
- Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.

Frequency & Allocations / Exclusions

(Custom Comprehensive (Flex) - Custom Standard (Flex))

Class Description: Management & Teamster Employees TX & MS	
TYPE A	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Examinations	▪ 2 times in 1 calendar year
▪ Examinations – Problem Focused	▪ Combined with Examinations Limit
▪ Prophylaxis: Cleanings	▪ 2 times in 1 calendar year
▪ Sealants	▪ 1 per molar in lifetime for a child under age 14
▪ Fluoride	▪ 1 time in 1 calendar year for a dependent child under age 14
▪ Full Mouth X-Rays	▪ Once in 3 calendar years
▪ Bitewing X-Rays	▪ For a child under 19: 2 times in 1 calendar year
	▪ Adult: 2 times in 1 calendar year
▪ Labs & Other Tests	
TYPE B	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Space Maintainers	▪ 1 per lifetime for a child under age 14
▪ Amalgam Fillings	▪ 1 replacement per surface in 24 Months
▪ Root Canal	▪ 1 in 24 months
▪ Periodontal Maintenance	▪ 2 perio. Treatments in 1 calendar yr, includes 2 cleanings (total comb: 2)
▪ Periodontal Surgery	▪ 1 per quadrant in any 36 month period
▪ Scaling & Root Planing	▪ 1 per quadrant in any 24 month period
▪ Prefabricated Crowns	▪ 1 per tooth in 5 calendar years
▪ Repairs	▪ 1 in 12 months
▪ Recementations	▪ 1 in 12 months
▪ Denture Adjustments	▪ 1 in 12 months
▪ Emergency Palliative Treatment	
▪ Periapical X-Rays	
▪ Other X-Rays	
▪ General Anesthesia	
▪ Resin Composite Fillings(excludes coverage	

for composite fillings on molars)	
▪ Pulpotomy	
▪ Pulp Capping	
▪ Pulp Therapy	
▪ Apexification & Recalcification	
▪ Periodontal Surgery – Soft & Connective Tissue Grafts	
▪ Periodontics – Non-Surgical	
▪ Oral Surgery: Simple Extractions	
▪ Oral Surgery: Surgical Extractions	
▪ Other Oral Surgery	
▪ General Services	
TYPE C	
<i>Benefits are payable after a 12 month waiting period from the start date of an individual's benefits</i>	
▪ Consultations	▪ 2 in 12 months
▪ Crown Buildups / Post Core	▪ 1 per tooth in 5 calendar years
▪ Dentures	▪ 1 in 5 calendar years
▪ Dentures – Rebases / Relines	▪ 1 in 36 months
▪ Fixed Bridges	▪ 1 in 5 calendar years
▪ Inlays / Onlays /Crowns	▪ 1 replacement per tooth in 5 calendar years
▪ Implant Services	▪ 1 per tooth position in 5 calendar years
▪ Implant Repairs	▪ 1 per tooth in 12 months
▪ Implant Supported Prosthetic	▪ 1 per tooth in 5 calendar years
▪ Tissue Conditioning	▪ 1 in 36 months
▪ Occlusal Adjustments	▪ 1 in 12 months
Orthodontics	
<i>Benefits are payable after a 12 month waiting period from the start date of an individual's benefits</i>	
▪ Orthodontic Diagnostics	
▪ Orthodontic Treatment	

Exclusions	
Management & Teamster Employees TX & MS	
<ul style="list-style-type: none"> ▪ Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature. ▪ Services for which a covered person would not be required to pay in the absence of dental insurance. ▪ Services or supplies received by a covered person before the insurance starts for that person. ▪ Services which are neither performed nor prescribed by a dentist except for those services of a licensed dental hygienist which are supervised and billed by a dentist and which are for scaling or polishing of teeth or fluoride treatment. ▪ Services which are primarily cosmetic unless such service is: required for reconstructive surgery which is incidental to or follows surgery which results from a trauma, an infection or other disease of the involved part; or required for reconstructive surgery because of a congenital disease or anomaly of a Child which has resulted in a functional defect; or (For residents of Texas) required for the treatment or correction of a congenital defect of a newborn child). ▪ Services or appliances which restore or alter occlusion or vertical dimension. ▪ Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease. ▪ Restorations or appliances used for the purpose of periodontal splinting. ▪ Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco. ▪ Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss. ▪ Initial installation of a Denture to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth. ▪ Decoration or inscription of any tooth, device, appliance, crown or other dental work. ▪ Missed appointments. ▪ Services covered under any workers' compensation or occupational disease law. 	

- Services paid under any employer liability law.
- Services for which the employer of the person receiving such services is not required to pay.
- Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital.
- Services covered under other coverage provided by the Policyholder.
- Temporary or provisional restorations.
- Temporary or provisional appliances.
- Prescription drugs.
- Services for which the submitted documentation indicates a poor prognosis.
- Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first.
- The following when charged by the dentist on a separate basis - Claim form completion; infection control such as gloves, masks, and sterilization of supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing and biting of food.
- Caries susceptibility tests.
- Precision attachments associated with fixed and removable prostheses.
- Adjustment of a denture made within 6 months after installation by the same dentist who installed it.
- Duplicate prosthetic devices or appliances.
- Replacement of a lost or stolen appliance, cast restoration or denture.
- Intra and extraoral photographic images.
- Fixed and removable appliances for correction of harmful habits.
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
- Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.

Summary of Benefits Dental Coverage

Managed Dental Plan		
MET245 - California, Florida, New Jersey		
Code	Description	Co-Payment
Diagnostic Treatment		
D0120	Periodic Oral Evaluation – established patient	\$0
D0150	Comprehensive Oral Evaluation – New or Established Patient	\$0
D0210	Intraoral – Complete Series of Radiographic Images	\$0
D0274	Bitewings – Four Radiographic Images	\$0
D0330	Panoramic Radiographic Image	\$0
Preventive Services		
D1110	Prophylaxis – Adult	\$0
D1120	Prophylaxis – Child	\$0
D1351	Sealant – per tooth	\$0
Restorative Services		
D2140	Amalgam – One Surface, Primary or Permanent	\$0
D2330	Resin-Based Composite – One Surface, Anterior	\$0
D2391	Resin-Based Composite – One Surface Posterior	\$30
Crowns		
D2750	Crown-Porcelain Fused to High Noble Metal	\$245
D2751	Crown-Porcelain Fused to Predominantly Base Metal	\$245
Endodontics		
D3220	Therapeutic Pulpotomy (excluding final restoration)-removal of pulp coronal to the dentinocemental junction and application of medicament	\$30
D3330	Endodontic therapy, Molar (excluding final restoration)	\$210
Periodontics		
D4260	Osseous Surgery (Including Flap Entry and closure) – Four or more contiguous teeth or tooth bounded spaces per quadrant	\$300
D4341	Periodontal scaling and root planing – Four or more teeth per quadrant	\$50
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	\$65
D4910	Periodontal Maintenance	\$40
Prosthodontics		
D5110	Complete Denture - Maxillary	\$325
D5120	Complete Denture - Mandibular	\$325
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$400
D5212	Mandibular partial denture – resin based (including any conventional clasps, rests and teeth)	\$400
Implants		
D6010	Surgical placement of implant body: endosteal implant	\$1,005
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$660
Crowns / Fixed Bridges		
D6241	Pontic – Porcelain fused to predominantly base metal	\$245
D6750	Retainer Crown - Porcelain fused to high noble metal	\$245
Oral Surgery		
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps)	\$5

	removal)	
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$30
D7220	Removal of impacted tooth – soft tissue	\$50
D7240	Removal of impacted tooth – completely bony	\$80
Orthodontics		
D8020	Limited orthodontic treatment of the transitional dentition	\$1,000
D8030	Limited orthodontic treatment of the adolescent dentition	\$1,000
D8040	Limited orthodontic treatment of the adult dentition	\$1,000
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,850
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,850
D8090	Comprehensive orthodontic treatment of the adult dentition	\$1,850
Adjunctive General Services		
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$10
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0

The above description is only a summary of the Managed Dental Plan being offered. A complete copy of all the terms and conditions of the Managed Dental Plan being offered is set forth in the Managed Dental Plan Schedule of Benefits provided herewith.

Limitations & Exclusions California	
Limitations and Additional Charges	
Class Description: Management & Teamster Employees	
General	<ul style="list-style-type: none"> • Specialty Care Dentists will accept the contracted fee for all Covered Services. • 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. • 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. <ul style="list-style-type: none"> ○ Local Anesthetic is included in all restorative and surgical procedure fees. ○ All adhesives, liners, bases and occlusal adjustments are included as a part of the restorative procedure.
Preventive	<ul style="list-style-type: none"> • 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. • Sealants and/or preventive resin restorations: 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. • Space maintainers are covered to age 14 once per area, per lifetime. Replacement of lost space maintainers are not a Covered Service.
Diagnostic	<ul style="list-style-type: none"> • Panoramic or full mouth x-rays (including bitewings): once every three (3) years, unless Dentally Necessary for a specific dental problem. • 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.
Restorative Treatment	<p>Crowns, Implants and Fixed Bridges</p> <ul style="list-style-type: none"> • An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. • 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. • There is a \$75 Co-Payment per molar, for the use of porcelain. • 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. • Charges for temporary Crowns/restorations are included within the costs of the permanent Crown/restoration. • Provisional Crowns/restorations are to be used for an interim of at least six (6) months duration. Interim Crowns/restorations are to be used for a period of at least two (2) months duration. These procedures are to be utilized during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations. • Replacement of any Cast Restorations with the same or a different type of

	<p>Cast Restoration are limited to no more than once every five (5) years.</p> <ul style="list-style-type: none"> • Core buildups are limited to no more than once per tooth in a period of five (5) years. • Post and cores are limited to no more than once per tooth in a period of five (5) years. • Labial veneers are limited to no more than once per tooth in a period of five (5) years.
Prosthodontics	<ul style="list-style-type: none"> • Relinings and rebasings are limited to one (1) every twelve (12) months. • Dentures (full or partial): Replacement only after five (5) years have elapsed following any prior provision of such Dentures under a SafeGuard 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. • 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. • Adjustments of Dentures if at least six (6) months have passed since the installation of the existing removable Denture. • Delivery of removable and fixed Prosthodontics includes up to three (3) adjustments within six (6) months of delivery date of service. • Tissue conditioning eligible one (1) per appliance each twenty-four (24) months. • Provisional prostheses are to be used for an interim of at least six (6) months duration. Interim prostheses are to be used for a period of at least two (2) months duration. These procedures are to be utilized during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations.
Endodontics	<ul style="list-style-type: none"> • The Co-Payments listed for Endodontic procedures do not include the cost of the final restoration. • Materials used for canal irrigation are included in the Endodontic procedure fees.
Oral Surgery	<ul style="list-style-type: none"> • The removal of asymptomatic third molars is not a Covered Service. Pathology (disease) must exist for it to be covered by the program. • Includes routine post operative visits/treatments.
Implant Services	<ul style="list-style-type: none"> • Implants are limited to no more than once for the same tooth position in a five (5) year period. • Repairs of implants are limited to not more than once in a twelve (12) month period. • Implant supported prosthetics are limited to no more than once for the same tooth position in a five (5) year period: <ul style="list-style-type: none"> ○ when needed to replace congenitally missing teeth; or ○ when needed to replace natural teeth. • The following are limited to no more than two (2) each per year: Implants, Implant supported prosthetics, and Implant abutments.
Periodontics	<ul style="list-style-type: none"> • Irrigation (such as Chlorhexidine), is included with the other services rendered that day. • 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. • Periodontal maintenance is eligible following active periodontal therapy,

	<p>which includes scaling and root planing, surgery, etc.</p> <ul style="list-style-type: none"> • Periodontal scaling and root planing, is limited to not more than once per Quadrant in any twenty-four (24) month period. • 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. • 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	<ul style="list-style-type: none"> • If You or Your <u>Dependent</u> 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. • If You or Your <u>Dependent</u> terminate coverage from the SafeGuard Plan after the start of Orthodontic treatment, You will be responsible for any additional charges incurred for the remaining Orthodontic treatment. • 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. • 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. • The retention phase of treatment shall include the construction, placement, and adjustment of retainers. • Continuing Orthodontic treatment is available if You or Your Dependent qualify by enrolling within 30 days of the Effective Date for an eligible policyholder; You or Your Dependent had Orthodontic coverage under the policyholder's prior plan and were in active Orthodontic treatment, covered by that Plan, as of the Effective Date of this group contract. 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. The Continuing Orthodontic provision is not available: <ul style="list-style-type: none"> ○ thirty (30) days after this group contract's Effective Date; ○ to a person who enrolls after the group contract's Effective Date; or ○ to a person who is not in active Orthodontic treatment as of the Effective Date of this group contract.
Exclusions	
	<ul style="list-style-type: none"> • 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 not covered. • Covered Services must be performed by Your Selected General Dental Office or a SafeGuard 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 SafeGuard are not Covered Services, without prior approval by SafeGuard or Your Selected General Dentist, in accordance with the terms of Your

	<p>evidence of coverage and SCHEDULE OF BENEFITS (except for out-of-area emergency services).</p> <ul style="list-style-type: none"> • 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. • 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. • Orthognathic surgery. • 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. • Replacement of Dentures, Crowns, appliances or Bridgework that have been lost, stolen or damaged. • 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. • 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. • 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. • Dental services required while serving in the armed forces of any country or international authority. • Dental services considered Experimental in nature. • Treatment required due to an accident from an external force, unless otherwise listed as Covered Service in this SCHEDULE OF BENEFITS. • The following are not included as Orthodontic benefits: <ul style="list-style-type: none"> ○ Repair or replacement of lost or broken appliances; ○ Retreatment of Orthodontic cases; ○ Treatment involving: <ul style="list-style-type: none"> ▪ 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.
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Limitations & Exclusions Florida	
Limitations and Additional Charges	
Class Description: Management & Teamster Employees	
General	<ul style="list-style-type: none"> 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). 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. 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. 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. <ul style="list-style-type: none"> Local Anesthetic is included in all restorative and surgical procedure fees. All adhesives, liners, bases and occlusal adjustments are included as a part of the restorative procedure.
Preventive	<ul style="list-style-type: none"> 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. Sealants and/or preventive resin restorations: 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. Space maintainers are covered to age 14 once per area, per lifetime. Replacement of lost space maintainers are not a Covered Service.
Diagnostic	<ul style="list-style-type: none"> Panoramic or full mouth x-rays (including bitewings): once every three (3) years, unless Dentally Necessary for a specific dental problem. 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.
Restorative Treatment	<p>Crowns, Implants and Fixed Bridges</p> <ul style="list-style-type: none"> An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. 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.

	<ul style="list-style-type: none"> • There is a \$75 Co-Payment per molar, for the use of porcelain. • 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. • Charges for temporary Crowns/restorations are included within the costs of the permanent Crown/restoration. • Provisional Crowns/restorations are to be used for an interim of at least six (6) months duration. Interim Crowns/restorations are to be used for a period of at least two (2) months duration. These procedures are to be utilized during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations. • 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. • Core buildups are limited to no more than once per tooth in a period of five (5) years. • Post and cores are limited to no more than once per tooth in a period of five (5) years. • Labial veneers are limited to no more than once per tooth in a period of five (5) years.
Prosthodontics	<ul style="list-style-type: none"> • Relinings and rebasings are limited to one (1) every twelve (12) months. • Dentures (full or partial): Replacement only after five (5) years have elapsed following any prior provision of such Dentures under a SafeGuard 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. • 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. • Adjustments of Dentures if at least six (6) months have passed since the installation of the existing removable Denture. • Delivery of removable and fixed Prosthodontics includes up to three (3) adjustments within six (6) months of delivery date of service. • Tissue conditioning eligible one (1) per appliance each twenty-four (24) months. • Provisional prostheses are to be used for an interim of at least six (6) months duration. Interim prostheses are to be used for a period of at least two (2) months duration. These procedures are to be utilized during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations.
Endodontics	<ul style="list-style-type: none"> • The Co-Payments listed for Endodontic procedures do not include the cost of the final restoration. • Materials used for canal irrigation are included in the Endodontic procedure fees.
Oral Surgery	<ul style="list-style-type: none"> • 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. • Includes routine post operative visits/treatments.

Implant Services	<ul style="list-style-type: none"> • Implants are limited to no more than once for the same tooth position in a five (5) year period. • Repairs of implants are limited to not more than once in a twelve (12) month period. • Implant supported prosthetics are limited to no more than once for the same tooth position in a five (5) year period: <ul style="list-style-type: none"> ○ when needed to replace congenitally missing teeth; or ○ when needed to replace natural teeth. • The following are limited to no more than two (2) each per year: Implants, Implant supported prosthetics, and Implant abutments.
Periodontics	<ul style="list-style-type: none"> • Irrigation (such as Chlorhexidine), is included with the other services rendered that day. • 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. • Periodontal maintenance is eligible following active periodontal therapy, which includes scaling and root planing, surgery, etc. • Periodontal scaling and root planing, is limited to not more than once per Quadrant in any twenty-four (24) month period. • 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. • 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	<ul style="list-style-type: none"> • If You <u>or Your Dependent</u> 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. • If You <u>or Your Dependent</u> terminate coverage from the SafeGuard Plan after the start of Orthodontic treatment, You will be responsible for any additional charges incurred for the remaining Orthodontic treatment. • 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. • 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. • The retention phase of treatment shall include the construction, placement, and adjustment of retainers. • Continuing Orthodontic treatment is available if You or Your Dependent qualify by enrolling within 30 days of the Effective Date for an eligible policyholder; You or Your Dependent had Orthodontic coverage under the policyholder's prior plan and were in active Orthodontic treatment, covered by that Plan, as of the Effective Date of this group contract. 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. The Continuing Orthodontic provision is not available:

	<ul style="list-style-type: none"> ○ thirty (30) days after this group contract's Effective Date; ○ to a person who enrolls after the group contract's Effective Date; or ○ to a person who is not in active Orthodontic treatment as of the Effective Date of this group contract.
Exclusions	
	<ul style="list-style-type: none"> • Covered Services must be performed by Your Selected General Dental Office or a SafeGuard 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 SafeGuard are not Covered Services, without prior approval by SafeGuard 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). • 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. • 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. • Orthognathic surgery. • 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. • Replacement of Dentures, Crowns, appliances or Bridgework that have been lost, stolen or damaged. • 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. • 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. • 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. • Dental services required while serving in the armed forces of any country or international authority. • Dental services considered Experimental in nature. • Treatment required due to an accident from an external force, unless otherwise listed as Covered Service in this SCHEDULE OF BENEFITS. • The following are not included as Orthodontic benefits: <ul style="list-style-type: none"> ○ Repair or replacement of lost or broken appliances; ○ Retreatment of Orthodontic cases; ○ Treatment involving: <ul style="list-style-type: none"> ▪ Maxillo-facial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia;

	<ul style="list-style-type: none">▪ 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.
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Limitations & Exclusions New Jersey	
Limitations and Additional Charges	
Class Description: Management & Teamster Employees	
General	<ul style="list-style-type: none"> 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). 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. 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. 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. <ul style="list-style-type: none"> Local Anesthetic is included in all restorative and surgical procedure fees. All adhesives, liners, bases and occlusal adjustments are included as a part of the restorative procedure.
Preventive	<ul style="list-style-type: none"> 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. Sealants and/or preventive resin restorations: 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. Space maintainers are covered to age 14 once per area, per lifetime. Replacement of lost space maintainers are not a Covered Service.
Diagnostic	<ul style="list-style-type: none"> Panoramic or full mouth x-rays (including bitewings): once every three (3) years, unless Dentally Necessary for a specific dental problem. 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.
Restorative Treatment	<p>Crowns, Implants and Fixed Bridges</p> <ul style="list-style-type: none"> An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. 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.

	<ul style="list-style-type: none"> • There is a \$75 Co-Payment per molar, for the use of porcelain. • 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. • Charges for temporary Crowns/restorations are included within the costs of the permanent Crown/restoration. • Provisional Crowns/restorations are to be used for an interim of at least six (6) months duration. Interim Crowns/restorations are to be used for a period of at least two (2) months duration. These procedures are to be utilized during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations. • 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. • Core buildups are limited to no more than once per tooth in a period of five (5) years. • Post and cores are limited to no more than once per tooth in a period of five (5) years. • Labial veneers are limited to no more than once per tooth in a period of five (5) years.
Prosthodontics	<ul style="list-style-type: none"> • Relinings and rebasings are limited to one (1) every twelve (12) months. • 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. • 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. • Adjustments of Dentures if at least six (6) months have passed since the installation of the existing removable Denture. • Delivery of removable and fixed Prosthodontics includes up to three (3) adjustments within six (6) months of delivery date of service. • Tissue conditioning eligible one (1) per appliance each twenty-four (24) months. • Provisional prostheses are to be used for an interim of at least six (6) months duration. Interim prostheses are to be used for a period of at least two (2) months duration. These procedures are to be utilized during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations.
Endodontics	<ul style="list-style-type: none"> • The Co-Payments listed for Endodontic procedures do not include the cost of the final restoration. • Materials used for canal irrigation are included in the Endodontic procedure fees.
Oral Surgery	<ul style="list-style-type: none"> • 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. • Includes routine post operative visits/treatments.

Implant Services	<ul style="list-style-type: none"> • Implants are limited to no more than once for the same tooth position in a five (5) year period. • Repairs of implants are limited to not more than once in a twelve (12) month period. • Implant supported prosthetics are limited to no more than once for the same tooth position in a five (5) year period: <ul style="list-style-type: none"> ○ when needed to replace congenitally missing teeth; or ○ when needed to replace natural teeth. • The following are limited to no more than two (2) each per year: Implants, Implant supported prosthetics, and Implant abutments.
Periodontics	<ul style="list-style-type: none"> • Irrigation (such as Chlorhexidine), is included with the other services rendered that day. • 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. • Periodontal maintenance is eligible following active periodontal therapy, which includes scaling and root planing, surgery, etc. • Periodontal scaling and root planing, is limited to not more than once per Quadrant in any twenty-four (24) month period. • 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. • 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	<ul style="list-style-type: none"> • If You <u>or Your Dependent</u> 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. • If You <u>or Your Dependent</u> 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. • 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. • 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. • The retention phase of treatment shall include the construction, placement, and adjustment of retainers. • Continuing Orthodontic treatment is available if You or Your Dependent qualify by enrolling within 30 days of the Effective Date for an eligible policyholder; You or Your Dependent had Orthodontic coverage under the policyholder's prior plan and were in active Orthodontic treatment, covered by that Plan, as of the Effective Date of this group contract. 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. The Continuing Orthodontic provision is not available:

	<ul style="list-style-type: none"> ○ thirty (30) days after this group contract's Effective Date; ○ to a person who enrolls after the group contract's Effective Date; or ○ to a person who is not in active Orthodontic treatment as of the Effective Date of this group contract.
Exclusions	
	<ul style="list-style-type: none"> • 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). • 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. • 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. • Orthognathic surgery. • 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. • Replacement of Dentures, Crowns, appliances or Bridgework that have been lost, stolen or damaged. • 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. • 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. • 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. • Dental services required while serving in the armed forces of any country or international authority. • Dental services considered Experimental in nature. • Treatment required due to an accident from an external force, unless otherwise listed as Covered Service in this SCHEDULE OF BENEFITS. • The following are not included as Orthodontic benefits: <ul style="list-style-type: none"> ○ Repair or replacement of lost or broken appliances; ○ Retreatment of Orthodontic cases; ○ Treatment involving: <ul style="list-style-type: none"> ▪ Maxillo-facial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia;

	<ul style="list-style-type: none">▪ 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.
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Highlights
Broker Commissions included in the rate: None
Employer Sponsored Dental and Voluntary Dental Expected Participation: 86% and at least 10 covered lives.
Employee Contributions: 40%
Financial Arrangement: Non-retrospectively Experience Rated
Situs is FLORIDA
Managed Dental Plan State: California, Florida, New Jersey
Only those residing in the United States are eligible for benefits
Only those persons who reside, live or work where the Managed Dental Plan is authorized to do business are eligible for benefits.
Dependent Child Definition: A Child is covered up to age 26, A student is covered up to age 26.
Ortho coverage applies to: Adult (employee / spouse) & Child. Children are covered to age 19.
This quote assumes the plan is a Section 125 plan.
An Open Enrollment period occurring annually is included.
The Summary of Benefits page is just a summary of the full benefits for this plan. The specific details, including benefits, limitations and exclusions are available upon request as is the Evidence of Coverage. In the event of a discrepancy, the Evidence of Coverage, and official Schedule of Benefits control the administration of plan benefits.
Managed Dental Plans encompass both Dental HMO and Managed Care Plans. 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.
<div> <input type="checkbox"/> Due to extraterritorial laws residents in Mississippi and Texas may not enroll in a Value plan. According to the census file there are 3 employees in Mississippi and Texas. A Classic PDP plan with the same In-Network and Out-of-Network benefits will be created for these employees based on the In-Network benefit. </div>

Underwriting Assumptions

PlanSmart* - PlanSmart is a multifaceted program, offered at no additional cost, which enables you to provide your employees with access to a range of financial and retirement education resources through on-site workshops, with optional personal consultations and decision-support assistance.

Retirewise - Retirewise is an in-depth program consisting of a four-part series of workshops that deliver objective information covering a broad spectrum of retirement issues from Estate Planning to Tax Planning. Each workshop is delivered by a locally based financial professional.

*Certain conditions apply. Please discuss with your MetLife representative to determine if this program is right for your company.

WillsCenter.com: Online will prep service offered through SmartLegalForms, Inc., available to all customers at no charge.

If insurance coverage is provided, it will be governed by the terms and conditions of the insurance policy and applicable law. If administrative services are provided, they are governed by the terms and condition of the administrative services agreement and by applicable law.

If MetLife is requested to duplicate contractual provisions from the prior carrier, such provisions must be compatible with all MetLife's standards.

The quoted rates and or fees are based upon the request received. If new or additional information in connection with this request is provided, MetLife reserves the right to change its quote at any time before the effective date. After the effective date, rate and or fees are subject to the terms and conditions of the policy and or administrative services agreement.

Only those eligible persons residing in the United States may be covered. Any others must be approved by MetLife.

NOTICE REGARDING NON-US COVERAGE

When providing you with information concerning a group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a Metropolitan Life Insurance Company (MLIC) affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MLIC or any other insurer that is not a member of MAXIS GBN. Please note that while MLIC is a member of MAXIS GBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

SIC Code: 9111

INTERMEDIARY AND PRODUCER COMPENSATION NOTICE

MetLife enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related products ("Products") with brokers, agents, consultants, thirdparty administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such Products (each an "Intermediary"). MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of Products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your Products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your Products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (number of Products sold or dollar value of premium) with MetLife. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife's current supplemental compensation plan, the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on: (1) the number of Products sold through your Intermediary during a prior one-year period; (2) the amount of premium or fees with respect to Products sold through your Intermediary during a prior one-year period; (3) the persistency percentage of Products inforce through your Intermediary during a prior one-year period; (4) premium growth during a prior one-year period; (5) a fixed percentage of the premium for Products as set by MetLife. The supplemental compensation percentage will be set by MetLife prior to the beginning of each calendar year and it may not be changed until the following calendar year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our Products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your

Intermediary collects the premium from you in relation to your Products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (e.g., insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, or reinsurance arrangements).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife's base compensation and supplemental compensation plans can be found on MetLife's Web site at www.metlife.com/brokercompensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of Products, and the compensation paid may vary based on a number of factors including the type of Product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

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L0816474103[exp1017][All Territories]



City of Fort Lauderdale

Employer Sponsored Dental, Managed Dental Plan

Proposal produced on April 3, 2017
Quote valid through the effective date of the coverage quoted

City of Fort Lauderdale Rate Summary

Coverage	Participating Lives	Covered Volume	Rates	Annual Premium
2 Year Rate Guarantee 4153271				
Employer Sponsored Dental (per Employee Per Month)	1,343			
Firefighters				\$271,289
▪ Employee Only	131		\$31.87	
▪ Employee + Spouse	49		\$58.25	
▪ Employee + Child(ren)	49		\$51.65	
▪ Employee + Family	143		\$91.24	
Management & Teamster Employees				\$1,061,509
▪ Employee Only	391		\$54.32	
▪ Employee + Spouse	209		\$101.79	
▪ Employee + Child(ren)	95		\$104.63	
▪ Employee + Family	273		\$131.89	
Management & Teamster Employees TX & MS				\$2,525
▪ Employee Only	2		\$54.32	
▪ Employee + Spouse	1		\$101.79	
▪ Employee + Child(ren)	0		\$104.63	
▪ Employee + Family	0		\$131.89	
Rates are guaranteed from January 1, 2018 - December 31, 2019				
3rd year rate cap of 8%				
Managed Dental Plan (per Employee Per Month)	504			\$123,917
▪ Employee Only	258		\$12.62	
▪ Employee + Spouse	87		\$22.10	
▪ Employee + Child(ren)	72		\$26.51	
▪ Employee + Family	87		\$37.23	
Rates are guaranteed from January 1, 2018 - December 31, 2019				

Summary of Benefits

Dental Insurance - 2 Year Rate Guarantee

Employer Sponsored Dental				
Class Description	Firefighters		Management & Teamster Employees	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Reimbursement	Negotiated Fee Schedule	R&C 90th Percentile	Negotiated Fee Schedule	R&C 90th Percentile
Type A – Preventive	100%	100%	100%	100%
Type B – Basic	80%	80%	100%	60%
Type C – Major	50%	50%	60%	60%
Calendar Year Deductible applies to:	B & C	B & C	B & C	B & C
▪ Individual	\$100	\$100	\$0	\$100
▪ Family	No Limit	No Limit	\$0 Aggregate	\$300 Aggregate
Calendar Year Maximum (applies to A,B,C services)	\$1,500	\$1,500	\$1,500	\$1,500
Orthodontia	50%	50%	60%	60%
Orthodontia Lifetime Maximum	\$1,500	\$1,500	\$2,500	\$2,500
* Out of Network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.				

Employer Sponsored Dental		
Class Description	Management & Teamster Employees TX & MS	
	In-Network	Out-of-Network*
Reimbursement	Negotiated Fee Schedule	R&C 90th Percentile
Type A – Preventive	100%	100%
Type B – Basic	100%	100%
Type C – Major	60%	60%
Calendar Year	B & C	B & C
Deductible applies to:		
▪ Individual	\$0	\$0
▪ Family	\$0	\$0
	Aggregate	Aggregate
Calendar Year Maximum (applies to A,B,C services)	\$1,500	\$1,500
Orthodontia	60%	60%
Orthodontia Lifetime Maximum	\$2,500	\$2,500
<p>* Out of Network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.</p>		

Frequency & Allocations / Exclusions

(Custom Comprehensive (Flex) - Custom Standard (Flex))

Class Description: Firefighters	
TYPE A	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Examinations	▪ 2 times in 1 calendar year
▪ Examinations – Problem Focused	▪ Combined with Examinations Limit
▪ Prophylaxis: Cleanings	▪ 2 times in 1 calendar year
▪ Sealants	▪ 1 per molar in lifetime for a child under age 14
▪ Fluoride	▪ 1 time in 1 calendar year for a dependent child under age 17
▪ Full Mouth X-Rays	▪ Once in 3 calendar years
▪ Bitewing X-Rays	▪ For a child under 19: 2 times in 1 calendar year ▪ Adult: 2 times in 1 calendar year
▪ Labs & Other Tests	
▪ Periapical X-Rays	
▪ Other X-Rays	
TYPE B	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Space Maintainers	▪ 1 per lifetime for a child under age 15
▪ Amalgam Fillings	▪ 1 replacement per surface in 24 Months
▪ Root Canal	▪ 1 in 24 months
▪ Periodontal Maintenance	▪ 2 perio. Treatments in 1 calendar yr, includes 2 cleanings (total comb: 2)
▪ Periodontal Surgery	▪ 1 per quadrant in any 36 month period
▪ Scaling & Root Planing	▪ 1 per quadrant in any 24 month period
▪ Prefabricated Crowns	▪ 1 per tooth in 10 calendar years
▪ Emergency Palliative Treatment	
▪ General Anesthesia	
▪ Resin Composite Fillings(excludes coverage for composite fillings on molars)	
▪ Pulpotomy	
▪ Pulp Capping	
▪ Pulp Therapy	
▪ Apexification & Recalcification	
▪ Periodontal Surgery – Soft & Connective Tissue Grafts	
▪ Periodontics – Non-Surgical	
▪ Oral Surgery: Simple Extractions	
▪ Oral Surgery: Surgical Extractions	
▪ Other Oral Surgery	
▪ General Services	
▪ Harmful Habit Appliances	
TYPE C	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Consultations	▪ 2 in 12 months
▪ Crown Buildups / Post Core	▪ 1 per tooth in 10 calendar years
▪ Repairs	▪ 1 in 12 months
▪ Recementations	▪ 1 in 12 months
▪ Dentures	▪ 1 in 10 calendar years
▪ Dentures – Rebases / Relines	▪ 1 in 12 months
▪ Denture Adjustments	▪ 1 in 6 months
▪ Fixed Bridges	▪ 1 in 10 calendar years

▪ Inlays / Onlays /Crowns	▪ 1 replacement per tooth in 10 calendar years
▪ Implant Services	▪ 1 per tooth position in 10 calendar years
▪ Implant Repairs	▪ 1 per tooth in 12 months
▪ Implant Supported Prosthetic	▪ 1 per tooth in 10 calendar years
▪ Tissue Conditioning	▪ 1 in 36 months
▪ Occlusal Adjustments	▪ 1 in 12 months
Orthodontics	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Orthodontic Diagnostics	
▪ Orthodontic Treatment	

Exclusions	
Firefighters	
<ul style="list-style-type: none"> ▪ Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature. ▪ Services for which a covered person would not be required to pay in the absence of dental insurance. ▪ Services or supplies received by a covered person before the insurance starts for that person. ▪ Services which are neither performed nor prescribed by a dentist except for those services of a licensed dental hygienist which are supervised and billed by a dentist and which are for scaling or polishing of teeth or fluoride treatment. ▪ Services which are primarily cosmetic unless such service is: required for reconstructive surgery which is incidental to or follows surgery which results from a trauma, an infection or other disease of the involved part; or required for reconstructive surgery because of a congenital disease or anomaly of a Child which has resulted in a functional defect; or (For residents of Texas) required for the treatment or correction of a congenital defect of a newborn child). ▪ Services or appliances which restore or alter occlusion or vertical dimension. ▪ Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease. ▪ Restorations or appliances used for the purpose of periodontal splinting. ▪ Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco. ▪ Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss. ▪ Initial installation of a Denture to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth. ▪ Decoration or inscription of any tooth, device, appliance, crown or other dental work. ▪ Missed appointments. ▪ Services covered under any workers' compensation or occupational disease law. ▪ Services paid under any employer liability law. ▪ Services for which the employer of the person receiving such services is not required to pay. ▪ Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital. ▪ Services covered under other coverage provided by the Policyholder. ▪ Temporary or provisional restorations. ▪ Temporary or provisional appliances. ▪ Prescription drugs. ▪ Services for which the submitted documentation indicates a poor prognosis. ▪ Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first. ▪ The following when charged by the dentist on a separate basis - Claim form completion; infection control such as gloves, masks, and sterilization of supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide. ▪ Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing and biting of food. ▪ Caries susceptibility tests. ▪ Precision attachments associated with fixed and removable prostheses. 	

- Adjustment of a denture made within 6 months after installation by the same dentist who installed it.
- Duplicate prosthetic devices or appliances.
- Replacement of a lost or stolen appliance, cast restoration or denture.
- Intra and extraoral photographic images.
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
- Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.

Frequency & Allocations / Exclusions

(Custom Comprehensive (Flex) - Custom Standard (Flex))

Class Description: Management & Teamster Employees	
TYPE A	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Examinations	▪ 2 times in 1 calendar year
▪ Examinations – Problem Focused	▪ Combined with Examinations Limit
▪ Prophylaxis: Cleanings	▪ 2 times in 1 calendar year
▪ Sealants	▪ 1 per molar in lifetime for a child under age 14
▪ Fluoride	▪ 1 time in 1 calendar year for a dependent child under age 14
▪ Full Mouth X-Rays	▪ Once in 3 calendar years
▪ Bitewing X-Rays	▪ For a child under 19: 2 times in 1 calendar year ▪ Adult: 2 times in 1 calendar year
▪ Labs & Other Tests	
TYPE B	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Space Maintainers	▪ 1 per lifetime for a child under age 14
▪ Amalgam Fillings	▪ 1 replacement per surface in 24 Months
▪ Root Canal	▪ 1 in 24 months
▪ Periodontal Maintenance	▪ 2 perio. Treatments in 1 calendar yr, includes 2 cleanings (total comb: 2)
▪ Periodontal Surgery	▪ 1 per quadrant in any 36 month period
▪ Scaling & Root Planing	▪ 1 per quadrant in any 24 month period
▪ Prefabricated Crowns	▪ 1 per tooth in 10 calendar years
▪ Repairs	▪ 1 in 12 months
▪ Recementations	▪ 1 in 12 months
▪ Denture Adjustments	▪ 1 in 12 months
▪ Emergency Palliative Treatment	
▪ Periapical X-Rays	
▪ Other X-Rays	
▪ General Anesthesia	
▪ Resin Composite Fillings(excludes coverage for composite fillings on molars)	
▪ Pulpotomy	
▪ Pulp Capping	
▪ Pulp Therapy	
▪ Apexification & Recalcification	
▪ Periodontal Surgery – Soft & Connective Tissue Grafts	
▪ Periodontics – Non-Surgical	
▪ Oral Surgery: Simple Extractions	
▪ Oral Surgery: Surgical Extractions	

▪ Other Oral Surgery	
▪ General Services	
TYPE C	
<i>Benefits are payable after a 12 month waiting period from the start date of an individual's benefits</i>	
▪ Consultations	▪ 2 in 12 months
▪ Crown Buildups / Post Core	▪ 1 per tooth in 10 calendar years
▪ Dentures	▪ 1 in 10 calendar years
▪ Dentures – Rebases / Relines	▪ 1 in 36 months
▪ Fixed Bridges	▪ 1 in 10 calendar years
▪ Inlays / Onlays /Crowns	▪ 1 replacement per tooth in 10 calendar years
▪ Implant Services	▪ 1 per tooth position in 10 calendar years
▪ Implant Repairs	▪ 1 per tooth in 12 months
▪ Implant Supported Prosthetic	▪ 1 per tooth in 10 calendar years
▪ Tissue Conditioning	▪ 1 in 36 months
▪ Occlusal Adjustments	▪ 1 in 12 months
Orthodontics	
<i>Benefits are payable after a 12 month waiting period from the start date of an individual's benefits</i>	
▪ Orthodontic Diagnostics	
▪ Orthodontic Treatment	

Exclusions
Management & Teamster Employees
<ul style="list-style-type: none"> ▪ Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature. ▪ Services for which a covered person would not be required to pay in the absence of dental insurance. ▪ Services or supplies received by a covered person before the insurance starts for that person. ▪ Services which are neither performed nor prescribed by a dentist except for those services of a licensed dental hygienist which are supervised and billed by a dentist and which are for scaling or polishing of teeth or fluoride treatment. ▪ Services which are primarily cosmetic unless such service is: required for reconstructive surgery which is incidental to or follows surgery which results from a trauma, an infection or other disease of the involved part; or required for reconstructive surgery because of a congenital disease or anomaly of a Child which has resulted in a functional defect; or (For residents of Texas) required for the treatment or correction of a congenital defect of a newborn child). ▪ Services or appliances which restore or alter occlusion or vertical dimension. ▪ Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease. ▪ Restorations or appliances used for the purpose of periodontal splinting. ▪ Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco. ▪ Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss. ▪ Initial installation of a Denture to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth. ▪ Decoration or inscription of any tooth, device, appliance, crown or other dental work. ▪ Missed appointments. ▪ Services covered under any workers' compensation or occupational disease law. ▪ Services paid under any employer liability law. ▪ Services for which the employer of the person receiving such services is not required to pay. ▪ Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital. ▪ Services covered under other coverage provided by the Policyholder. ▪ Temporary or provisional restorations. ▪ Temporary or provisional appliances. ▪ Prescription drugs. ▪ Services for which the submitted documentation indicates a poor prognosis. ▪ Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the

government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first.

- The following when charged by the dentist on a separate basis - Claim form completion; infection control such as gloves, masks, and sterilization of supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing and biting of food.
- Caries susceptibility tests.
- Precision attachments associated with fixed and removable prostheses.
- Adjustment of a denture made within 6 months after installation by the same dentist who installed it.
- Duplicate prosthetic devices or appliances.
- Replacement of a lost or stolen appliance, cast restoration or denture.
- Intra and extraoral photographic images.
- Fixed and removable appliances for correction of harmful habits.
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
- Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.

Frequency & Allocations / Exclusions

(Custom Comprehensive (Flex) - Custom Standard (Flex))

Class Description: Management & Teamster Employees TX & MS	
TYPE A	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Examinations	▪ 2 times in 1 calendar year
▪ Examinations – Problem Focused	▪ Combined with Examinations Limit
▪ Prophylaxis: Cleanings	▪ 2 times in 1 calendar year
▪ Sealants	▪ 1 per molar in lifetime for a child under age 14
▪ Fluoride	▪ 1 time in 1 calendar year for a dependent child under age 14
▪ Full Mouth X-Rays	▪ Once in 3 calendar years
▪ Bitewing X-Rays	▪ For a child under 19: 2 times in 1 calendar year
	▪ Adult: 2 times in 1 calendar year
▪ Labs & Other Tests	
TYPE B	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Space Maintainers	▪ 1 per lifetime for a child under age 14
▪ Amalgam Fillings	▪ 1 replacement per surface in 24 Months
▪ Root Canal	▪ 1 in 24 months
▪ Periodontal Maintenance	▪ 2 perio. Treatments in 1 calendar yr, includes 2 cleanings (total comb: 2)
▪ Periodontal Surgery	▪ 1 per quadrant in any 36 month period
▪ Scaling & Root Planing	▪ 1 per quadrant in any 24 month period
▪ Prefabricated Crowns	▪ 1 per tooth in 10 calendar years
▪ Repairs	▪ 1 in 12 months
▪ Recementations	▪ 1 in 12 months
▪ Denture Adjustments	▪ 1 in 12 months
▪ Emergency Palliative Treatment	
▪ Periapical X-Rays	
▪ Other X-Rays	
▪ General Anesthesia	
▪ Resin Composite Fillings(excludes coverage	

for composite fillings on molars)	
▪ Pulpotomy	
▪ Pulp Capping	
▪ Pulp Therapy	
▪ Apexification & Recalcification	
▪ Periodontal Surgery – Soft & Connective Tissue Grafts	
▪ Periodontics – Non-Surgical	
▪ Oral Surgery: Simple Extractions	
▪ Oral Surgery: Surgical Extractions	
▪ Other Oral Surgery	
▪ General Services	
TYPE C	
<i>Benefits are payable after a 12 month waiting period from the start date of an individual's benefits</i>	
▪ Consultations	▪ 2 in 12 months
▪ Crown Buildups / Post Core	▪ 1 per tooth in 10 calendar years
▪ Dentures	▪ 1 in 10 calendar years
▪ Dentures – Rebases / Relines	▪ 1 in 36 months
▪ Fixed Bridges	▪ 1 in 10 calendar years
▪ Inlays / Onlays /Crowns	▪ 1 replacement per tooth in 10 calendar years
▪ Implant Services	▪ 1 per tooth position in 10 calendar years
▪ Implant Repairs	▪ 1 per tooth in 12 months
▪ Implant Supported Prosthetic	▪ 1 per tooth in 10 calendar years
▪ Tissue Conditioning	▪ 1 in 36 months
▪ Occlusal Adjustments	▪ 1 in 12 months
Orthodontics	
<i>Benefits are payable after a 12 month waiting period from the start date of an individual's benefits</i>	
▪ Orthodontic Diagnostics	
▪ Orthodontic Treatment	

Exclusions	
Management & Teamster Employees TX & MS	
<ul style="list-style-type: none"> ▪ Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature. ▪ Services for which a covered person would not be required to pay in the absence of dental insurance. ▪ Services or supplies received by a covered person before the insurance starts for that person. ▪ Services which are neither performed nor prescribed by a dentist except for those services of a licensed dental hygienist which are supervised and billed by a dentist and which are for scaling or polishing of teeth or fluoride treatment. ▪ Services which are primarily cosmetic unless such service is: required for reconstructive surgery which is incidental to or follows surgery which results from a trauma, an infection or other disease of the involved part; or required for reconstructive surgery because of a congenital disease or anomaly of a Child which has resulted in a functional defect; or (For residents of Texas) required for the treatment or correction of a congenital defect of a newborn child). ▪ Services or appliances which restore or alter occlusion or vertical dimension. ▪ Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease. ▪ Restorations or appliances used for the purpose of periodontal splinting. ▪ Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco. ▪ Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss. ▪ Initial installation of a Denture to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth. ▪ Decoration or inscription of any tooth, device, appliance, crown or other dental work. ▪ Missed appointments. ▪ Services covered under any workers' compensation or occupational disease law. 	

- Services paid under any employer liability law.
- Services for which the employer of the person receiving such services is not required to pay.
- Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital.
- Services covered under other coverage provided by the Policyholder.
- Temporary or provisional restorations.
- Temporary or provisional appliances.
- Prescription drugs.
- Services for which the submitted documentation indicates a poor prognosis.
- Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first.
- The following when charged by the dentist on a separate basis - Claim form completion; infection control such as gloves, masks, and sterilization of supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing and biting of food.
- Caries susceptibility tests.
- Precision attachments associated with fixed and removable prostheses.
- Adjustment of a denture made within 6 months after installation by the same dentist who installed it.
- Duplicate prosthetic devices or appliances.
- Replacement of a lost or stolen appliance, cast restoration or denture.
- Intra and extraoral photographic images.
- Fixed and removable appliances for correction of harmful habits.
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
- Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.

Summary of Benefits Dental Coverage

Managed Dental Plan		
MET245 - California, Florida, New Jersey		
Code	Description	Co-Payment
Diagnostic Treatment		
D0120	Periodic Oral Evaluation – established patient	\$0
D0150	Comprehensive Oral Evaluation – New or Established Patient	\$0
D0210	Intraoral – Complete Series of Radiographic Images	\$0
D0274	Bitewings – Four Radiographic Images	\$0
D0330	Panoramic Radiographic Image	\$0
Preventive Services		
D1110	Prophylaxis – Adult	\$0
D1120	Prophylaxis – Child	\$0
D1351	Sealant – per tooth	\$0
Restorative Services		
D2140	Amalgam – One Surface, Primary or Permanent	\$0
D2330	Resin-Based Composite – One Surface, Anterior	\$0
D2391	Resin-Based Composite – One Surface Posterior	\$30
Crowns		
D2750	Crown-Porcelain Fused to High Noble Metal	\$245
D2751	Crown-Porcelain Fused to Predominantly Base Metal	\$245
Endodontics		
D3220	Therapeutic Pulpotomy (excluding final restoration)-removal of pulp coronal to the dentinocemental junction and application of medicament	\$30
D3330	Endodontic therapy, Molar (excluding final restoration)	\$210
Periodontics		
D4260	Osseous Surgery (Including Flap Entry and closure) – Four or more contiguous teeth or tooth bounded spaces per quadrant	\$300
D4341	Periodontal scaling and root planing – Four or more teeth per quadrant	\$50
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	\$65
D4910	Periodontal Maintenance	\$40
Prosthodontics		
D5110	Complete Denture - Maxillary	\$325
D5120	Complete Denture - Mandibular	\$325
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$400
D5212	Mandibular partial denture – resin based (including any conventional clasps, rests and teeth)	\$400
Implants		
D6010	Surgical placement of implant body: endosteal implant	\$1,005
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$660
Crowns / Fixed Bridges		
D6241	Pontic – Porcelain fused to predominantly base metal	\$245
D6750	Retainer Crown - Porcelain fused to high noble metal	\$245
Oral Surgery		
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps)	\$5

	removal)	
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$30
D7220	Removal of impacted tooth – soft tissue	\$50
D7240	Removal of impacted tooth – completely bony	\$80
Orthodontics		
D8020	Limited orthodontic treatment of the transitional dentition	\$1,000
D8030	Limited orthodontic treatment of the adolescent dentition	\$1,000
D8040	Limited orthodontic treatment of the adult dentition	\$1,000
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,850
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,850
D8090	Comprehensive orthodontic treatment of the adult dentition	\$1,850
Adjunctive General Services		
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$10
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0

The above description is only a summary of the Managed Dental Plan being offered. A complete copy of all the terms and conditions of the Managed Dental Plan being offered is set forth in the Managed Dental Plan Schedule of Benefits provided herewith.

Limitations & Exclusions California	
Limitations and Additional Charges	
Class Description: Management & Teamster Employees	
General	<ul style="list-style-type: none"> Specialty Care Dentists will accept the contracted fee for all Covered Services. 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. 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. <ul style="list-style-type: none"> Local Anesthetic is included in all restorative and surgical procedure fees. All adhesives, liners, bases and occlusal adjustments are included as a part of the restorative procedure.
Preventive	<ul style="list-style-type: none"> 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. Sealants and/or preventive resin restorations: 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. Space maintainers are covered to age 14 once per area, per lifetime. Replacement of lost space maintainers are not a Covered Service.
Diagnostic	<ul style="list-style-type: none"> Panoramic or full mouth x-rays (including bitewings): once every three (3) years, unless Dentally Necessary for a specific dental problem. 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.
Restorative Treatment	<p>Crowns, Implants and Fixed Bridges</p> <ul style="list-style-type: none"> An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. 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. There is a \$75 Co-Payment per molar, for the use of porcelain. 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. Charges for temporary Crowns/restorations are included within the costs of the permanent Crown/restoration. Provisional Crowns/restorations are to be used for an interim of at least six (6) months duration. Interim Crowns/restorations are to be used for a period of at least two (2) months duration. These procedures are to be utilized during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations. Replacement of any Cast Restorations with the same or a different type of

	<p>Cast Restoration are limited to no more than once every five (5) years.</p> <ul style="list-style-type: none"> • Core buildups are limited to no more than once per tooth in a period of five (5) years. • Post and cores are limited to no more than once per tooth in a period of five (5) years. • Labial veneers are limited to no more than once per tooth in a period of five (5) years.
Prosthodontics	<ul style="list-style-type: none"> • Relinings and rebasings are limited to one (1) every twelve (12) months. • Dentures (full or partial): Replacement only after five (5) years have elapsed following any prior provision of such Dentures under a SafeGuard 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. • 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. • Adjustments of Dentures if at least six (6) months have passed since the installation of the existing removable Denture. • Delivery of removable and fixed Prosthodontics includes up to three (3) adjustments within six (6) months of delivery date of service. • Tissue conditioning eligible one (1) per appliance each twenty-four (24) months. • Provisional prostheses are to be used for an interim of at least six (6) months duration. Interim prostheses are to be used for a period of at least two (2) months duration. These procedures are to be utilized during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations.
Endodontics	<ul style="list-style-type: none"> • The Co-Payments listed for Endodontic procedures do not include the cost of the final restoration. • Materials used for canal irrigation are included in the Endodontic procedure fees.
Oral Surgery	<ul style="list-style-type: none"> • The removal of asymptomatic third molars is not a Covered Service. Pathology (disease) must exist for it to be covered by the program. • Includes routine post operative visits/treatments.
Implant Services	<ul style="list-style-type: none"> • Implants are limited to no more than once for the same tooth position in a five (5) year period. • Repairs of implants are limited to not more than once in a twelve (12) month period. • Implant supported prosthetics are limited to no more than once for the same tooth position in a five (5) year period: <ul style="list-style-type: none"> ○ when needed to replace congenitally missing teeth; or ○ when needed to replace natural teeth. • The following are limited to no more than two (2) each per year: Implants, Implant supported prosthetics, and Implant abutments.
Periodontics	<ul style="list-style-type: none"> • Irrigation (such as Chlorhexidine), is included with the other services rendered that day. • 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. • Periodontal maintenance is eligible following active periodontal therapy,

	<p>which includes scaling and root planing, surgery, etc.</p> <ul style="list-style-type: none"> • Periodontal scaling and root planing, is limited to not more than once per Quadrant in any twenty-four (24) month period. • 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. • 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	<ul style="list-style-type: none"> • 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. • If You or Your Dependent terminate coverage from the SafeGuard Plan after the start of Orthodontic treatment, You will be responsible for any additional charges incurred for the remaining Orthodontic treatment. • 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. • 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. • The retention phase of treatment shall include the construction, placement, and adjustment of retainers. • Continuing Orthodontic treatment is available if You or Your Dependent qualify by enrolling within 30 days of the Effective Date for an eligible policyholder; You or Your Dependent had Orthodontic coverage under the policyholder's prior plan and were in active Orthodontic treatment, covered by that Plan, as of the Effective Date of this group contract. 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. The Continuing Orthodontic provision is not available: <ul style="list-style-type: none"> ○ thirty (30) days after this group contract's Effective Date; ○ to a person who enrolls after the group contract's Effective Date; or ○ to a person who is not in active Orthodontic treatment as of the Effective Date of this group contract.
Exclusions	
	<ul style="list-style-type: none"> • 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 not covered. • Covered Services must be performed by Your Selected General Dental Office or a SafeGuard 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 SafeGuard are not Covered Services, without prior approval by SafeGuard or Your Selected General Dentist, in accordance with the terms of Your

	<p>evidence of coverage and SCHEDULE OF BENEFITS (except for out-of-area emergency services).</p> <ul style="list-style-type: none"> • 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. • 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. • Orthognathic surgery. • 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. • Replacement of Dentures, Crowns, appliances or Bridgework that have been lost, stolen or damaged. • 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. • 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. • 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. • Dental services required while serving in the armed forces of any country or international authority. • Dental services considered Experimental in nature. • Treatment required due to an accident from an external force, unless otherwise listed as Covered Service in this SCHEDULE OF BENEFITS. • The following are not included as Orthodontic benefits: <ul style="list-style-type: none"> ○ Repair or replacement of lost or broken appliances; ○ Retreatment of Orthodontic cases; ○ Treatment involving: <ul style="list-style-type: none"> ▪ 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.
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Limitations & Exclusions Florida	
Limitations and Additional Charges	
Class Description: Management & Teamster Employees	
General	<ul style="list-style-type: none"> 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). 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. 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. 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. <ul style="list-style-type: none"> Local Anesthetic is included in all restorative and surgical procedure fees. All adhesives, liners, bases and occlusal adjustments are included as a part of the restorative procedure.
Preventive	<ul style="list-style-type: none"> 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. Sealants and/or preventive resin restorations: 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. Space maintainers are covered to age 14 once per area, per lifetime. Replacement of lost space maintainers are not a Covered Service.
Diagnostic	<ul style="list-style-type: none"> Panoramic or full mouth x-rays (including bitewings): once every three (3) years, unless Dentally Necessary for a specific dental problem. 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.
Restorative Treatment	<p>Crowns, Implants and Fixed Bridges</p> <ul style="list-style-type: none"> An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. 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.

	<ul style="list-style-type: none"> • There is a \$75 Co-Payment per molar, for the use of porcelain. • 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. • Charges for temporary Crowns/restorations are included within the costs of the permanent Crown/restoration. • Provisional Crowns/restorations are to be used for an interim of at least six (6) months duration. Interim Crowns/restorations are to be used for a period of at least two (2) months duration. These procedures are to be utilized during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations. • 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. • Core buildups are limited to no more than once per tooth in a period of five (5) years. • Post and cores are limited to no more than once per tooth in a period of five (5) years. • Labial veneers are limited to no more than once per tooth in a period of five (5) years.
Prosthodontics	<ul style="list-style-type: none"> • Relinings and rebasings are limited to one (1) every twelve (12) months. • Dentures (full or partial): Replacement only after five (5) years have elapsed following any prior provision of such Dentures under a SafeGuard 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. • 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. • Adjustments of Dentures if at least six (6) months have passed since the installation of the existing removable Denture. • Delivery of removable and fixed Prosthodontics includes up to three (3) adjustments within six (6) months of delivery date of service. • Tissue conditioning eligible one (1) per appliance each twenty-four (24) months. • Provisional prostheses are to be used for an interim of at least six (6) months duration. Interim prostheses are to be used for a period of at least two (2) months duration. These procedures are to be utilized during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations.
Endodontics	<ul style="list-style-type: none"> • The Co-Payments listed for Endodontic procedures do not include the cost of the final restoration. • Materials used for canal irrigation are included in the Endodontic procedure fees.
Oral Surgery	<ul style="list-style-type: none"> • 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. • Includes routine post operative visits/treatments.

Implant Services	<ul style="list-style-type: none"> • Implants are limited to no more than once for the same tooth position in a five (5) year period. • Repairs of implants are limited to not more than once in a twelve (12) month period. • Implant supported prosthetics are limited to no more than once for the same tooth position in a five (5) year period: <ul style="list-style-type: none"> ○ when needed to replace congenitally missing teeth; or ○ when needed to replace natural teeth. • The following are limited to no more than two (2) each per year: Implants, Implant supported prosthetics, and Implant abutments.
Periodontics	<ul style="list-style-type: none"> • Irrigation (such as Chlorhexidine), is included with the other services rendered that day. • 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. • Periodontal maintenance is eligible following active periodontal therapy, which includes scaling and root planing, surgery, etc. • Periodontal scaling and root planing, is limited to not more than once per Quadrant in any twenty-four (24) month period. • 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. • 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	<ul style="list-style-type: none"> • If You <u>or Your Dependent</u> 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. • If You <u>or Your Dependent</u> terminate coverage from the SafeGuard Plan after the start of Orthodontic treatment, You will be responsible for any additional charges incurred for the remaining Orthodontic treatment. • 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. • 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. • The retention phase of treatment shall include the construction, placement, and adjustment of retainers. • Continuing Orthodontic treatment is available if You or Your Dependent qualify by enrolling within 30 days of the Effective Date for an eligible policyholder; You or Your Dependent had Orthodontic coverage under the policyholder's prior plan and were in active Orthodontic treatment, covered by that Plan, as of the Effective Date of this group contract. 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. The Continuing Orthodontic provision is not available:

	<ul style="list-style-type: none"> ○ thirty (30) days after this group contract's Effective Date; ○ to a person who enrolls after the group contract's Effective Date; or ○ to a person who is not in active Orthodontic treatment as of the Effective Date of this group contract.
Exclusions	
	<ul style="list-style-type: none"> • Covered Services must be performed by Your Selected General Dental Office or a SafeGuard 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 SafeGuard are not Covered Services, without prior approval by SafeGuard 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). • 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. • 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. • Orthognathic surgery. • 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. • Replacement of Dentures, Crowns, appliances or Bridgework that have been lost, stolen or damaged. • 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. • 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. • 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. • Dental services required while serving in the armed forces of any country or international authority. • Dental services considered Experimental in nature. • Treatment required due to an accident from an external force, unless otherwise listed as Covered Service in this SCHEDULE OF BENEFITS. • The following are not included as Orthodontic benefits: <ul style="list-style-type: none"> ○ Repair or replacement of lost or broken appliances; ○ Retreatment of Orthodontic cases; ○ Treatment involving: <ul style="list-style-type: none"> ▪ Maxillo-facial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia;

	<ul style="list-style-type: none">▪ 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.
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Limitations & Exclusions New Jersey	
Limitations and Additional Charges	
Class Description: Management & Teamster Employees	
General	<ul style="list-style-type: none"> 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). 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. 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. 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. <ul style="list-style-type: none"> Local Anesthetic is included in all restorative and surgical procedure fees. All adhesives, liners, bases and occlusal adjustments are included as a part of the restorative procedure.
Preventive	<ul style="list-style-type: none"> 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. Sealants and/or preventive resin restorations: 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. Space maintainers are covered to age 14 once per area, per lifetime. Replacement of lost space maintainers are not a Covered Service.
Diagnostic	<ul style="list-style-type: none"> Panoramic or full mouth x-rays (including bitewings): once every three (3) years, unless Dentally Necessary for a specific dental problem. 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.
Restorative Treatment	<p>Crowns, Implants and Fixed Bridges</p> <ul style="list-style-type: none"> An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. 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.

	<ul style="list-style-type: none"> • There is a \$75 Co-Payment per molar, for the use of porcelain. • 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. • Charges for temporary Crowns/restorations are included within the costs of the permanent Crown/restoration. • Provisional Crowns/restorations are to be used for an interim of at least six (6) months duration. Interim Crowns/restorations are to be used for a period of at least two (2) months duration. These procedures are to be utilized during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations. • 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. • Core buildups are limited to no more than once per tooth in a period of five (5) years. • Post and cores are limited to no more than once per tooth in a period of five (5) years. • Labial veneers are limited to no more than once per tooth in a period of five (5) years.
Prosthodontics	<ul style="list-style-type: none"> • Relinings and rebasings are limited to one (1) every twelve (12) months. • 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. • 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. • Adjustments of Dentures if at least six (6) months have passed since the installation of the existing removable Denture. • Delivery of removable and fixed Prosthodontics includes up to three (3) adjustments within six (6) months of delivery date of service. • Tissue conditioning eligible one (1) per appliance each twenty-four (24) months. • Provisional prostheses are to be used for an interim of at least six (6) months duration. Interim prostheses are to be used for a period of at least two (2) months duration. These procedures are to be utilized during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations.
Endodontics	<ul style="list-style-type: none"> • The Co-Payments listed for Endodontic procedures do not include the cost of the final restoration. • Materials used for canal irrigation are included in the Endodontic procedure fees.
Oral Surgery	<ul style="list-style-type: none"> • 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. • Includes routine post operative visits/treatments.

Implant Services	<ul style="list-style-type: none"> • Implants are limited to no more than once for the same tooth position in a five (5) year period. • Repairs of implants are limited to not more than once in a twelve (12) month period. • Implant supported prosthetics are limited to no more than once for the same tooth position in a five (5) year period: <ul style="list-style-type: none"> ○ when needed to replace congenitally missing teeth; or ○ when needed to replace natural teeth. • The following are limited to no more than two (2) each per year: Implants, Implant supported prosthetics, and Implant abutments.
Periodontics	<ul style="list-style-type: none"> • Irrigation (such as Chlorhexidine), is included with the other services rendered that day. • 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. • Periodontal maintenance is eligible following active periodontal therapy, which includes scaling and root planing, surgery, etc. • Periodontal scaling and root planing, is limited to not more than once per Quadrant in any twenty-four (24) month period. • 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. • 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	<ul style="list-style-type: none"> • If You <u>or Your Dependent</u> 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. • If You <u>or Your Dependent</u> 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. • 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. • 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. • The retention phase of treatment shall include the construction, placement, and adjustment of retainers. • Continuing Orthodontic treatment is available if You or Your Dependent qualify by enrolling within 30 days of the Effective Date for an eligible policyholder; You or Your Dependent had Orthodontic coverage under the policyholder's prior plan and were in active Orthodontic treatment, covered by that Plan, as of the Effective Date of this group contract. 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. The Continuing Orthodontic provision is not available:

	<ul style="list-style-type: none"> ○ thirty (30) days after this group contract's Effective Date; ○ to a person who enrolls after the group contract's Effective Date; or ○ to a person who is not in active Orthodontic treatment as of the Effective Date of this group contract.
Exclusions	
	<ul style="list-style-type: none"> • 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). • 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. • 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. • Orthognathic surgery. • 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. • Replacement of Dentures, Crowns, appliances or Bridgework that have been lost, stolen or damaged. • 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. • 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. • 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. • Dental services required while serving in the armed forces of any country or international authority. • Dental services considered Experimental in nature. • Treatment required due to an accident from an external force, unless otherwise listed as Covered Service in this SCHEDULE OF BENEFITS. • The following are not included as Orthodontic benefits: <ul style="list-style-type: none"> ○ Repair or replacement of lost or broken appliances; ○ Retreatment of Orthodontic cases; ○ Treatment involving: <ul style="list-style-type: none"> ▪ Maxillo-facial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia;

	<ul style="list-style-type: none">▪ 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.
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Highlights
Broker Commissions included in the rate: None
Employer Sponsored Dental and Voluntary Dental Expected Participation: 86% and at least 10 covered lives.
Employee Contributions: 40%
Financial Arrangement: Non-retrospectively Experience Rated
Situs is FLORIDA
Managed Dental Plan State: California, Florida, New Jersey
Only those residing in the United States are eligible for benefits
Only those persons who reside, live or work where the Managed Dental Plan is authorized to do business are eligible for benefits.
Dependent Child Definition: A Child is covered up to age 26, A student is covered up to age 26.
Ortho coverage applies to: Adult (employee / spouse) & Child. Children are covered to age 19.
This quote assumes the plan is a Section 125 plan.
An Open Enrollment period occurring annually is included.
The Summary of Benefits page is just a summary of the full benefits for this plan. The specific details, including benefits, limitations and exclusions are available upon request as is the Evidence of Coverage. In the event of a discrepancy, the Evidence of Coverage, and official Schedule of Benefits control the administration of plan benefits.
Managed Dental Plans encompass both Dental HMO and Managed Care Plans. 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.
<div data-bbox="186 1108 1469 1239"> <input type="checkbox"/> Due to extraterritorial laws residents in Mississippi and Texas may not enroll in a Value plan. According to the census file there are 3 employees in Mississippi and Texas. A Classic PDP plan with the same In-Network and Out-of-Network benefits will be created for these employees based on the In-Network benefit. </div>

Underwriting Assumptions

PlanSmart* - PlanSmart is a multifaceted program, offered at no additional cost, which enables you to provide your employees with access to a range of financial and retirement education resources through on-site workshops, with optional personal consultations and decision-support assistance.

Retirewise - Retirewise is an in-depth program consisting of a four-part series of workshops that deliver objective information covering a broad spectrum of retirement issues from Estate Planning to Tax Planning. Each workshop is delivered by a locally based financial professional.

*Certain conditions apply. Please discuss with your MetLife representative to determine if this program is right for your company.

WillsCenter.com: Online will prep service offered through SmartLegalForms, Inc., available to all customers at no charge.

If insurance coverage is provided, it will be governed by the terms and conditions of the insurance policy and applicable law. If administrative services are provided, they are governed by the terms and condition of the administrative services agreement and by applicable law.

If MetLife is requested to duplicate contractual provisions from the prior carrier, such provisions must be compatible with all MetLife's standards.

The quoted rates and or fees are based upon the request received. If new or additional information in connection with this request is provided, MetLife reserves the right to change its quote at any time before the effective date. After the effective date, rate and or fees are subject to the terms and conditions of the policy and or administrative services agreement.

Only those eligible persons residing in the United States may be covered. Any others must be approved by MetLife.

NOTICE REGARDING NON-US COVERAGE

When providing you with information concerning a group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a Metropolitan Life Insurance Company (MLIC) affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MLIC or any other insurer that is not a member of MAXIS GBN. Please note that while MLIC is a member of MAXIS GBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

SIC Code: 9111

INTERMEDIARY AND PRODUCER COMPENSATION NOTICE

MetLife enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related products ("Products") with brokers, agents, consultants, thirdparty administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such Products (each an "Intermediary"). MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of Products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your Products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your Products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (number of Products sold or dollar value of premium) with MetLife. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife's current supplemental compensation plan, the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on: (1) the number of Products sold through your Intermediary during a prior one-year period; (2) the amount of premium or fees with respect to Products sold through your Intermediary during a prior one-year period; (3) the persistency percentage of Products inforce through your Intermediary during a prior one-year period; (4) premium growth during a prior one-year period; (5) a fixed percentage of the premium for Products as set by MetLife. The supplemental compensation percentage will be set by MetLife prior to the beginning of each calendar year and it may not be changed until the following calendar year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our Products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your

Intermediary collects the premium from you in relation to your Products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (e.g., insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, or reinsurance arrangements).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife's base compensation and supplemental compensation plans can be found on MetLife's Web site at www.metlife.com/brokercompensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of Products, and the compensation paid may vary based on a number of factors including the type of Product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

L0716471568[exp0917][All States]

L0816474103[exp1017][All Territories]

BID/PROPOSAL CERTIFICATION

Please Note: If responding to this solicitation through BidSync, the electronic version of the bid response will prevail, unless a paper version is clearly marked **by the bidder** in some manner to indicate that it will supplant the electronic version. All fields below must be completed. If the field does not apply to you, please note N/A in that field.

If you are a foreign corporation, you may be required to obtain a certificate of authority from the department of state, in accordance with Florida Statute §607.1501 (visit <http://www.dos.state.fl.us/>).

Company: (Legal Registration) Metropolitan Life Insurance Company EIN (Optional): 13-5581829

Address: 1200 South Pine Island Road, Suite 770 (Angie Fernandez, Account Executive)

City: Plantation State: FL Zip: 33324

Telephone No. 954-626-5165 FAX No. 866-277-3913 Email: aafernandez@metlife.com

Delivery: Calendar days after receipt of Purchase Order (section 1.02 of General Conditions): N/A

Total Bid Discount (section 1.05 of General Conditions): N/A

Does your firm qualify for MBE or WBE status (section 1.09 of General Conditions): MBE N/A WBE N/A

ADDENDUM ACKNOWLEDGEMENT - Proposer acknowledges that the following addenda have been received and are included in the proposal:

<u>Addendum No.</u>	<u>Date Issued</u>	<u>Addendum No.</u>	<u>Date Issued</u>	<u>Addendum No.</u>	<u>Date Issued</u>
<u>#1</u>	<u>03/24/2017</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

VARIANCES: If you take exception or have variances to any term, condition, specification, scope of service, or requirement in this competitive solicitation you must specify such exception or variance in the space provided below or reference in the space provided below all variances contained on other pages within your response. Additional pages may be attached if necessary. No exceptions or variances will be deemed to be part of the response submitted unless such is listed and contained in the space provided below. The City does not, by virtue of submitting a variance, necessarily accept any variances. If no statement is contained in the below space, it is hereby implied that your response is in full compliance with this competitive solicitation. If you do not have variances, simply mark N/A. **If submitting your response electronically through BIDS SYNC you must also click the "Take Exception" button.**

Please see the deviations document included with our proposal.

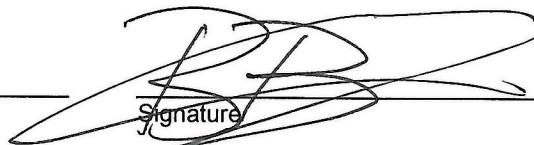
The below signatory hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid/proposal. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal I will accept a contract if approved by the City and such acceptance covers all terms, conditions, and specifications of this bid/proposal. The below signatory also hereby agrees, by virtue of submitting or attempting to submit a response, that in no event shall the City's liability for respondent's direct, indirect, incidental, consequential, special or exemplary damages, expenses, or lost profits arising out of this competitive solicitation process, including but not limited to public advertisement, bid conferences, site visits, evaluations, oral presentations, or award proceedings exceed the amount of Five Hundred Dollars (\$500.00). This limitation shall not apply to claims arising under any provision of indemnification or the City's protest ordinance contained in this competitive solicitation.

Submitted by:

Brian Blackburn
Name (printed)

April 4, 2017

Date:



Signature

Vice President

Title

revised 04/10/15

Metropolitan Life Insurance Company is not aware of any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of Metropolitan Life Insurance Company, who is in a position to influence this procurement.

NON-COLLUSION STATEMENT:

By signing this offer, the vendor/contractor certifies that this offer is made independently and *free* from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3,

3.3. City employees may not contract with the City through any corporation or business entity in which they or their immediate family members hold a controlling financial interest (e.g. ownership of five (5) percent or more).

3.4. Immediate family members (spouse, parents and children) are also prohibited from contracting with the City subject to the same general rules.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.

NAME

RELATIONSHIPS

In the event the vendor does not indicate any names, the City shall interpret this to mean that the vendor has indicated that no such relationships exist.

Please see the attached payment information.

CONTRACT PAYMENT METHOD BY P-CARD

THIS FORM MUST BY SUBMITTED WITH YOUR RESPONSE

The City of Fort Lauderdale has implemented a Procurement Card (P-Card) program which changes how payments are remitted to its vendors. The City has transitioned from traditional paper checks to payment by credit card via MasterCard or Visa. This allows you as a vendor of the City of Fort Lauderdale to receive your payment fast and safely. No more waiting for checks to be printed and mailed.

Payments will be made utilizing the City's P-Card (MasterCard or Visa). Accordingly, firms must presently have the ability to accept credit card payment or take whatever steps necessary to implement acceptance of a credit card before the commencement of a contract.

Please indicate which credit card payment you prefer:

_____ Master Card

_____ Visa Card

Company Name: Metropolitan Life Insurance Company

Name (printed)

Signature

Date:

Title

Payment Method

In offering this quote, we are assuming that your program will be self-billed or use a simplified accounting method. You would maintain the individual employee records and calculate the monthly premium amount based upon your census, volume or covered payroll.

You have the option of recording monthly premium on a billing statement or via MetLink, our employer website. MetLink allows self-billing customers to create and submit bills. It also allows you to make adjustments to current policy year bills, view account balance information and pay online through an automated clearinghouse from one or more bank accounts. Premium payments can also be sent to us via check or wire.



**Florida
Department
of Insurance**

METROPOLITAN LIFE INSURANCE COMPANY

**Is hereby authorized to transact
insurance in the State of Florida.**

**This certificate signifies that the company
has satisfied all requirements of the
Florida Insurance Code for the issuance
of a license and remains subject to
all applicable laws of Florida.**

**Date of Issuance: September 12, 1915
No. 91-13-5581829**

A handwritten signature in cursive script, reading "Tom Gallagher", written over a horizontal line.

**Tom Gallagher
Treasurer and Insurance Commissioner**



**OFFICE OF THE TREASURER
DEPARTMENT OF INSURANCE**

The Capitol, Tallahassee, Florida 32399-0300

TOM GALLAGHER

TREASURER
INSURANCE COMMISSIONER
FIRE MARSHAL

November 22, 1991

Metropolitan Life Insurance Company
One Madison Avenue
New York , NY 10010-0000

Dear Insurer:

Enclosed is your new permanent Certificate of Authority (C.O.A.
You are authorized to write the following lines of business:

400 Life
405 Variable Annuities
410 Group Life And Annuities
420 Variable Life
440 Credit Life/Health
441 Credit Disability
450 Accident And Health

The permanent C.O.A. will remain in force subject to payment of the
annual renewal fee and compliance with state rules and regulations.

Each year, our renewal license fee invoice will include a listing
of the lines of business that your company is authorized to write

Certificates of Authority will only be issued upon licensure of new
companies in the future. Licensed companies will only receive a
letter outlining the authorized lines of business annually.

Sincerely,

A handwritten signature in black ink, appearing to read "Keith E. Ouellette", with a long horizontal flourish extending to the right.

Keith E. Ouellette, Chief
Bureau of Data Control
(904) 922-3149 ext. 2613

Certificate of Authority

AL00262

STATE OF FLORIDA

OFFICE OF

INSURANCE COMMISSIONER AND TREASURER

THIS IS TO CERTIFY THAT:

SAFEGUARD HEALTH PLANS, INC.
8000 N. UNIVERSITY DRIVE
FT. LAUDERDALE, FL. 33321

HAS DULY QUALIFIED PURSUANT TO CHAPTER 636, FLORIDA
STATUTES FOR A PREPAID LIMITED HEALTH SERVICE ORGANIZATION
CERTIFICATE OF AUTHORITY AND IS HEREBY AUTHORIZED TO WRITE
THE FOLLOWING LINE(S) OF BUSINESS.

0451 DENTAL PLANS

02	26	90	10	36	27756801	500.00	66013			
ISSUE DATE			TYPE	CLASS	APPLICATION	TAXES & FEES	COMPANY CODE	EXPIRATION DATE		

Bill Nelson
TREASURER
INSURANCE COMMISSIONER
FIRE MARSHAL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/13/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 Attn: NewYork.certs@marsh.com 512-342-4418 31675-6-...-17-18	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Old Republic Insurance Company INSURER B: N/A INSURER C: National Union Fire Ins. Co. of Pittsburgh, PA INSURER D: Illinois National Insurance Company INSURER E: New Hampshire Insurance Co. INSURER F:	NAIC # 24147 N/A 19445 23817 23841
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COVERAGES **CERTIFICATE NUMBER:** NYC-008016312-22 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MWZY 309049	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			MWTB 309048	01/01/2017	01/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC 014649678 (AOS) WC 014649676 (CA) WC 014649677 (OR) WC 014649681 (ME)	01/01/2017 01/01/2017 01/01/2017 01/01/2017	01/01/2018 01/01/2018 01/01/2018 01/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	WC & EL CONTD			WC 014649679 (WI, Stop Gap) WC 014649680 (FL)	01/01/2017 01/01/2017	01/01/2018 01/01/2018	SEE ABOVE
D							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

MetLife, Inc. Including its subsidiaries 27-01 Queens Plaza North, Area 5A Long Island City, NY 11101-4015	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Thomas J. Edridge <i>Thomas J. Edridge</i>
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AGENCY CUSTOMER ID: 31675

LOC #: New York

**ADDITIONAL REMARKS SCHEDULE**

Page 2 of 2

AGENCY Marsh USA, Inc.		NAMED INSURED MetLife, Inc. and its Subsidiaries 27-01 Queens Plaza North, Area 4C Long Island City, NY 11101
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY - CONTINUATION

Policy Number: XWC 6583132 (RI)
Carrier: National Union Fire Insurance Company of Pittsburgh, PA
Effective Dates: 01/01/2017 - 01/01/2018
Limit: See Page One

Policy Number: XWC 6583131 (MA)
Carrier: National Union Fire Insurance Company
Effective Dates: 01/01/2017 - 01/01/2018
Limit: See Page One



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03/02/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Northeast, Inc. New York NY Office 199 Water Street New York NY 10038-3551 USA	CONTACT NAME:	
	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): 800-363-0105
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED MetLife, Inc. and Its Subsidiaries One MetLife Plaza 27-01 Queens Plaza North Long Island City NY 11101 USA	INSURER A: Allied World Specialty Insurance Company 16624	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

Holder Identifier :

COVERAGES

CERTIFICATE NUMBER: 570065659101

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB						EACH OCCURRENCE	
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	
A	HealthCare Prov			03105770 Managed Care Prof Liab SIR applies per policy terms & conditions	02/28/2017	02/28/2018	E&O Limit Aggregate	\$5,000,000 \$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Managed Care Prof Liab Claims Made Policy. Evidence of Insurance.

CERTIFICATE HOLDER

CANCELLATION

MetLife, Inc. and its Subsidiaries One MetLife Plaza 27-01 Queens Plaza North Long Island City NY 11101-40 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Northeast, Inc.</i>

Certificate No : 570065659101



City of Fort Lauderdale • Procurement Services Division
100 N. Andrews Avenue, 619 • Fort Lauderdale, Florida 33301
954-828-5933 Fax 954-828-5576
purchase@fortlauderdale.gov

ADDENDUM NO. 1

RFP No. 575-11928
TITLE: Group DHMO and DPPO Dental Plan Benefits

ISSUED: March 24, 2017

This addendum is being issued to make the following change:

1. Section 3.6.4 shall now read:

Dependent Coverage

Eligible dependents shall include a covered employee's spouse if not divorced or legally separated or domestic partner and a covered employee's child to the end of the calendar year in which the child reaches age **twenty six (26)**, if the child meets all of the following:

- (a) The child is dependent upon the employee for support and is not married.
- (b) The child is living in the household of the employee, or the child is a full-time or part time student.

This definition shall apply to any and all plans offered by The City.

All other terms, conditions, and specifications remain unchanged.

AnnDebra Diaz, CPPB
Senior Procurement Specialist

Company Name: Metropolitan Life Insurance Company
(please print)

Bidder's Signature: 

Date: April 4, 2017

**City of Fort Lauderdale
DHMO Copay Comparison**

Proposer's

Name Metropolitan Life Insurance Company

CDT Code	Benefit	<i>MET245</i>
	Specialist Services	Specialist services are available with referral from the general dentist
	Are charges for noble & high noble metal included in listed copays?	Yes
	Are lab charges included in listed copays?	Yes
	Charge for cases involving more than 6 crowns, implants and/or fixed bridge units	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.
	Office Visit Copay in addition to copay for specific service	Yes
Diagnostic		
Clinical Oral Evaluations		
D0120	Periodic Oral Evaluation	\$0
D0140	Limited Oral Evaluation	\$0
D0145	Oral Evaluation for a Patient Under 3 Years of Age	\$0
D0150	Comprehensive Oral Evaluation	\$0
D0160	Detailed and Extensive Oral Evaluation	\$0
D0170	Re-evaluation - Limited, Problem Focused	\$0
D0180	Comprehensive Periodontal Evaluation	\$0
Pre-diagnostic Services		
D0190	Screening of a patient	\$0
D0191	Assessment of a patient	\$0
Radiographs/Diagnostic Imaging (Including Interpretation)		
D0210	Intraoral - Complete Series (Including Bitewings)	\$0
D0220	Intraoral - Periapical, First Film	\$0
D0230	Intraoral - Periapical, Each Additional Film	\$0
D0240	Intraoral - Occlusal Film	\$0
D0250	Extraoral - First Film	\$0
D0260	Extraoral - Each Additional Film	\$0
D0270	Bitewing - Single Film	\$0
D0272	Bitewings - Two Films	\$0
D0273	Bitewings - Three Films	\$0
D0274	Bitewings - Four Films	\$0
D0277	Vertical Bitewings - 7 to 8 Films	\$0
D0290	Posterior-Anterior or Lateral Skull and Facial Bone Survey Film	Not Covered

**City of Fort Lauderdale
DHMO Copay Comparison**

Proposer's

Name Metropolitan Life Insurance Company

CDT Code	Benefit	<i>MET245</i>
D0310	Sialography	Not Covered
D0320	Temporomandibular Joint Arthrogram	Not Covered
D0321	Other Temporomandibular Joint Films, By Report	Not Covered
D0322	Tomographic Survey	Not Covered
D0330	Panoramic Film	\$0
D0340	Cephalometric Film	\$0
D0350	Oral/Facial Photographic Images	\$0
D0360	Cone Beam CT	Not Covered
D0362	Cone Beam - Two-Dimensional Image Reconstruction	Not Covered
D0363	Cone Beam - Three-Dimensional Image Reconstruction	\$160
D0364	Cone Beam CT capture and interpretation with limited field of view	\$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
D0368	Cone Beam CT capture and interpretation for TMJ series	Not Covered
D0369	Maxillofacial MRI capture and interpretation	Not Covered
D0370	Maxillofacial ultrasound capture and interpretation	Not Covered
D0371	Sialoendoscopy capture and interpretation	Not Covered
Image Capture Only		
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
D0384	Cone Beam image capture for TMJ series including two or more exposures	Not Covered
D0385	Maxillofacial MRI image capture	Not Covered
D0386	Maxillofacial ultrasound image capture	Not Covered
Image Capture Only		
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
D0416	Viral Culture	Not Covered
D0417	Collection and Preparation of Saliva Sample for Laboratory Diagnostic Testing	Not Covered

**City of Fort Lauderdale
DHMO Copay Comparison**

Proposer's

Name Metropolitan Life Insurance Company

CDT Code	Benefit	<i>MET245</i>
D0418	Analysis of Saliva Sample	Not Covered
D0421	Genetic Test for Susceptibility to Oral Diseases	Not Covered
D0425	Caries Susceptibility Tests	\$0
D0431	Adjunctive Pre-diagnostic Test, Not to Include Cytology or Biopsy Procedures	\$50
D0460	Pulp Vitality Tests	\$0
D0470	Diagnostic Casts	\$0
Oral Pathology Laboratory		
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
D0486	Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	\$0
D0475	Decalcification Procedure	Not Covered
D0476	Special Stains for Microorganisms	Not Covered
D0477	Special Stains, not for Microorganisms	Not Covered
D0478	Immunohistochemical Stains	Not Covered
D0479	Tissue In-Situ Hybridization, Including Interpretation	Not Covered
D0481	Electron Microscopy - Diagnostic	Not Covered
D0482	Direct Immunofluorescence	Not Covered
D0483	Indirect Immunofluorescence	Not Covered
D0484	Consultation on Slides Prepared Elsewhere	Not Covered
D0485	Consultation, Including Preparation of Slides From Biopsy Material Supplied By Referring Source	Not Covered
D0502	Other Oral Pathology Procedures, By Report	\$0
D0999	Unspecified Diagnostic Procedure, By Report	Not Covered
Preventive		
Dental Prophylaxis		
D1110	Prophylaxis - Adult	\$0
	(Additional Cleaning, In Addition to the One Allowed Every 6 Months)	\$35
D1120	Prophylaxis - Child	\$0
	(Additional Cleaning, In Addition to the One Allowed Every 6 Months)	\$25
Topical Fluoride Treatment (Office Procedure)		
D1203	Topical Application of Fluoride - Child	Not Covered

**City of Fort Lauderdale
DHMO Copay Comparison**

Proposer's

Name Metropolitan Life Insurance Company

CDT Code	Benefit	<i>MET245</i>
D1204	Topical Application of Fluoride - Adult	Not Covered
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients	\$0
D1208	Topical application of fluoride	\$0
Other Preventive Services		
D1310	Nutritional Counseling for Control of Dental Disease	\$0
D1320	Tobacco Counseling for the Control and Prevention of Oral Disease	\$0
D1330	Oral Hygiene Instructions	\$0
D1351	Sealant - Per Tooth	\$0
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$0
Space Maintenance (Passive Appliances)		
D1510	Space Maintainer - Fixed - Unilateral	\$25
D1515	Space Maintainer - Fixed - Bilateral	\$25
D1520	Space Maintainer - Removable - Unilateral	\$35
D1525	Space Maintainer - Removable - Bilateral	\$35
D1550	Re-cementation of Space Maintainer	\$15
D1555	Removal of Fixed Space Maintainer	\$15
<u>Restorative</u>		
Amalgam Restorations (Including Polishing)		
D2140	Amalgam - One Surface, Primary or Permanent	\$0
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$0
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$0
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$0
Resin-Based Composite Restorations - Direct		
D2330	Resin-Based Composite - One Surface, Anterior	\$0
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$0
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$0
D2335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle (Anterior)	\$0
D2390	Resin-Based Composite Crown, Anterior	\$30
D2391	Resin-Based Composite - One Surface, Posterior	\$30
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$45
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$65
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$65
Gold Foil Restorations		
D2410	Gold Foil - One Surface	Not Covered
D2420	Gold Foil - Two Surfaces	Not Covered
D2430	Gold Foil - Three Surfaces	Not Covered
Inlay/Onlay Restorations		

**City of Fort Lauderdale
DHMO Copay Comparison**

Proposer's

Name Metropolitan Life Insurance Company

CDT Code	Benefit	MET245
D2510	<i>Inlay - Metallic - One Surface</i>	\$225
D2520	<i>Inlay - Metallic - Two Surfaces</i>	\$235
D2530	<i>Inlay - Metallic - Three or More Surfaces</i>	\$245
D2542	<i>Onlay - Metallic - Two Surfaces</i>	\$245
D2543	<i>Onlay - Metallic - Three Surfaces</i>	\$260
D2544	<i>Onlay - Metallic - Four or More Surfaces</i>	\$270
D2610	<i>Inlay - Porcelain/Ceramic - One Surface</i>	\$245
D2620	<i>Inlay - Porcelain/Ceramic - Two Surfaces</i>	\$245
D2630	<i>Inlay - Porcelain/Ceramic - Three or More Surfaces</i>	\$245
D2642	<i>Onlay - Porcelain/Ceramic - Two Surfaces</i>	\$245
D2643	<i>Onlay - Porcelain/Ceramic - Three Surfaces</i>	\$245
D2644	<i>Onlay - Porcelain/Ceramic - Four or More Surfaces</i>	\$245
D2650	<i>Inlay - Resin-Based Composite - One Surface</i>	\$245
D2651	<i>Inlay - Resin-Based Composite - Two Surfaces</i>	\$245
D2652	<i>Inlay - Resin-Based Composite - Three or More Surfaces</i>	\$245
D2662	<i>Onlay - Resin-Based Composite - Two Surfaces</i>	\$245
D2663	<i>Onlay - Resin-Based Composite - Three Surfaces</i>	\$245
D2664	<i>Onlay - Resin-Based Composite - Four or More Surfaces</i>	\$245
Crowns - Single Restorations Only		
D2710	<i>Crown - Resin-Based Composite (Indirect)</i>	\$245
D2712	<i>Crown - 3/4 Resin-Based Composite (Indirect)</i>	\$245
D2720	<i>Crown - Resin with High Noble Metal</i>	\$245
D2721	<i>Crown - Resin with Predominantly Base Metal</i>	\$245
D2722	<i>Crown - Resin with Noble Metal</i>	\$245
D2740	<i>Crown - Porcelain/Ceramic Substrate</i>	\$245
D2750	<i>Crown - Porcelain Fused to High Noble Metal</i>	\$245
D2751	<i>Crown - Porcelain Fused to Predominantly Base Metal</i>	\$245
D2752	<i>Crown - Porcelain Fused to Noble Metal</i>	\$245
D2780	<i>Crown - 3/4 Cast High Noble Metal</i>	\$245
D2781	<i>Crown - 3/4 Cast Predominantly Base Metal</i>	\$245
D2782	<i>Crown - 3/4 Cast Noble Metal</i>	\$245
D2783	<i>Crown - 3/4 Porcelain/Ceramic</i>	\$245
D2790	<i>Crown - Full Cast High Noble Metal</i>	\$245
D2791	<i>Crown - Full Cast Predominantly Base Metal</i>	\$245
D2792	<i>Crown - Full Cast Noble Metal</i>	\$245
D2794	<i>Crown - Titanium</i>	\$245
D2799	<i>Provisional Crown</i>	\$70
Other Restorative Services		
D2910	<i>Recement Inlay, Onlay, or Partial Coverage Restoration</i>	\$0
D2915	<i>Recement Cast or Prefabricated Post and Core</i>	\$0

**City of Fort Lauderdale
DHMO Copay Comparison**

Proposer's

Name Metropolitan Life Insurance Company

CDT Code	Benefit	MET245
D2920	Recement Crown	\$0
D2929	Prefabricated porcelain/ceramic crown-primary tooth	
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
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	
D2940	Protective Restoration	\$0
D2950	Core Buildup, Including Any Pins	\$70
D2951	Pin Retention - Per Tooth, In Addition to Restoration	\$10
D2952	<i>Post and Core In Addition to Crown, Indirectly Fabricated</i>	\$50
D2953	<i>Each Additional Indirectly Fabricated Post - Same Tooth</i>	\$50
D2954	Prefabricated Post and Core In Addition to Crown	\$30
D2955	Post Removal (Not in Conjunction with Endodontic Therapy)	\$10
D2957	Each Add Prefabricated Post - Same Tooth	\$30
D2960	Labial Veneer (Resin Laminate) - Chairside	\$250
D2961	<i>Labial Veneer (Resin Laminate) - Laboratory</i>	\$300
D2962	<i>Labial veneer (Porcelain Laminate) - Laboratory</i>	\$350
D2970	Temporary Crown (Fractured Tooth)	\$0
D2971	Additional Procedures to Construct New Crown Under Existing Partial Denture Framework	\$50
D2975	Coping	Not Covered
D2980	Crown Repair, By Report	\$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
D2999	Unspecified Restorative Procedure, By Report	Not Covered
Endodontics		
Pulp Capping		
D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$5
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$5
Pulpotomy		
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$30
D3221	Pulpal Debridement, Primary and Permanent Teeth	\$55
D3222	Partial Pulpotomy for Apexogenesis - Permanent Tooth with Incomplete Root Development	\$30
Endodontic Therapy on Primary Teeth		

**City of Fort Lauderdale
DHMO Copay Comparison**

Proposer's

Name Metropolitan Life Insurance Company

CDT Code	Benefit	<i>MET245</i>
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	\$40
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	\$40
Endodontic Therapy		
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$100
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)	\$152
D3330	Endodontic Therapy, Molar (Excluding Final Restoration)	\$210
D3331	Treatment of Root Canal Obstruction; Non-Surgical Access	\$85
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	\$96
D3333	Internal Root Repair or Perforation Defects	\$85
Endodontic Retreatment		
D3346	Retreatment of Previous Root Canal Therapy - Anterior	\$180
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	\$280
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$325
Apexification/Recalcification Procedures		
D3351	Apexification/Recalcification - Initial Visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$70
D3352	Apexification/Recalcification/pulpal regeneration - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$70
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair of Perforations, Root Resorption, etc.)	\$70
D3354	Pulpal Regeneration - (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final restoration	\$70
Apicoectomy/Periradicular Services		
D3410	Apicoectomy/Periradicular Surgery - Anterior	\$95
D3421	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	\$95
D3425	Apicoectomy/Periradicular Surgery - Molar (First Root)	\$95
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	\$60
D3430	Retrograde Filling - Per Root	\$60
D3450	Root Amputation - Per Root	\$95
D3460	Endodontic Endosseous Implant	\$555
D3470	Intentional Reimplantation (Including Necessary Splinting)	Not Covered
Other Endodontic Procedures		
D3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	\$0

**City of Fort Lauderdale
DHMO Copay Comparison**

Proposer's

Name Metropolitan Life Insurance Company

CDT Code	Benefit	<i>MET245</i>
D3920	Hemisection (Including any Root Removal), Not Including Root Canal Therapy	\$90
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	\$15
D3999	Unspecified Endodontic Procedure, By Report	Not Covered
Periodontics		
Surgical Services (Including Usual Postoperative Care)		
D4210	Gingivectomy of Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$110
D4211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$83
D4212	Gingivectomy of Gingivoplasty to allow access for restorative procedure, per tooth	\$83
D4230	Anatomical Crown Exposure - Four or More Teeth Per Quadrant	Not Covered
D4231	Anatomical Crown Exposure - One to Three Teeth Per Quadrant	Not Covered
D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$150
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$113
D4245	Apically Positioned Flap	\$165
D4249	Clinical Crown Lengthening - Hard Tissue	\$150
D4260	Osseous Surgery (Including Flap Entry and Closure) - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$300
D4261	Osseous Surgery (Including Flap Entry and Closure) - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$225
D4263	Bone Replacement Graft - First Site in Quadrant	\$180
D4264	Bone Replacement Graft - Each Additional Site in Quadrant	\$95
D4265	Biologic Materials to Aid in Soft and Osseous Tissue Regeneration	\$95
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	\$215
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane Removal)	\$255
D4268	Surgical Revision Procedure, Per Tooth	\$0
D4270	Pedicle Soft Tissue Graft Procedure	\$245
D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	
D4273	Subepithelial Connective Tissue Graft Procedures, Per Tooth	\$75
D4274	Distal or Proximal Wedge Procedure (When Not performed in Conjunction With Surgical Procedures in the Same Anatomical Area)	\$100
D4275	Soft Tissue Allograft	\$380
D4276	Combined Connective Tissue and Double Pedicle Graft, Per Tooth	\$75
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$245

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CDT Code	Benefit	<i>MET245</i>
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	\$245
Non-Surgical Periodontal Service		
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
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	\$50
D4381	Localized Delivery of Antimicrobial Agents Via a Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth, By Report	\$65
Other Periodontal Services		
D4910	Periodontal Maintenance	\$40
	Additional Periodontal Maintenance	
D4920	Unscheduled Dressing Change (by someone other than treating dentist)	\$55
D4999	Unspecified Periodontal Procedure, By Report	
<u>Prosthodontics (Removable)</u>		
Complete Dentures		
D5110	Complete Denture - Maxillary	\$325
D5120	Complete Denture - Mandibular	\$325
D5130	Immediate Denture - Maxillary	Not Covered
D5140	Immediate Denture - Mandibular	Not Covered
Partial Dentures (Including Routine Post-delivery Care)		
D5211	Maxillary Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	\$400
D5212	Mandibular Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	\$400
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$425
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$425
D5225	Maxillary Partial Denture - Flexible Base (Including any Clasps, Rests and Teeth)	\$425
D5226	Mandibular Partial Denture - Flexible Base (Including any Clasps, Rests and Teeth)	\$425
D5281	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps and Teeth)	\$300
Adjustments to Dentures		

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CDT Code	Benefit	<i>MET245</i>
D5410	Adjust Complete Denture - Maxillary	\$10
D5411	Adjust Complete Denture - Mandibular	\$10
D5421	Adjust Partial Denture - Maxillary	\$10
D5422	Adjust Partial Denture - Mandibular	\$10
Repairs to Complete Dentures		
<i>D5510</i>	<i>Repair Broken Complete Denture Base</i>	\$35
<i>D5520</i>	<i>Replace Missing or Broken Teeth - Complete Denture (Each Tooth)</i>	\$35
Repairs to Partial Dentures		
<i>D5610</i>	<i>Repair Resin Denture Base</i>	\$35
<i>D5620</i>	<i>Repair Cast Framework</i>	\$35
<i>D5630</i>	<i>Repair or Replace Broken Clasp</i>	\$35
<i>D5640</i>	<i>Replace Broken Teeth - Per Tooth</i>	\$35
<i>D5650</i>	<i>Add Tooth to Existing Partial Denture</i>	\$35
<i>D5660</i>	<i>Add Clasp to Existing Partial Denture</i>	\$35
<i>D5670</i>	<i>Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary)</i>	\$165
<i>D5671</i>	<i>Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)</i>	\$165
Denture Rebase Procedures		
<i>D5710</i>	<i>Rebase Complete Maxillary Denture</i>	\$75
<i>D5711</i>	<i>Rebase Complete Mandibular Denture</i>	\$75
<i>D5720</i>	<i>Rebase Maxillary Partial Denture</i>	\$75
<i>D5721</i>	<i>Rebase Mandibular Partial Denture</i>	\$75
Denture Reline Procedures		
D5730	Reline Complete Maxillary Denture (Chairside)	\$65
D5731	Reline Complete Mandibular Denture (Chairside)	\$65
D5740	Reline Maxillary Partial Denture (Chairside)	\$65
D5741	Reline Mandibular Partial Denture (Chairside)	\$65
<i>D5750</i>	<i>Reline Complete Maxillary Denture (Laboratory)</i>	\$85
<i>D5751</i>	<i>Reline Complete Mandibular Denture (Laboratory)</i>	\$85
<i>D5760</i>	<i>Reline Maxillary Partial Denture (Laboratory)</i>	\$85
<i>D5761</i>	<i>Reline Mandibular Partial Denture (Laboratory)</i>	\$85
Interim Prosthesis		
<i>D5810</i>	<i>Interim Complete Denture (Maxillary)</i>	\$230
<i>D5811</i>	<i>Interim Complete Denture (Mandibular)</i>	\$230
<i>D5820</i>	<i>Interim Partial Denture (Maxillary)</i>	\$160
<i>D5821</i>	<i>Interim Partial Denture (Mandibular)</i>	\$170
Other Removable Prosthetic Services		
D5850	Tissue Conditioning, Maxillary	\$20
D5851	Tissue Conditioning, Mandibular	\$20
D5860	Overdenture - Complete, By Report	

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CDT Code	Benefit	<i>MET245</i>
D5861	Overdenture - Partial, By Report	
D5862	Precision Attachment, By report	\$160
D5867	Replacement of Replaceable Part of Semi-Precision or Precision Attachment (Male or Female Component)	Not Covered
D5875	Modification of Removable Prosthesis Following Implant Surgery	Not Covered
D5899	Unspecified Removable Prosthodontic Procedure, By Report	Not Covered
Maxillofacial Prosthetics		
D5911	Facial Moulage (Sectional)	Not Covered
D5912	Facial Moulage (Complete)	Not Covered
D5913	Nasal Prosthesis	Not Covered
D5914	Auricular Prosthesis	Not Covered
D5915	Orbital Prosthesis	Not Covered
D5916	Ocular Prosthesis	Not Covered
D5919	Facial Prosthesis	Not Covered
D5922	Nasal Septal Prosthesis	Not Covered
D5923	Ocular Prosthesis, Interim	Not Covered
D5924	Cranial Prosthesis	Not Covered
D5925	Facial Augmentation Implant Prosthesis	Not Covered
D5926	Nasal Prosthesis, Replacement	Not Covered
D5927	Auricular Prosthesis, Replacement	Not Covered
D5928	Orbital Prosthesis, Replacement	Not Covered
D5929	Facial Prosthesis, Replacement	Not Covered
D5931	Obturator Prosthesis, Surgical	Not Covered
D5932	Obturator Prosthesis, Definitive	Not Covered
D5933	Obturator Prosthesis, Modification	Not Covered
D5934	Mandibular Resection Prosthesis with Guide Flange	Not Covered
D5935	Mandibular Resection Prosthesis without Guide Flange	Not Covered
D5936	Obturator Prosthesis, Interim	Not Covered
D5937	Trismus Appliance (Not for TMD Treatment)	Not Covered
D5951	Feeding Aid	Not Covered
D5952	Speech Aid Prosthesis, Pediatric	Not Covered
D5953	Speech Aid Prosthesis, Adult	Not Covered
D5954	Palatal Augmentation Prosthesis	Not Covered
D5955	Palatal Lift Prosthesis, Definitive	Not Covered
D5958	Palatal Lift Prosthesis, Interim	Not Covered
D5959	Palatal Lift Prosthesis, Modification	Not Covered
D5960	Speech Aid Prosthesis, Modification	Not Covered
D5982	Surgical Stent	Not Covered
D5983	Radiation Carrier	Not Covered
D5984	Radiation Shield	Not Covered

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CDT Code	Benefit	<i>MET245</i>
D5985	Radiation Cone Locator	Not Covered
D5986	Fluoride Gel Carrier	Not Covered
D5987	Commissure Splint	Not Covered
D5988	Surgical Splint	Not Covered
D5991	Topical Medicament Carrier	Not Covered
D5992	Adjust maxillofacial prosthetic appliance, by report	Not Covered
D5993	Maintenance and Cleaning of a Maxillofacial Prosthesis (Extra or Intraoral) Other Than Required Adjustments, By Report	Not Covered
D5999	Unspecified Maxillofacial Prosthesis, By Report	Not Covered
<u>Implant Services</u>		
<u>Pre-Surgical Services</u>		
D6190	Radiographic/surgical Implant Index, By Report	\$130
<u>Surgical Services</u>		
D6010	Surgical Placement of Implant Body: Endosteal Implant	\$1,005
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant	\$770
D6040	Surgical Placement: Eposteal Implant	\$1,860
D6050	Surgical Placement: Transosteal Implant	\$1,170
D6100	Implant Removal, By Report	\$240
D6101	Debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure	\$113
D6102	Debridement of osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure	\$225
D6103	Bone graft for repair of periimplant defect-not including flap entry and closure or, when indicated, placement of a barrier membrane or biologic materials to aid in osseous regeneration	\$100
D6104	Bone graft at time of implant placement	\$100
<u>Implant Supported Prosthetics</u>		
<u>Supporting Structures</u>		
D6051	Interim abutment	Not Covered
D6055	Connecting Bar - Implant Supported or Abutment Supported	\$345
D6056	Prefabricated Abutment - Includes Placement	\$245
D6057	Custom Abutment - Includes Placement	\$335
<u>Implant/Abutment Supported Removable Dentures</u>		
D6053	Implant/Abutment Supported Removable Denture for Completely Edentulous Arch	\$995
D6054	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch	\$945
<u>Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)</u>		

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CDT Code	Benefit	<i>MET245</i>
D6078	Implant/Abutment Supported Fixed Denture for Completely Edentulous Arch	\$2,380
D6079	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch	\$1,410
Single Crowns, Abutment Supported		
<i>D6058</i>	<i>Abutment Supported Porcelain/Ceramic Crown</i>	\$685
<i>D6059</i>	<i>Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)</i>	\$660
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	\$640
<i>D6061</i>	<i>Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)</i>	\$645
<i>D6062</i>	<i>Abutment Supported Cast Metal Crown (High Noble Metal)</i>	\$655
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	\$640
<i>D6064</i>	<i>Abutment Supported Cast Metal Crown (Noble Metal)</i>	\$720
<i>D6094</i>	<i>Abutment Supported Crown - (Titanium)</i>	\$650
Single Crowns, Implant Supported		
<i>D6065</i>	<i>Implant Supported Porcelain/Ceramic Crown</i>	\$725
<i>D6066</i>	<i>Implant Supported Porcelain Fused to Metal Crown (Titanium, Titanium Alloy, or High Noble Metal)</i>	\$700
<i>D6067</i>	<i>Implant Supported Metal Crown (Titanium, Titanium Alloy, or High Noble Metal)</i>	\$725
Fixed Partial Denture, Abutment Supported		
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	\$680
<i>D6069</i>	<i>Abutment Supported Retainer for Porcelain Fused to Metal FPD (High Noble Metal)</i>	\$680
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Predominantly Base Metal)	\$595
<i>D6071</i>	<i>Abutment Supported Retainer for Porcelain Fused to Metal FPD (Noble Metal)</i>	\$635
<i>D6072</i>	<i>Abutment Supported Retainer for Cast Metal FPD (High Noble Metal)</i>	\$625
D6073	Abutment Supported Retainer for Cast Metal FPD (Predominantly Base Metal)	\$445
<i>D6074</i>	<i>Abutment Supported Retainer for Cast Metal FPD (Noble Metal)</i>	\$640
<i>D6194</i>	<i>Abutment Supported Retainer Crown for FPD- (Titanium)</i>	\$520
Fixed Partial Denture, Implant Supported		
D6075	Implant Supported Retainer for Ceramic FPD	\$720
<i>D6076</i>	<i>Implant Supported Retainer for Porcelain Fused to Metal FPD (Titanium, Titanium Alloy, or High Noble Metal)</i>	\$700
<i>D6077</i>	<i>Implant Supported Retainer for Cast Metal FPD (Titanium, Titanium Alloy, or High Noble Metal)</i>	\$510

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CDT Code	Benefit	<i>MET245</i>
Other Implant Services		
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments and Reinsertion of Prosthesis	\$55
D6090	Repair Implant Supported Prosthesis, By Report	\$190
D6095	Repair Implant Abutment, By Report	\$140
D6091	Replacement of Semi-Precision or Precision Attachment (Male or Female Component) of Implant/Abutment Supported Prosthesis, Per Attachment	\$170
D6092	Recement Implant/Abutment Supported Crown	\$50
D6093	Recement Implant/Abutment Supported Fixed Partial Denture	\$70
D6199	Unspecified Implant Procedure, By Report	
<u>Prosthodontics, Fixed</u>		
Fixed Partial Denture Pontics		
D6205	Pontic - Indirect Resin Based Composite	\$245
<i>D6210</i>	<i>Pontic - Cast High Noble Metal</i>	\$245
D6211	Pontic - Cast Predominantly Base Metal	\$245
<i>D6212</i>	<i>Pontic - Cast Noble Metal</i>	\$245
<i>D6214</i>	<i>Pontic - Titanium</i>	\$245
<i>D6240</i>	<i>Pontic - Porcelain Fused to High Noble Metal</i>	\$245
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$245
<i>D6242</i>	<i>Pontic - Porcelain Fused to Noble Metal</i>	\$245
<i>D6245</i>	<i>Pontic - Porcelain/Ceramic</i>	\$265
<i>D6250</i>	<i>Pontic - Resin with High Noble Metal</i>	\$245
D6251	Pontic - Resin with Predominantly Base Metal	\$245
<i>D6252</i>	<i>Pontic - Resin with Noble Metal</i>	\$245
<i>D6253</i>	<i>Provisional Pontic</i>	\$70
D6254	Interim Pontic	
Fixed Partial Denture Retainers - Inlays/Onlays		
<i>D6545</i>	<i>Retainer - Cast Metal for Resin Bonded Fixed Prosthesis</i>	\$100
D6548	Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$100
<i>D6600</i>	<i>Inlay - Porcelain/Ceramic - Two Surfaces</i>	\$245
<i>D6601</i>	<i>Inlay - Porcelain/Ceramic - Three or More Surfaces</i>	\$245
<i>D6602</i>	<i>Inlay - Cast High Noble Metal, Two Surfaces</i>	\$245
<i>D6603</i>	<i>Inlay - Cast High Noble Metal, Three or More Surfaces</i>	\$245
D6604	Inlay - Cast Predominantly Base Metal, Two Surfaces	\$245
D6605	Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$245
<i>D6606</i>	<i>Inlay - Cast Noble Metal, Two Surfaces</i>	\$245
<i>D6607</i>	<i>Inlay - Cast Noble Metal, Three or More Surfaces</i>	\$245
D6624	Inlay - Titanium	\$245
<i>D6608</i>	<i>Onlay - Porcelain/Ceramic - Two Surfaces</i>	\$245

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CDT Code	Benefit	MET245
D6609	Onlay - Porcelain/Ceramic - Three or More Surfaces	\$245
D6610	Onlay - Cast High Noble Metal, Two Surfaces	\$245
D6611	Onlay - Cast High Noble Metal, Three or More Surfaces	\$245
D6612	Onlay - Cast Predominantly Base Metal, Two Surfaces	\$245
D6613	Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$245
D6614	Onlay - Cast Noble Metal, Two Surfaces	\$245
D6615	Onlay - Cast Noble Metal, Three or More Surfaces	\$245
D6634	Onlay - Titanium	\$245
Fixed Partial Denture Retainers - Crowns		
D6710	Crown - Indirect Resin Based Composite	\$245
D6720	Crown - Resin with High Noble Metal	\$245
D6721	Crown - Resin with Predominantly Base Metal	\$245
D6722	Crown - Resin with Noble Metal	\$245
D6740	Crown - Porcelain/Ceramic	\$245
D6750	Crown - Porcelain Fused to High Noble Metal	\$245
D6751	Crown - Porcelain Fused to Predominantly Base Metal	\$245
D6752	Crown - Porcelain Fused to Noble Metal	\$245
D6780	Crown - 3/4 Cast High Noble Metal	\$245
D6781	Crown - 3/4 Cast Predominantly Base Metal	\$245
D6782	Crown - 3/4 Cast Noble Metal	\$245
D6783	Crown - 3/4 Porcelain/Ceramic	\$245
D6790	Crown - Full Cast High Noble Metal	\$245
D6791	Crown - Full Cast Predominantly Base Metal	\$245
D6792	Crown - Full Cast Noble Metal	\$245
D6794	Crown - Titanium	\$245
D6793	Provisional Retainer Crown	\$70
D6795	Interim Retainer Crown	
Other Fixed Partial Denture Services		
D6920	Connector Bar	Not Covered
D6930	Recement Fixed Partial Denture	\$0
D6940	Stress Breaker	\$110
D6950	Precision Attachment	\$195
D6970	Cast Post and Core In Addition to Fixed Partial Denture Retainer, Indirectly Fabricated	
D6972	Prefabricated Post and Core In Addition to Fixed Partial Denture Retainer	
D6973	Core Buildup for Retainer, Including Any Pins	Not Covered
D6975	Coping - Metal	Not Covered
D6976	Each Additional Indirectly Fabricated Post - Same Tooth	Not Covered
D6977	Each Additional Prefabricated Post - Same Tooth	Not Covered

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CDT Code	Benefit	<i>MET245</i>
D6980	<i>Fixed Partial Denture Repair By Report</i>	\$45
D6985	Pediatric Partial Denture, Fixed	Not Covered
D6999	Unspecified Fixed Prosthodontic Procedure, By Report	Not Covered
<u>Oral and Maxillofacial Surgery</u>		
Extractions		
D7111	Extraction of Coronal Remnants - Deciduous Tooth	\$5
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$5
Surgical Extractions		
D7210	Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	\$30
D7220	Removal of Impacted Tooth - Soft Tissue	\$50
D7230	Removal of Impacted Tooth - Partially Bony	\$65
D7240	Removal of Impacted Tooth - Completely Bony	\$80
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	\$100
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$40
D7251	Coronectomy - Intentional Partial Tooth Removal	\$80
Other Surgical Procedures		
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	\$50
D7272	Tooth Transplantation (Includes Reimplantation from One Site to Another and Splinting and/or Stabilization)	
D7280	Surgical Access of an Unerupted Tooth	\$100
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$90
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$90
D7285	Biopsy of Oral Tissue - Hard (Bone, Tooth)	\$150
D7286	Biopsy of Oral Tissue - Soft	\$60
D7287	Exfoliative Cytological Sample Collection	\$50
D7288	Brush Biopsy - Transepithelial Sample Collection	\$50
D7290	Surgical Repositioning of Teeth	
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report	\$40
D7292	Surgical Placement; Temporary Anchorage Device (Screw Retained Plate) Requiring Surgical Flap	Not Covered
D7293	Surgical Placement; Temporary Anchorage Device Requiring Surgical Flap	Not Covered
D7294	Surgical Placement; Temporary Anchorage Device without Surgical Flap	Not Covered

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CDT Code	Benefit	<i>MET245</i>
D7295	Harvest of Bone Fur Use In Autogenous Grafting Procedure	Not Covered
Alveoloplasty - Surgical Preparation of Ridge for Dentures		
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	\$15
D7320	Alveoloplasty not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$60
D7321	Alveoloplasty not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$25
Vestibuloplasty		
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	\$370
D7350	Vestibuloplasty - Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, etc.)	\$990
Surgical Excision of Soft Tissue Lesions		
D7410	Excision of Benign Lesion Up to 1.25 cm	Not Covered
D7411	Excision of Benign Lesion Greater than 1.25 cm	Not Covered
D7412	Excision of Benign Lesion, Complicated	Not Covered
D7413	Excision of Malignant Lesion Up to 1.25 cm	Not Covered
D7414	Excision of Malignant Lesion Greater than 1.25 cm	Not Covered
D7415	Excision of Malignant Lesion, Complicated	Not Covered
D7465	Destruction of Lesion(s) By Physical or Chemical Method, By Report	Not Covered
Surgical Excision of Intra-Osseous Lesions		
D7440	Excision of Malignant Tumor - Lesion Diameter Up to 1.25 cm	Not Covered
D7441	Excision of Malignant Tumor - Lesion Diameter Greater than 1.25 cm	Not Covered
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
D7460	Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	Not Covered
D7461	Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter Greater than 1.25 cm	Not Covered
Excision of Bone Tissue		
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$80
D7472	Removal of Torus Palatinus	\$60
D7473	Removal of Torus Mandibularis	\$60
D7485	Surgical Reduction of Osseous Tuberosity	\$60
D7490	Radical Resection of Maxilla or Mandible	Not Covered
Surgical Incision		

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CDT Code	Benefit	MET245
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$35
D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage of Multiple Fascial Spaces)	\$35
D7520	Incision and Drainage of Abscess - Extraoral Soft Tissue	\$35
D7521	Incision and Drainage of Abscess - Extraoral Soft Tissue Complicated (Includes Drainage of Multiple Fascial Spaces)	\$35
D7530	Removal of Foreign Body from Mucosa, Skin, or Subcutaneous Alveolar Tissue	Not Covered
D7540	Removal of Reaction Producing Foreign Bodies, Musculoskeletal System	Not Covered
D7550	Partial Osteotomy/Sequestrectomy for Removal of Non-vital Bone	\$125
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	\$505
Treatment of Fractures - Simple		
D7610	Maxilla - Open Reduction (Teeth Immobilized, if Present)	Not Covered
D7620	Maxilla - Closed Reduction (Teeth Immobilized, if Present)	Not Covered
D7630	Mandible - Open Reduction (Teeth Immobilized, if Present)	Not Covered
D7640	Mandible - Closed Reduction (Teeth Immobilized, if Present)	Not Covered
D7650	Malar and/or Zygomatic Arch - Open Reduction	Not Covered
D7660	Malar and/or Zygomatic Arch - Closed Reduction	Not Covered
D7670	Alveolus - Closed Reduction, May Include Stabilization of Teeth	Not Covered
D7671	Alveolus - Open Reduction, May Include Stabilization of Teeth	Not Covered
D7680	Facial Bones - Complicated Reduction with Fixation and Multiple Surgical Approaches	Not Covered
Treatment of Fractures - Compound		
D7710	Maxilla - Open Reduction	Not Covered
D7720	Maxilla - Closed Reduction	Not Covered
D7730	Mandible - Open Reduction	Not Covered
D7740	Mandible - Closed Reduction	Not Covered
D7750	Malar and/or Zygomatic Arch - Open Reduction	Not Covered
D7760	Malar and/or Zygomatic Arch - Closed Reduction	Not Covered
D7770	Alveolus - Open Reduction Stabilization of Teeth	Not Covered
D7771	Alveolus - Closed Reduction Stabilization of Teeth	Not Covered
D7780	Facial Bones - Complicated Reduction with Fixation and Multiple Surgical Approaches	Not Covered
Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions		
D7810	Open Reduction of Dislocation	Not Covered
D7820	Closed Reduction of Dislocation	Not Covered
D7830	Manipulation under Anesthesia	Not Covered
D7840	Condylectomy	Not Covered
D7850	Surgical Discectomy, with/without Implant	Not Covered
D7852	Disc Repair	Not Covered

**City of Fort Lauderdale
DHMO Copay Comparison**

Proposer's

Name Metropolitan Life Insurance Company

CDT Code	Benefit	<i>MET245</i>
D7854	Synovectomy	Not Covered
D7856	Myotomy	Not Covered
D7858	Joint Reconstruction	Not Covered
D7860	Arthrotomy	Not Covered
D7865	Arthroplasty	Not Covered
D7870	Arthrocentesis	Not Covered
D7871	Non-arthroscopic Lysis and Lavage	Not Covered
D7872	Arthroscopy - Diagnosis, with or without Biopsy	Not Covered
D7873	Arthroscopy - Surgical: Lavage and Lysis of Adhesions	Not Covered
D7874	Arthroscopy - Surgical: Disc Repositioning and Stabilization	Not Covered
D7875	Arthroscopy - Surgical: Synovectomy	Not Covered
D7876	Arthroscopy - Surgical: Discectomy	Not Covered
D7877	Arthroscopy - Surgical: Debridement	Not Covered
D7880	Occlusal Orthotic Device, By Report	Not Covered
D7899	Unspecified TMD Therapy By Report	Not Covered
Repair of Traumatic Wounds		
D7910	Suture of Recent Small Wounds up to 5 cm	Not Covered
Complicated Suturing		
D7911	Complicated Suture - Up to 5 cm	Not Covered
D7912	Complicated Suture - Greater than 5 cm	Not Covered
Other Repair Procedures		
D7920	Skin Graft (Identify Defect Covered, Location and Type of Graft)	Not Covered
D7921	Collection and application of autologous blood concentrate product	Not Covered
D7940	Osteoplasty - For Orthognathic Deformities	Not Covered
D7941	Osteotomy - Mandibular Rami	Not Covered
D7943	Osteotomy - Mandibular Rami with Bone Graft; Includes Obtaining the Graft	Not Covered
D7944	Osteotomy - Segmented or Subapical	Not Covered
D7945	Osteotomy - Body of Mandible	Not Covered
D7946	LeFort I (Maxilla - Total)	Not Covered
D7947	LeFort I (Maxilla - Segmented)	Not Covered
D7948	LeFort II or LeFort III - without Bone Graft	Not Covered
D7949	LeFort II or LeFort III - with Bone Graft	Not Covered
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	\$825
D7952	Sinus augmentation via a vertical approach	\$825
D7953	Bone Replacement Graft for Ridge Preservation - Per Site	\$100
D7955	Repair of Maxillofacial Soft and/or Hard Tissue Defect	
D7960	Frenulectomy (Frenectomy or Frenotomy) - Separate procedure	\$50

**City of Fort Lauderdale
DHMO Copay Comparison**

Proposer's

Name Metropolitan Life Insurance Company

CDT Code	Benefit	<i>MET245</i>
D7963	Frenuloplasty	\$50
D7970	Excision of Hyperplastic Tissue -Per Arch	\$40
D7971	Excision of Pericoronal Gingival	\$40
D7972	Surgical Reduction of Fibrous Tuberosity	\$125
D7980	Sialolithotomy	Not Covered
D7981	Excision of Salivary Gland, By Report	Not Covered
D7982	Sialodochoplasty	Not Covered
D7983	Closure of Salivary Fistula	Not Covered
D7990	Emergency Tracheotomy	Not Covered
D7991	Coronoidectomy	Not Covered
D7995	Synthetic Graft - Mandible or Facial Bones, By Report	Not Covered
D7996	Implant - Mandible for Augmentation Purposes (Excluding Alveolar Ridge), By Report	Not Covered
D7997	Appliance Removal (Not by Dentist who Placed Appliance), Includes Removal of Archbar	Not Covered
D7998	Intraoral Placement of a Fixation Device not in Conjunction with a Fracture	Not Covered
D7999	Unspecified Oral Surgery Procedure, By Report	Not Covered
Orthodontics		
Limited Orthodontic Treatment		
D8010	Limited Orthodontic Treatment of the Primary Dentition	\$1,000
D8020	Limited Orthodontic Treatment of the Transition Dentition	\$1,000
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	\$1,000
D8040	Limited Orthodontic Treatment of the Adult Dentition	\$1,000
Interceptive Orthodontic Treatment		
D8050	Interceptive Orthodontic Treatment of the Primary Dentition	Not Covered
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition	Not Covered
Comprehensive Orthodontic		
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	\$1,850
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	\$1,850
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	\$1,850
Minor Treatment to Control Harmful Habits		
D8210	Removable Appliance Therapy	Not Covered
D8220	Fixed Appliance Therapy	Not Covered
Other Orthodontic Services		
D8660	Pre-Orthodontic Treatment Visit	\$35
D8670	Periodic Orthodontic Treatment Visit (As Part of Contract)	\$35
	Children (Up to 19th Birthday):	
	24 Month Treatment Fee	
	Charge Per Month for 24 Months	

**City of Fort Lauderdale
DHMO Copay Comparison**

Proposer's

Name Metropolitan Life Insurance Company

CDT Code	Benefit	<i>MET245</i>
	Adults:	
	24 Month Treatment Fee	
	Charge Per Month for 24 Months	
	Ortho Visits Beyond 24 Months of Active Treatment or Retention	
D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer (s))	\$300
D8690	Orthodontic Treatment (Alternative Billing to a Contract Fee)	Not Covered
D8691	Repair of Orthodontic Appliance	Not Covered
D8692	Replacement of Lost or Broken Retainer	Not Covered
D8693	Rebonding or Recementing; and/or Repair, as Required, of Fixed Retainers	\$0
D8999	Unspecified Orthodontic Procedure, By Report	Not Covered
<u>Adjunctive General Services</u>		
Unclassified Treatment		
D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	\$10
D9120	Fixed Partial Denture Sectioning	\$0
Anesthesia		
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
D9220	Deep Sedation/General Anesthesia - First 30 Minutes	\$150
D9221	Deep Sedation/General Anesthesia - Each Additional 15 Minutes	\$45
D9230	Inhalation of Nitrous Oxide/anxiolysis, analgesia	\$15
D9241	Intravenous Conscious Sedation/Analgesia - First 30 Minutes	\$150
D9242	Intravenous Conscious Sedation/Analgesia - Each Additional 15 Minutes	\$45
D9248	Non-intravenous Conscious Sedation	\$15
Professional Consultation		
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician other than Requesting Dentist or Physician	\$0
Professional Visits		
D9410	House/Extended Care Facility Call	Not Covered
D9420	Hospital or Ambulatory Surgical Center Call	Not Covered
D9430	Office Visit for Observation (During Regularly Scheduled Hours) - No other Services Performed	\$0
D9440	Office Visit - After Regularly Scheduled Hours	\$30
D9450	Case Presentation, Detailed and Extensive Treatment Planning	\$0
	Broken Appointment without 24 hour notice - Per 15 Minutes	Not Covered

**City of Fort Lauderdale
DHMO Copay Comparison**

Proposer's

Name Metropolitan Life Insurance Company

CDT Code	Benefit	<i>MET245</i>
Drugs		
D9610	Therapeutic Parenteral Drug, Single Administration	\$15
D9612	Therapeutic Parenteral Drugs, Two or More Administrations, Different Medications	\$25
D9630	Other Drugs and/or Medicaments, By Report	\$15
Miscellaneous Services		
D9910	Application of Desensitizing Medicament	\$15
D9911	Application of Desensitizing Resin for Cervical and/or Root Surface, Per Tooth	Not Covered
D9920	Behavior Management, By Report	Not Covered
D9930	Treatment of Complications (Post-surgical) - Unusual Circumstances, By Report	\$0
D9940	Occlusal Guard, By Report	\$85
D9941	Fabrication of Athletic Mouthguard	Not Covered
D9942	Repair and/or Reline of Occlusal Guard	\$40
D9950	Occlusion Analysis - Mounted Case	Not Covered
D9951	Occlusal Adjustment - Limited	\$30
D9952	Occlusal Adjustment - Complete	\$100
D9970	Enamel Micro abrasion	Not Covered
D9971	Odontoplasty 1-2 Teeth; Includes Removal of Enamel Projections	Not Covered
D9972	External Bleaching, Per Arch	Not Covered
D9973	External Bleaching, Per Tooth	Not Covered
D9974	Internal Bleaching, Per Tooth	Not Covered
D9975	External bleaching for home application, per arch; includes materials and fabricaiton of custom trays	Not Covered
D9999	Unspecified Adjunctive Procedure, By Report	Not Covered

Additional lab and metal charges may apply for procedures in italics.

**City of Fort Lauderdale
Top 250 DPPO Providers
Claims Paid 1/1/2016 - 12/31/2016**

Company Name: Metropolitan Life Insurance Company

Indicate which of the listed providers is included in your company's proposed DPPO network and include a hard copy as well as an Excel file in your response.

Rank	Federal Employer ID	Name	Address	City	State	Zip	In Network? Yes or No
1	461185149	Destefon, John J	30 NE 3rd St	Ft Lauderdale	FL	33301	Yes
2	591389949	Rosenthal, Barry W	9200 NW 44th St	Sunrise	FL	33351	No
3	202058007	Leibowitz, Jayson R	10080 NW 1st Ct	Plantation	FL	33324	Yes
4	650341505	Moore, Keith E	901 S Federal Hwy Ste 301	Fort Lauderdale	FL	33316	No
5	453626385	Young, Jared M	1930 Ne 34th Ct	Lighthouse Point	FL	33064	Yes
6	592495753	Barr, Scott I	300 NW 70 Ave, #206	Plantation	FL	33317	No
7	203791829	Robinson, Sharon R	6738 W Sunrise Blvd, Ste 105	Plantation	FL	33313	Yes
8	650666819	Bartlett, Jeffrey C	2440 E Sunrise Blvd	Fort Lauderdale	FL	33304	Yes
9	943420892	Horst, Nadja A	104 SE 1st St	Ft Lauderdale	FL	33301	Yes
10	461919850	Douglass, Richard C	660 N State Road 7, Ste 12	Plantation	FL	33317	Yes
11	461543139	Alexander, Allison	113 SW 11th Ct, Ste A	Ft Lauderdale	FL	33315	Yes
12	412220291	Giraldo, Andrea	114 SW 10th St	Fort Lauderdale	FL	33315	Yes
13	591541047	Bennett, James G	1023 Atlantic Blvd	Atlantic Beach	FL	32233	Yes
14	223703976	Mankame, Dipak M	300 NW 70th Ave, Ste 109	Plantation	FL	33317	Yes
15	650985810	Yang, James T	10189 Cleary Blvd, Ste 201	Plantation	FL	33324	Yes
16	421650718	Stanton, Robert B	1776 N Pine Island Rd, Ste 300	Plantation	FL	33322	Yes
17	650700287	George, Ronald A	4100 S Hospital Dr, Ste 107	Plantation	FL	33317	Yes
18	208195969	Polasky, Dawn L	6231 N Federal Hwy, Ste 109	Ft Lauderdale	FL	33308	Yes
19	271200319	Riley, Marilyn P	3909 N Andrews Ave	Oakland Park	FL	33309	Yes
20	591425149	Wilentz, Abby T	7400 NW 5th St	Plantation	FL	33317	No
21	592208015	Zenga, William T	2500 N University Dr, Ste 9	Sunrise	FL	33322	Yes
22	760741305	Johnson Leong, Charmaine	2717 E Oakland Park Blvd Ste 1	Fort Lauderdale	FL	33306	No
23	200185918	Lane, Thomas R	1831 NE 45th St, Suite B	Fort Lauderdale	FL	33308	Yes
24	271835567	Toral, Armando	4811 Hollywood Blvd, Ste A	Hollywood	FL	33021	Yes
25	900723233	Benedetti, Ana P	1535 Sunset Dr	Coral Gables	FL	33143	No
26	264305407	Tendler, Minelle M	199 W Palmetto Park Rd, Ste D	Boca Raton	FL	33432	Yes
27	550881045	Freeman, Christopher S	8200 W Sunrise Blvd, Suite B-3	Plantation	FL	33322	Yes
28	471820802	Rieger, Eric R	1200 Yamato Rd, Ste A4	Boca Raton	FL	33431	Yes
29	202058007	Palenzuela, Mary A	10080 NW 1st Ct	Plantation	FL	33324	Yes
30	650089306	Berger, Joel S	1890 N University Dr, Ste 210	Coral Springs	FL	33071	Yes

31	202058007	Herbert, Brent	10080 NW 1st Ct	Plantation	FL	33324	Yes
32	460771294	Naierman, Eric H	3333 Sheridan St	Hollywood	FL	33021	Yes
33	650019957	Blitman, Robert	8430 W Broward Blvd, Ste 100	Plantation	FL	33324	Yes
34	650075019	Boukzam, Mark A	4048 W Hillsboro Blvd	Deerfield Beach	FL	33442	Yes
35	650969035	Canizales, Jacqueline	10640 Griffin Rd, Ste 107	Davie	FL	33328	Yes
36	471526151	Berley, Joel A	7110 Southgate Blvd	Margate	FL	33068	Yes
37	650746314	Hernandez, Peter M	10051 Pines Blvd Ste C	Pembroke Pines	FL	33024	No
38	651100498	Mccawley, Daniel W	1625 E Las Olas Blvd	Fort Lauderdale	FL	33301	No
39	471755265	Sherman, Richard L	2249 N University Dr	Pembroke Pines	FL	33024	Yes
40	203141319	Kerns, James M	2991 Myrtle Oak Cir	Davie	FL	33328	Yes
41	452816684	Martin, Sidney S	660 N State Road 7, Ste 12	Plantation	FL	33317	Yes
42	650000707	Chencin, Josef	3015 Bayview Dr, Ste D	Fort Lauderdale	FL	33306	Yes
43	650461148	Zakko, Dalal	2826 E Oakland Park Blvd, Ste 300	Fort Lauderdale	FL	33306	Yes
44	260849265	Hernandez, Roland A	1625 SE 3rd Avenue, Suite 802	Ft Lauderdale	FL	33316	Yes
45	204587282	Dixon, Scott E	1620 SE 4th Ave	Ft Lauderdale	FL	33316	No
46	275197554	Joh, Julia H	4301 N Federal Hwy, Ste 5	Pompano Beach	FL	33064	Yes
47	043589759	Castillo, Pedro L	1300 N Federal Hwy, Suite 1	Lake Worth	FL	33460	Yes
48	611734577	Bates, Barbara A	1096 W Indiantown Rd, Ste 200	Jupiter	FL	33458	Yes
49	650914866	Fredrick, Jason W	10156 W Indiantown Rd	Jupiter	FL	33478	Yes
50	591425149	Lustman, Craig	809 State Route 208	Monroe	NY	10950	No
51	650980524	Jones, Ian C	6300 W Atlantic Blvd	Margate	FL	33063	Yes
52	461543139	Arocha, Arianny	113 SW 11th Ct Ste A	Fort Lauderdale	FL	33315	Yes
53	592603212	Heinsen, Gretchen	2480 E Commercial Blvd, Ste 2	Fort Lauderdale	FL	33308	Yes
54	592681987	Barnard, Michael R	1209 W Broward Blvd	Ft Lauderdale	FL	33312	Yes
55	471755265	Templeton, Patricia G	2249 N University Dr	Pembroke Pines	FL	33024	Yes
56	650631864	Rozen, Henry	9154 Wiles Rd	Coral Springs	FL	33067	Yes
57	650863385	Colella, Candace R	4690 N State Rd 7 Ste 201	Coconut Creek	FL	33073	Yes
58	161685076	Mazzei, Leanne	9387 W Sample Rd	Coral Springs	FL	33065	Yes
59	592397569	Scharf, Blair	2801 N University Dr, Suite 101	Coral Springs	FL	33065	No
60	592211352	Behn, Jack W	8200 W Sunrise Blvd, Ste A1	Plantation	FL	33322	Yes
61	134205825	Khakhria, Milan L	104 NW 100th Ave	Plantation	FL	33324	Yes
62	650161743	Bracco, Brent J	2467 E Commercial Blvd	Fort Lauderdale	FL	33308	Yes
63	650947659	Simon, David G	10115 Forest Hill Blvd Ste 301	Wellington	FL	33414	Yes
64	205407398	Chen, Timothy P	12741 Miramar Pkwy, Ste 203	Miramar	FL	33027	Yes
65	650246176	Spector, Lawrence A	9132 Wiles Rd	Coral Springs	FL	33067	Yes
66	900723233	Benedetti, Ana P	1535 Sunset Dr	Coral Gables	FL	33143	No
67	592661313	Schloss, Christopher M	2916 Bayview Dr	Fort Lauderdale	FL	33306	No
68	271499087	Forum, Richard B	320 SE 18th St	Fort Lauderdale	FL	33316	No
69	261365336	Shelling, Robert	19615 State Road 7, Ste 33	Boca Raton	FL	33498	Yes
70	453626385	Young, Catherine R	1930 NE 34th Ct	Lighthouse Point	FL	33064	Yes
71	651147593	Listopad, Howard D	10161 W Sample Rd, Ste A	Coral Springs	FL	33065	Yes
72	010574562	Jarrett, Brent J	7312 W Atlantic Blvd	Margate	FL	33063	Yes

73	753136614	Maye, Frank J	19615 33 S State Rd 7	Boca Raton	FL	33498	Yes
74	650401664	Weiner, Seymour	8200 W Sunrise Blvd, Ste B2	Plantation	FL	33322	Yes
75	591928451	Wiener, B H	800 E Broward Blvd, Ste 305	Ft Lauderdale	FL	33301	Yes
76	203987895	Malpica, Omar A	14201 W Sunrise Blvd Ste 106	Sunrise	FL	33323	No
77	611734577	Bates, Barbara A	1096 W Indiantown Rd, Ste 200	Jupiter	FL	33458	Yes
78	591425149	Trupkin, Denis P	7400 NW 5th St	Plantation	FL	33317	No
79	461185149	Cook, Jonathan H	30 Ne 3Rd St	Ft Lauderdale	FL	33301	Yes
80	112596095	Jaeger, Michael E	12012 S Shore Blvd, Ste 101	Wellington	FL	33414	Yes
81	650937178	Fong, Ian S	1900 N University Dr, Ste 201	Pembroke Pines	FL	33024	Yes
82	650766393	Rosenberg, Steven A	7500 NW 5th St, Ste 115	Plantation	FL	33317	Yes
83	463189195	Hernandez Rivera, Ricardo N	522 E 25Th St	Hialeah	FL	33013	Yes
84	452733082	Bouchard Lavenka, Cynthia R	14771 Biscayne Blvd	North Miami	FL	33181	Yes
85	272813237	Rubensteen, Evan	2151 NW 2nd Ave, Ste 102	Boca Raton	FL	33431	Yes
86	650807157	Douglas, Easton	2609 W Oakland Park Blvd	Fort Lauderdale	FL	33311	No
87	452382491	Olivera, Marisabel	4800 NE 20th Ter, Ste 301S	Ft Lauderdale	FL	33308	Yes
88	043683245	Ferrer, Deborah A	1500 E Broward Blvd	Ft Lauderdale	FL	33301	Yes
89	650456698	Graff, Brad W	3107 Stirling Rd, Ste 108	Ft Lauderdale	FL	33312	Yes
90	261147142	Ginzler, Bradley M	12651 W Sunrise Blvd, Ste 204	Sunrise	FL	33323	Yes
91	592550069	Mandell, Charles S	3220 Stirling Rd	Hollywood	FL	33021	Yes
92	592343174	Llera, Julio A	2607 Davie Blvd	Fort Lauderdale	FL	33312	Yes
93	760706979	Giol, Victor J	2474 SE Federal Hwy	Stuart	FL	34994	Yes
94	592427954	Russo, Charles D	2801 N University Dr, Ste 102	Coral Springs	FL	33065	Yes
95	208577828	Urrea Feldsberg, Helena	12301 Taft St Ste 300	Pembroke Pines	FL	33026	Yes
96	651025280	Gomez, Luis F	4651 N State Road 7, Ste 4	Coconut Creek	FL	33073	Yes
97	412132420	Warner, David K	1946 Wilton Dr	Wilton Manors	FL	33305	Yes
98	454014601	Miresmaili, Mandana	3035 E Commercial Blvd	Fort Lauderdale	FL	33308	Yes
99	592229420	Lipson, Frank D	333 NW 70th Ave, Ste 104	Plantation	FL	33317	Yes
100	300012213	Quesada, Robert E	1500 E Broward Blvd	Fort Lauderdale	FL	33301	Yes
101	263766926	Barbag, Adam C	9172 Glades Rd	Boca Raton	FL	33434	Yes
102	591366609	Miller, Robert J	8903 Glades Rd Ste D6	Boca Raton	FL	33434	Yes
103	264848166	Moore, Keith E	901 S Federal Hwy Ste 301	Fort Lauderdale	FL	33316	No
104	272119748	Wagner, Robert M	1275 York Ave	New York	NY	10065	Yes
105	273006462	Finkelstein, Heidi R	333 NW 70th Ave	Fort Lauderdale	FL	33317	No
106	270812901	Caponera, Rinaldo	7420 NW 5th St, Ste 108	Plantation	FL	33317	Yes
107	412139274	Schaumburg, Jennifer S	21150 Biscayne Blvd, Ste 401	Aventura	FL	33180	Yes
108	591425149	Babyak, George R	7400 Nw 5th St	Plantation	FL	33317	No
109	208445461	Shehadeh, Eyad	973 N Nob Hill Rd	Plantation	FL	33324	Yes
110	650713391	Nudelberg, Michael E	550 SW 3rd St	Pompano Beach	FL	33060	Yes
111	650792969	Montamarta, Francisco T	100 S Military Trl, Ste 4	Deerfield Beach	FL	33442	Yes
112	591541047	Rothberg, Melanie R	5458 Town Center Rd, Ste 16	Boca Raton	FL	33486	Yes
113	260829624	Briceno Crespi, Carmen	7615 SW 62nd Ave	South Miami	FL	33143	No
114	473696720	Lepore, Krystina M	9109 Baymeadows Rd, Ste 1	Jacksonville	FL	32256	Yes

115	264429924	Vultaggio, Francesco P	841 SE 8th Ave	Deerfield Bch	FL	33441	Yes
116	650165775	Hosseini, Heather G	1040 Weston Rd, Ste 225	Weston	FL	33326	Yes
117	464571377	Short, Steven T	5400 N Federal Hwy	Fort Lauderdale	FL	33308	Yes
118	421598932	Roud, Taras	7015 Beracasa Way, Ste 101	Boca Raton	FL	33433	Yes
119	650654799	Thomas, Christian M	3471 N Federal Hwy, Ste 501	Ft Lauderdale	FL	33306	Yes
120	208036431	Marranzini Grosma, Maria G	4401 S Flamingo Rd, Ste 109	Davie	FL	33330	Yes
121	651146878	Fuerst, Peter F	2706 N University Dr	Sunrise	FL	33322	Yes
122	650184844	Marks, Lawrence H	5100 Hollywood Blvd Ste 2	Hollywood	FL	33021	No
123	650717556	Feuer, Mitchell R	900 S Federal Hwy	Hollywood	FL	33020	Yes
124	650688337	Simon, David S	7101 W McNab Rd, Ste 102	Tamarac	FL	33321	Yes
125	010712049	Slatkoff, Joshua M	2151 NW Boca Raton Blvd, Ste 10	Boca Raton	FL	33431	Yes
126	650668849	Wong, Albert G	300 NW 70th Ave, Suite 304	Plantation	FL	33317	No
127	201577593	Scerbo, Peter M	6600 W 12th Ave	Hialeah	FL	33012	Yes
128	542080841	Grandison, Nigel D	10117 Cleary Blvd	Plantation	FL	33324	Yes
129	510446273	Najarian, Stephen	815 S University Dr, Ste 101	Plantation	FL	33324	Yes
130	202996316	Bons, Brian K	1637 N Hiatus Rd	Pembroke Pines	FL	33026	Yes
131	464401786	Garg, Arun K	700 N Hiatus Rd, Ste 102	Pembroke Pines	FL	33026	Yes
132	462882102	Deture, Christopher N	1500 E Hillsboro Blvd	Deerfield Beach	FL	33441	No
133	650132415	Blum, Michael R	648 NE 3rd Ave	Fort Lauderdale	FL	33304	Yes
134	204399325	Smith, Austin F	10794 Pines Blvd, Ste 101	Pembroke Pines	FL	33026	Yes
135	650787194	Taylor, Henderson P	3131 Inverrary Blvd W	Lauderhill	FL	33319	Yes
136	263118748	Sainsbury, James W	2700 E Bay Dr, Ste 207	Largo	FL	33771	Yes
137	464114693	Selmic, Nadezda	401 E Las Olas Blvd, Ste 140	Fort Lauderdale	FL	33301	Yes
138	592756022	Fistel, Alan	7522 Wiles Rd, Ste 104	Coral Springs	FL	33067	Yes
139	592724644	Mccauley, Mark C	3115 South Federal Highway	Delray Beach	FL	33483	Yes
140	272813237	Gul, Yousaf A	4189 Southpoint Dr E	Jacksonville	FL	32216	Yes
141	271509276	Taha, Ahmed A	1640 S Federal Hwy	Delray Beach	FL	33483	Yes
142	275473032	Igualada Heine, Kristen N	8585 Sunset Dr, Ste 101	Miami	FL	33143	Yes
143	582676964	Rosado, Itza M	12781 Miramar Pkwy, Ste 201	Miramar	FL	33027	Yes
144	205614193	Benda, Natalia M	6361 N Andrews Ave	Fort Lauderdale	FL	33309	Yes
145	270129674	Fox, Eric G	5551 N University Dr, Ste 203	Coral Springs	FL	33067	Yes
146	650821596	Brady, Michael	4330 W Broward Blvd, Suit T	Plantation	FL	33317	No
147	650975638	Garcia, Kathy	1019 S University Dr	Plantation	FL	33324	Yes
148	591693658	Bussell, Alan J	6269 N University Dr	Tamarac	FL	33321	Yes
149	650121690	Garcia, Juan M	1490 W 49th Pl, Ste 450	Hialeah	FL	33012	Yes
150	113697263	Most, Douglas S	544 NW University Blvd, Ste 105	Port Saint Lucie	FL	34986	Yes
151	030576797	Sorroza, Jennifer P	435 E Sheridan St	Dania	FL	33004	Yes
152	463455311	Israel, Elie	305 E Altamonte Springs Dr, Ste 1020	Altamonte Springs	FL	32701	Yes
153	650559387	Pyle, Stephen J	2239 N Commerce Pkwy, Suite 1	Weston	FL	33326	No
154	650632466	Hernandez, Liliana J	4750 NW 7th St, Ste 10	Miami	FL	33126	Yes
155	010718993	Nudel, Tatyana	7321 N State Road 7	Parkland	FL	33073	Yes
156	650943768	Lichstrahl, Jared E	301 NW 84th Ave, Ste 203	Plantation	FL	33324	Yes

157	261669042	Brilliant, Margo K	18851 NE 29th Ave, Ste 300	Aventura	FL	33180	Yes
158	260353884	Cimand, Tami	7797 N University Dr, Ste 201	Tamarac	FL	33321	Yes
159	650908498	Darojat, Zuhdiyah M	305 E Altamonte Springs Dr, Ste 1020	Altamonte Springs	FL	32701	Yes
160	263394448	Hilali, Manal	10151 W Commercial Blvd	Sunrise	FL	33351	Yes
161	208737121	Browne, Andrew M	9789 Glades Rd	Boca Raton	FL	33434	Yes
162	465601000	Casas, Silvia B	951 NE 167th St, Ste 104	North Miami Beach	FL	33162	Yes
163	650043559	Arenas, Jorge A	10271 Pines Blvd	Pembroke Pines	FL	33026	Yes
164	650387750	Fedele, Mark W	500 NW Dixie Hwy South	Stuart	FL	34994	No
165	651030631	Arnold, Patrick B	4800 NE 20th Ter, Ste 205	Ft Lauderdale	FL	33308	Yes
166	591263751	Bluth, Barry A	4175 SW 64th Ave, Ste 103-104	Davie	FL	33314	Yes
167	592582825	Kushner, Benn M	10031 Pines Blvd, Ste W101	Pembroke Pines	FL	33024	Yes
168	593752296	Bender, Fara	6169 Jog Rd, Suite B-5	Lake Worth	FL	33467	Yes
169	650976774	Ring, Christian D	1776 N Pine Island Rd, Ste 300	Plantation	FL	33322	Yes
170	591944868	Parker, Stephen T	1003 N 35th Ave	Hollywood	FL	33021	Yes
171	200185918	Plower, Katarzyna J	2275 20th St	Vero Beach	FL	32960	Yes
172	260518079	Rezaie, Yeganeh	3801 Hollywood Blvd, Ste 225	Hollywood	FL	33021	Yes
173	592459372	Spoont, E R	21301 Powerline Rd, Suite 208	Boca Raton	FL	33433	Yes
174	391221409	Steinmetz, Mark J	W3132 Van Roy Rd	Appleton	WI	54915	No
175	592051908	Rosenthal, Allen H	3836 N University Dr	Sunrise	FL	33351	Yes
176	453740998	Sevel, Dennis S	1350 SW 160th Ave	Weston	FL	33326	Yes
177	650234930	Gittess, Laurie B	1625 N Commerce Pkwy, Ste 317	Weston	FL	33326	Yes
178	562338791	Kawa, Larry B	20423 State Road 7, Ste F18	Boca Raton	FL	33498	Yes
179	273533121	James, Kevin K	685 Royal Palm Beach Blvd, Ste 204	Royal Palm Beach	FL	33411	Yes
180	650518576	Davis Iii, John M	19 NE 22nd Ave	Pompano Beach	FL	33062	No
181	651081473	Neuls, Julia W	2633 E Commercial Blvd Ste B	Fort Lauderdale	FL	33308	Yes
182	201677120	Shullman, Howard B	12634 Pines Blvd	Pembroke Pines	FL	33027	Yes
183	592343174	Llera, Antonio J	2607 Davie Blvd	Fort Lauderdale	FL	33312	Yes
184	048949574	Ghods, Shayan	9375 W Sample Rd	Coral Springs	FL	33065	Yes
185	451484825	Friedland, Bryan J	4800 NE 20th Ter, Ste 215	Ft Lauderdale	FL	33308	Yes
186	592530483	Ongley, B Linda	1945 N Pine Island Rd	Sunrise	FL	33322	Yes
187	651021909	Romasan, Oana	1700 NE 26th St, Ste 1	Wilton Manors	FL	33305	Yes
188	454337609	Bautista, Enrico S	1776 N Pine Island Rd, Ste 300	Plantation	FL	33322	Yes
189	200185918	Rodriguez, Jorge A	11130 N Kendall Dr, Ste 202	Miami	FL	33176	Yes
190	471565474	Fallah, Rouhollah	7100 W Commercial Blvd, Ste 108	Lauderhill	FL	33319	Yes
191	454640768	Elliot, Jeffrey F	9600 W Sample Rd, Ste 504	Coral Springs	FL	33065	Yes
192	471601631	Mingel, Marc A	6702 N University Dr	Tamarac	FL	33321	Yes
193	901032331	Ochoa, Luis H	5740 Hollywood Blvd	Hollywood	FL	33021	Yes
194	650601646	Porras, Edgar J	12251 Taft St, Ste 404	Pembroke Pines	FL	33026	Yes
195	263005908	Spencer, Scott B	210 Jupiter Lakes Blvd, Bldg 5000 Ste 204	Jupiter	FL	33458	Yes
196	650286174	Gorfinkel, Michael S	111 N Pine Island Rd, Ste 101	Plantation	FL	33324	Yes
197	650879389	Klein, Mitchell J	7228 W Oakland Park Blvd	Lauderhill	FL	33313	No
198	591290474	Ozga, Gary F	1296 S Federal Hwy	Pompano Beach	FL	33062	Yes

199	208754293	Roseff, Michael J	8784 Boynton Beach Blvd, Ste 103	Boynton Beach	FL	33472	Yes
200	810671550	Aron, Robert S	1874 W Hillsboro Blvd	Deerfield Beach	FL	33442	Yes
201	911891746	Cirtaut, Linda M	Po Box 13828	Mill Creek	WA	98082	Yes
202	592289312	Berry, Bryan W	800 E Broward Blvd Ste 410	Ft Lauderdale	FL	33301	No
203	650908498	Proano Wise, Nancy L	2600 W Flagler St	Miami	FL	33135	Yes
204	200185918	Waldee, Kerry G	817 S University Dr, Suite 103	Plantation	FL	33324	Yes
205	582407716	Yates, David W	2474 SE Federal Hwy	Stuart	FL	34994	No
206	650731323	Krimsky, Peter K	7408 NW 5th St	Plantation	FL	33317	Yes
207	651007689	Rothfield, Elizabeth A	4601 Hollywood Blvd	Hollywood	FL	33021	Yes
208	591614126	Barogiannis, Constantinos	2440 E Commercial Blvd	Fort Lauderdale	FL	33308	No
209	223868692	Oklin, Richard S	6805 Pembroke Rd	Hollywood	FL	33023	Yes
210	651077289	Bennett, David A	10305 NW 41st St, Ste 207	Doral	FL	33178	Yes
211	273480873	Anand, Payal M	2410 N University Dr	Coral Springs	FL	33065	Yes
212	593694196	Huhn, Clete F	1100 S Orange Ave	Orlando	FL	32806	Yes
213	650349658	Ziadie, Elizabeth T	9720 Stirling Rd, Ste 211	Cooper City	FL	33024	Yes
214	650006275	Shiffman, Harvey S	8200 S Jog Rd, Ste 201	Boynton Beach	FL	33472	Yes
215	461139956	Lekkas, Nick	2870 Ne 8th St	Homestead	FL	33033	Yes
216	200185918	Hohimer Jr, David M	817 S University Dr Su	Plantation	FL	33324	Yes
217	542079759	Kaufman, Robert H	4665 W Atlantic Ave	Delray Beach	FL	33445	Yes
218	650144056	Cohen, Jeffrey	4324 Forest Hill Blvd	West Palm Beach	FL	33406	Yes
219	650854084	Meier, Scott F	500 University Blvd, Ste 112	Jupiter	FL	33458	Yes
220	200010251	Marchetto, John J	1600 Town Center Blvd Ste A	Weston	FL	33326	No
221	592714865	Lunsford, Joseph L	6736 Forest Hill Blvd	Greenacres	FL	33413	No
222	260042734	Morrow, Richard S	1881 N University Dr, Ste 2012	Coral Springs	FL	33071	Yes
223	582592630	Reilly, James W	1150 Hammond Dr Ste 200	Atlanta	GA	30328	No
224	650642600	Darling, Steven G	8190 S Jog Rd, Ste 200	Boynton Beach	FL	33472	Yes
225	591273519	Sands, James D	5890 Hallandale Beach Blvd	West Hollywood	FL	33023	Yes
226	650481999	Wasserman, Alan G	22053 State Road 7	Boca Raton	FL	33428	Yes
227	204132428	Saidi, Ardavan	119 Washington Ave, Suite 601	Miami Beach	FL	33139	Yes
228	650719035	Starkman, Jeffrey A	11682B US Highway 1, Ste 60	Palm Beach Gardens	FL	33408	Yes
229	010924720	Kocher, Jennifer C	7593 Boynton Beach Blvd, Ste 200	Boynton Beach	FL	33437	Yes
230	205495196	Gomez Trainor, Sandra P	1740 E Commercial Blvd	Fort Lauderdale	FL	33334	Yes
231	650019957	Epstein, Mitchell R	8430 W Broward Blvd, Ste 100	Plantation	FL	33324	Yes
232	650721202	Vallejo, Freddy A	600 S Pine Island Rd, Suit #201	Plantation	FL	33324	Yes
233	592135962	Walsh, Joseph C	2600 N Military Trl Ste 3	Boca Raton	FL	33431	No
234	264306631	Shults, Randall C	1200 Corporate Center Way, Suite 100	Wellington	FL	33414	Yes
235	592303705	Patel, Jitendra L	4651 NW 31st Ave	Tamarac	FL	33309	Yes
236	451797933	Zombek, Steven J	Emerald Hills Medical Squ, 4480 Sheridan St	Hollywood	FL	33021	Yes
237	830401313	Winton, Adam J	1201 E Sample Rd, Ste 101	Pompano Beach	FL	33064	Yes
238	650981758	Stokesberry, Douglas A	9204 NE 6th Ave	Miami Shores	FL	33138	No
239	591967618	Lev, Robert J	8383 Pines Blvd	Pembroke Pines	FL	33024	Yes
240	900923182	Fendrich, Laurence E	18431 Miramar Pkwy	Miramar	FL	33029	Yes

241	461424382	Friedel, Lee M	1605 Town Center Blvd, Ste B	Weston	FL	33326	Yes
242	471526151	Krohn, Mel R	7500 NW 5th St, Ste 105	Plantation	FL	33317	Yes
243	650795660	Baghdassarian, Rosemary	1608 E Commercial Blvd	Oakland Park	FL	33334	Yes
244	203965948	Sajoo, Sameer	3471 N Federal Hwy Ste 200	Fort Lauderdale	FL	33306	Yes
245	264745380	Blanco, Yamilet	800 E Merritt Island Cswy, Ste 105	Merritt Island	FL	32952	Yes
246	650962928	Eggnatz, Michael D	17190 Royal Palm Blvd, Suite #4	Weston	FL	33326	No
247	650796764	Desenze, Philip S	540 E McNab Rd, Ste E	Pompano Beach	FL	33060	Yes
248	592655484	Malik, Sawan K	1027 SE 17th St	Fort Lauderdale	FL	33316	Yes
249	203404121	Ardalan, Amir R	374 SW Prima Vista Blvd.	Port St. Lucie	FL	34983	Yes
250	651131832	Martinez, Mario J	6601 SW 80th St Ste 212	Miami	FL	33143	No

City of Fort Lauderdale
DHMO Top Providers Chosen by Subscriber Count

Company Name: Metropolitan Life Insurance Company

Indicate which of the listed DHMO providers is included in your company's proposed DHMO network and include a hard copy as well as an Excel sheet in your proposal.

	Tax ID	Facility	Address	City	State	Zip	In Network? Yes or No
		PCD Unassigned	Call Customer Care or visit	Gainesville	FL	32601	No
1	30576792	TLC Dental East	3001 E Commercial Blvd	Fort Lauderdale	FL	33308	Yes
2	592681987	Barnard, DDS, Michael	1209 W Broward Blvd	Ft Lauderdale	FL	33312	Yes
3	650461148	Bayview Dental Associates PA	2826 E OkInd Prk Blvd Ste 300	Ft Lauderdale	FL	33306	Yes
4	650908498	Sage Dental of Plantation PA	8440 W Broward Blvd	Plantation	FL	33324	Yes
5	591399832	Emerald Hills Dental Center	3856 Sheridan St	Hollywood	FL	33021	Yes
6	731723037	Jacardanda Dental Associates	600 S Pine Island Rd Ste 201	Plantation	FL	33324	Yes
7	462896556	True Original Smiles Inc	5863 N University Dr	Tamarac	FL	33321	No
8	30576797	TLC Dental North	7110 Southgate Blvd	N Lauderdale	FL	33068	Yes
9	562315803	The Dental Group	2609 W Oakland Park Blvd	Ft Lauderdale	FL	33311	Yes
10	650924956	Sage Dental of Pompano Beach P	1650 N Federal Hwy Ste 105	Pompano Beach	FL	33062	Yes
11	263699117	Dr. Max A Zaslavsky	6451 N Federal Hwy	Ft Lauderdale	FL	33308	No
12	592530483	Ongley/Jacaranda Square Dent	1945 N Pine Island Rd	Sunrise	FL	33322	Yes
13	271436445	Sage Dental of Cooper City PLL	12129 Sheridan St	Hollywood	FL	33026	Yes
14	203993947	Jeremy Gerber DMD PA	1332 SE 17th St	Fort Lauderdale	FL	33316	Yes
15	421650718	Stanton Dental Excellence	5400 N Federal Hwy Ste 101	Ft Lauderdale	FL	33308	Yes
16	272813237	Sage Dental of Coral Springs P	987 N University Dr	Coral Springs	FL	33071	Yes
17	650132415	Centre for the Dental Arts	648 NE 3rd Ave	Fort Lauderdale	FL	33304	No
18	650076718	Karpel, DDS, Joel	7193 W Oakland Park Blvd	Lauderhill	FL	33313	Yes
19	471565474	Fresh Dental Smiles	7100 W Commercial Blvd Ste 108	Lauderhill	FL	33319	Yes
20	203175411	Veneto Dental Care	3600 Red Rd Ste 604	Miramar	FL	33025	Yes
21	263005908	Sage Dental of Coconut Creek P	5463 Lyons Rd Ste C	Coconut Creek	FL	33073	Yes
22	650234930	Family Dental Associates	6130 W Atlantic Blvd Ste 4	Margate	FL	33063	Yes
23	650129699	Plantation Dental Services	314 S University Dr	Plantation	FL	33324	Yes
24	650467002	Dallas, DDS, Michele	620 NE 3rd St	Fort Lauderdale	FL	33301	No
25	650509660	Sunrise Intracoastal Dtl Ctr	900 NE 26th Ave Ste 200	Fort Lauderdale	FL	33304	Yes
26	650043559	G & G Dental Associates	7030 NW 57th St	Tamarac	FL	33319	Yes
27	271168262	Healthy Family Dentistry	5350 W Hillsboro Blvd Ste 201	Coconut Creek	FL	33073	No
28	203141319	James Kerns Dmd PLLc	6905 W Broward Blvd Ste 101	Plantation	FL	33317	No
29	592549495	L G James DMD Professional	4101 S Hospital Dr Ste 4	Plantation	FL	33317	Yes
30	30576799	TLC Dental Dania	435 E Sheridan St	Dania	FL	33004	Yes
31	273480873	Coral Springs Smiles PA	2929 N University Dr Ste 203	Coral Springs	FL	33065	Yes
32	650719035	Dental Health Grp II Pem Pines	140 S University Dr	Pembroke Pines	FL	33025	Yes
33	592655484	Gentle Family Dentistry	10167 W Sunrise Blvd Ste 101	Plantation	FL	33322	Yes

34	650322438	Mehler, DDS, Eric	7800 W Oaklnd Pk Blvd Ste 114	Sunrise	FL	33351	Yes
35	474657069	Sage Dental Of Tamarac Pllc	5779 N University Dr	Tamarac	FL	33321	Yes
36	205495196	Gomez Trainor, DDS PA, Sandra	1831 NE 45th St Ste A	Ft Lauderdale	FL	33308	No
37	591788725	Deerfield Dental Services	1800 W Hillsboro Blvd Ste 210	Deerfield Beach	FL	33442	Yes
38	200171638	Dental Care Ctr of Hollywood	3900 Hollywood Blvd Ste 304	Hollywood	FL	33021	Yes
39	471035515	Optum Dental Care Llc	1854 N Nob Hill Rd	Plantation	FL	33322	Yes
40	272808186	Sage Dental of Deerfield Beach	2265 W Hillsboro Blvd	Deerfield Bch	FL	33442	Yes
41	650411776	Premiere Dental Care Center	17901 NW 5th St Ste 206	Pembroke Pines	FL	33029	Yes
42	273944632	BL Dental Associates LLC	3233 Palm Ave	Hialeah	FL	33012	Yes
43	592665788	Pine, DDS, Philip A.	1600 E Atlantic Blvd Fl 2	Pompano Beach	FL	33060	Yes
44	223967347	Tamarac Dental Associates	7351 W Oaklnd Pk Blvd Ste 102	Lauderhill	FL	33319	Yes
45	352163655	Howard Finnk DDS PA	10071 Sunset Strip	Sunrise	FL	33322	Yes
46	473696720	Sage Dental Of Downtown Fort L	551 N Federal Hwy Ste 900	Fort Lauderdale	FL	33301	Yes
47	593508140	Coast Dental - Sebring	901 US Highway 27 N Ste 60	Sebring	FL	33870	Yes
48	263394448	Gentle Dentistry of Tamarac	10151 W Commercial Blvd	Sunrise	FL	33351	No
49	650456698	Graff, DMD, PA, Brad W.	3107 Stirling Rd Ste 108	Ft Lauderdale	FL	33312	No