

Dental Benefits

Savings, flexibility and service. For healthier smiles.



MetLife



A healthy smile could mean
better health — that's why
I need a good dental plan.





Regular visits to the dentist may do more than just brighten your smile — they can be important to your overall health. Today, the Academy of General Dentistry tells us that more than 90% of all diseases produce oral signs and symptoms. Dentists can play an important role in screening for conditions such as cancer, diabetes, leukemia, heart disease and kidney disease.¹

MetLife's dental benefits plan can help you get the protection you need while making it easier and more affordable to see your dentist regularly. You'll enjoy:

- Freedom of choice to go to any dentist.
- Additional savings² when you visit an in-network dentist.
- Service where and when you want it.
- Educational tools and resources to help you and your dentist make better choices.

Now that's something to smile about. Make the most of your dental benefits — **Enroll today!**

¹ Academy of General Dentistry. The Importance of Oral Health to Overall Health, Accessed May 2012 www.agd.org/public/oralhealth.

² Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often members visit the dentist and the cost of services rendered.



Table of Contents

- Massachusetts Teachers Association Introduction
- Understanding Your Dental Options
- MetLife Preferred Dentist Plan (PDP), Rates
- Enrollment Form

Enrolling is Easy:

MTA Active and Retired Members Enroll by Mail	Active and Retired members may enroll by completing an enrollment <i>form and sending the form by mail with a check for one month's premium to:</i> <i>MetLife, Attention: MTA Administrator 18205 Crane Nest Drive, Tampa, FL 33627.</i>
Phone	For questions about the plans, please call MTA Benefits: 1.800.336.0990, and “press 2.”



Dear MTA Retired Member:

A comprehensive dental insurance plan can be an important part of good oral health. That's why MTA Benefits offers retired members a choice of dental plans from MetLife.

MetLife's Preferred Dentist Program provides benefits for a broad range of covered services and the flexibility to visit any dentist, whether or not the dentist participates in the network. However, you will save more on out-of-pocket expenses if you visit a network dentist. You may purchase coverage for yourself or for you and your dependents. MetLife provides MTA's retirees with **two dental plan options**. Here is a brief overview of the two plans:

- **Basic:** This plan covers services as follows: Type A (preventative services such as cleanings and exams), Type B (basic services such as fillings) and Type C (crowns and dentures) at 80%/60%/40% respectively. The level of coverage is **lower for out-of-network services** under this plan than under the Enhanced plan. The annual benefit amount is \$1,500 per person.
- **Enhanced:** This plan offers the greatest coverage with the maximum benefits available for both in-network and out-of-network services. The plan covers Type A, B and C services at 100%/80%/50% respectively. The annual benefit amount is \$1,500 per person.

It's easy to enroll.

1. Select a plan, complete the enrollment form and attach a check for one month's premium as indicated by your plan selection. Be sure to retain a copy of the enrollment form for your records.
2. Mail the form and check to: *MetLife, Attention: MTA Administrator, 18205 Crane Nest Drive, Tampa, FL 33627.*
3. Completed forms and premium received by the 15th of the month will have a coverage effective date of the 1st of the following month (i.e.: if received by July 15, coverage will begin August 1).

When submitting claims, your dentist will need to reference your social security number and the MTA Group # (TS 5138822). Please note that you will not be issued an ID card because they are not required with MetLife plans. For your convenience, we've outlined important contact information below.

Enrollment Inquiries	MTA Benefits, 800.336.0990, press 2
Detailed Plan Information	www.mtabenefits.com
Finding A Participating Dentist	www.metlife.com
Managing Your Benefits Online: MyBenefits	www.metlife.com/mybenefits
Billing Inquiries	800.710.6113, prompt #2

Sincerely,

Maryann C. Robinson
President, MTA Benefits, Inc.

In some states this offering may be subject to the terms of the applicable state regulatory agencies and is not currently available. 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.

Understanding Your Dental Benefits

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- 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. So your out-of-pocket costs for out-of-network services may be higher than if you are treated by a network 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 have to go through a rigorous upfront and ongoing selection and review process. This way you don't need to worry about quality. You also don't need any referrals.

Additional savings¹ 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.¹

Service where and when you want it.

Managing your dental benefits is easy. We provide **more service – less paperwork – less worries.**

MyBenefits.com, your secure self-service website, is available 24/7.² You can use the site to get estimates on care or to check coverage and claim status.

Educational tools and resources.

The right dental care is an essential part of good overall health. That's why you and your dentist get a wealth of information and valuable tools, to help make informed decisions about your oral health. You'll find a range of helpful topics on our online dental education website, www.oralhealthlibrary.com. Read up on topics like family dental health, the link between dental and overall health, and kid's dental health. Plus, you can take risk assessments to better understand your personal risk for dental disease.

IMPORTANT INFORMATION

Your Network: PDP

Customer Service Number: 1-800-942-0854

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

International Dental Travel Assistance Number: 1-312-356-5970 (collect)

Understanding Your Dental Benefits (continued)

Your dental benefits plan includes several components that, when clearly understood, can help you use your benefits more effectively.

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

Benefit Summary		
Coverage Type	In-Network (PDP):	Out-of-Network:
Type A – cleanings, oral examinations	XX% of PDP Fee	XX% of R&C Fee or XX% of PDP Fee
Type B – fillings	XX% of PDP Fee	XX% of R&C Fee or XX% of PDP Fee
Type C – bridges and dentures	XX% of PDP Fee	XX% of R&C Fee or XX% of PDP Fee
Type D – orthodontia	XX% of PDP Fee	XX% of R&C Fee or XX% of PDP Fee
Deductible:	In-Network	Out-of-Network
Individual	\$XX.XX	\$XX.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

2. Co-insurance. The co-insurance percentage helps determine what your out-of-pocket costs will be for each coverage type. Each Type – A, B, C, and D – has a pre-set percentage that represents what your plan will reimburse for the services in each category. Your total out-of-pocket responsibility is subject to any deductibles, benefit maximums, plan provisions, if you receive services out-of-network services and your plan's basis for reimbursement. **Please see your Dental Plan Benefits Summary for more information.**

3. Deductible. This is 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 a deductible be met for Type A services.

4. Annual Maximum Benefit. This is the total amount the plan will pay in the plan year. Once this amount is reached, no further benefits will be paid. However, you are still eligible to receive services at the negotiated (PDP) fees when visiting a participating dentist.

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

Understanding Your Dental Benefits (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 incidence of these higher-cost treatments.
- Use the Dental Procedure Fee Tool, to look up the average charges for in-network and out-of-network services such as exams, cleanings, fillings, crowns, and more. This tool is accessible via the MyBenefits website².
- 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 call 1-877-MET-DDS9 (phone number and website for dental professionals only).
- Visit the dental education website at www.oralhealthlibrary.com for important tools and resources to help you become more informed about dental care.

Remember, dental coverage can be an important part of your personal safety net. 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. 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. Negotiated fees on non-covered services may not apply in all states.
2. With the exception of scheduled or unscheduled systems maintenance or interruptions, the MyBenefits.com website is typically available 24 hours a day, 7 days a week.
3. The Dental Procedure Fee Tool application is provided by go2dental.com. Inc. an independent vendor. Network fee information is supplied to go2dental.com by MetLife and is not available for providers who participate with MetLife through a vendor. Out-of-network fee information is provided by go2dental.com. The tool does not provide the payment information used by MetLife when processing your claims. Prior to receiving services, pretreatment estimates through your dentist will provide the most accurate fee and payment information.

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.

Metropolitan Life Insurance Company, New York, NY 10166 L0812272055(exp0913)(All States)(DC, GU, MP, PR, VI)

Dental Benefits

Savings, flexibility and service.

Massachusetts Teachers Association

Retiree Dental Plan

For the savings you need, the flexibility you want and service you can trust.

To help you enroll, the following pages outline your association's dental plan and address any questions you may have.

Plan Option - "High" Plan

Coverage Type	In-Network Negotiated Fee*	Out-of-Network R&C Fee**
Type A – Preventive, cleanings, oral examinations	100%	100%
Type B – Basic, fillings	80%	80%
Type C – Major, restorative	50%	50%
Deductible (Applies to Type B&C) The family deductible is a sum total	\$50.00 Individual, \$150.00 Family	\$50.00 Individual, \$150.00 Family
Calendar Year – Maximum Benefit (Applies to A,B and C Services)	\$1,500 Per Person	\$1,500 Per Person

Waiting Period: Type C Service has a 12 month waiting period from the effective date of coverage.

To be eligible for coverage you must be a retired member of MTA.

You may purchase coverage for yourself or coverage for your dependents. Your dependents include your spouse, your child(ren) up to age 26, where permitted by law. Your dependents may also include your domestic partner. To qualify as domestic partners, the member and partner must be registered as domestic partners or members of a civil union or submit a domestic partner declaration to the policyholder.

Your dental coverage will become effective on the first day of the calendar month following receipt of the enrollment form, provided it is received on or before the 15th of the month. Members who wish to enroll after electing no coverage at their initial eligibility period, must wait until the first enrollment period after a 12-month wait for all services.

* In-network benefits means benefits under this plan for covered dental services that are provided by a MetLife dental provider. The Negotiated Fee refers to the fees that MetLife dentists have agreed to accept as payment in full.

** 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, (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. Services must be necessary in terms of generally accepted dental standards.

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Benefit Highlights – “High” Plan	Retiree Dental Plan
Benefits are payable immediately from the start date of an individual's benefits	
Type A - Preventive, cleanings, oral examinations	
<ul style="list-style-type: none"> • Oral exams once in a 6-month period; combined with problem-focused exams. • Bitewing X-rays once in a 6-month period for a dependent child, and once a year for all other Covered Persons. • Full mouth or panoramic X-rays once every 60 months. • Intraoral-periapical X-rays and other X-rays not specified above. • Cleaning of teeth (oral prophylaxis) once every 6 months. • Pulp vitality tests, diagnostic casts, and bacteriological studies for determination of pathologic agents. 	<ul style="list-style-type: none"> • Topical fluoride treatment once every 12 months for a dependent child up to 19 years of age. • Emergency palliative treatment to relieve tooth pain. • Sealants which are applied to non-restored, non-decayed, first and second molars only, for a dependent child up to 19 years of age every 60 months. • Space maintainers for dependent children up to the age of 19.
Type B Basic – Basic, fillings	
<ul style="list-style-type: none"> • Initial placement of amalgam or composite fillings. • Replacement of amalgam or composite fillings. • Sedative fillings. • Extractions of impacted teeth. • Extractions of unimpacted teeth and removal of exposed roots. • Injections of therapeutic drugs. • Local chemotherapeutic drugs. • 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. • Root canal treatment not more often than once in a 24-month period for the same tooth. • Consultations, but not more than once in a 12 month period. • Oral surgery except as mentioned elsewhere. • Periodontal scaling & root planing, not more than one per quadrant in any 24 month period. • Periodontal surgery, including gingivectomy, gingivoplasty, gingival curettage and osseous surgery, but no more than one type of surgical procedure per quadrant in any 36 month period. 	<ul style="list-style-type: none"> • Periodontal maintenance is limited to four times in a year; less the number of teeth cleanings received during such year. • Prefabricated stainless steel crown or prefabricated resin crown, in either case, only for primary teeth, but not more than once in any 60-month period. • Repair or re-cementing of Cast Restorations. • Pulp capping (excluding final restoration) and therapeutic pulpotomy (excluding final restoration). • Pulp therapy and apexification/recalcification. • Repair of fixed partial dentures (bridgework), removable partial dentures and removable full dentures. • Adjustment of Dentures, if at least 6 months have passed since the installation of the Denture. • Relinings and rebasings of existing removable Dentures <ul style="list-style-type: none"> ➤ 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.

Type C Major, Restorative

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| <ul style="list-style-type: none">• Initial installation of Cast Restorations. Cast Restoration means an inlay, onlay, or crown.• Replacement of any Cast Restorations with the same or a different type of Cast Restoration, but not more than one replacement for the same tooth within an 60-month period.• Core buildup, labial veneers and post cores, but not more than one of each service for a tooth in a 60-month period.• Initial installation of full or removable Dentures:<ul style="list-style-type: none">➢ When needed to replace congenital missing teeth; or➢ when needed to replace natural teeth that are lost while the Covered Person receiving such benefits was insured for Dental Expense Benefits under this certificate. | <ul style="list-style-type: none">• Replacement of a non-serviceable Denture if such Denture was installed more than 60 months prior to replacement.• 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. |
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The following expenses are Not Covered Dental Expenses for the “High” Plan Option. **Exclusions:**

- Services not performed by a Covered Person before the Dental Expense Benefits start for that person.
- Services not performed 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 supplies which are not necessary in terms of generally accepted dental standards, as determined by us.
- Cosmetic surgery or supplies. However, any such surgery or supply will be covered if:
 - a. It otherwise is a Covered Dental Expense; and
 - b. It 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
 - c. It is required for reconstructive surgery because of a congenital disease or anomaly of a Dependent child which has resulted in a functional defect.
- Replacement of a lost, missing or stolen crown, bridge or denture.
- Services or supplies which are covered by any workers' compensation laws or occupational disease laws.
- Services or supplies which any employer is required by law to furnish in whole or in part.
- Services or supplies received by a Covered Person for which no charge would have been made in the absence of Dental Expense Benefits for that Covered Person.
- Services or supplies for which a Covered Person is not required to pay.
- Service or supplies received as a result of dental disease, defect or injury due to an act of war, or a warlike act in time of peace, which occurs while the Dental Expense benefits for the Covered Person are in effect.
- Adjustment of a denture or bridgework which is made within 6 months after installation by the same Dentist who installed it.
- Any duplicate appliance or prosthetic device.
- Use of material or home health aids to prevent decay, such as toothpaste or fluoride gels, other than the topical application of fluoride.
- Instruction for oral care such as hygiene or diet.
- Periodontal splinting.
- Temporary or provisional restorations.
- Temporary or provisional appliances.
- Services or supplies to the extent that benefits are otherwise provided under this Plan or under any other

plan which the Policyholder (or an affiliate) contributes to or sponsors.

- Myofunctional therapy or correction of harmful habits.
- Initial installation of a denture or bridgework to replace one or more natural teeth lost before the Dental Expense Benefits started for the Covered Person.
- Charges for missed or cancelled appointments.
- Charges by the Dentist for completing dental forms.
- Sterilization supplies.
- Services or supplies furnished by a family member.
- Treatment of temporomandibular joint disorders.
- Orthodontia.
- Implantology.

For MTA members residing in Maryland:

Services or supplies furnished as a result of a Referral prohibited by Section 1-302 of the Maryland Health Occupations Article are excluded. A prohibited Referral is one in which a Health Care Practitioner: a. refers a covered person to; or b. directs a member or a person under contract with the Health Care Practitioner to refer a covered person to a Health Care Entity in which: i) the Health Care Practitioner; or ii) the Health Care Practitioner's immediate family; or iii) both own a Beneficial Interest or have a Compensation Agreement. For the purposes of this provision, the terms "Referral," "Health Care Practitioner," "Health Care Entity," "Beneficial Interest," and "Compensation Agreement" have the same meaning as provided in Section 1-301 of the Maryland Health Occupations Article.

For MTA members residing in Georgia, Louisiana, Mississippi or Texas, this plan is not available.

The benefit categories, plan provisions, limitations and exclusions described in this brochure represent an overview of Plan Benefits. This document is not a complete description of a Plan. An insurance certificate will be made available following your plan's effective date, and will govern if any discrepancies exist between this brochure and the actual summary plan description.

Important Coverage Information

Predetermination of Benefits

If requested MetLife will provide a pre-treatment estimate of benefits for recommended treatments that exceed \$300. This service helps you better understand your coverage. A pre-treatment estimate of benefits explains which recommended procedures are covered and at what amount. You should submit the treatment plan to MetLife for review and pre-treatment estimate determination of benefits before receiving the services. Please note that these are estimates only and final benefit determinations will be made based on the deductibles and maximums, eligibility and other plan provisions when services are actually performed as reflected in the claim submitted.

Alternate Benefit

If MetLife determines that a service, less costly than the Covered Service the Dentist performed could have been performed to treat a dental condition benefits will be paid based upon the less costly service if such service (i) would meet generally accepted dental standards; and (ii) would qualify as a Covered Service.

Cancellation/Termination

Coverage is subject to the terms and provisions of the Group Policy (FormGPN99-ASSN) and certificates of insurance (Form G2300-CERT.-1) issued to each insured member. In any state exercising extraterritorial jurisdiction, the plan will be modified to meet applicable laws.

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 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. 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 7% 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 in force through your Intermediary during a prior one-year period; (4) 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 7% 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 that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (e.g., consulting 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 MetLife sales representative. Compensation paid to your MetLife sales 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 MetLife sales representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your MetLife sales representative or calling (866) 796-1800.

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, New York, NY 10166 L0113302751[exp0414][All States][DC, GU, MP, PR, VI]

Dental Benefits

Savings, flexibility and service.

Massachusetts Teachers Association

Retiree Dental Plan

For the savings you need, the flexibility you want and service you can trust.

To help you enroll, the following pages outline your association's dental plan and address any questions you may have.

Plan Option - "Low" Plan

Coverage Type	In-Network Negotiated Fee*	Out-of-Network R&C Fee**
Type A – Preventive, cleanings, oral examinations	100%	80%
Type B – Basic, fillings	80%	60%
Type C – Major, restorative	50%	40%
Deductible (Applies to Type B&C) The family deductible is a sum total	\$50.00 Individual, \$150.00 Family	\$50.00 Individual, \$150.00 Family
Calendar Year – Maximum Benefit (Applies to A,B and C Services)	\$1,500 Per Person	\$1,500 Per Person

Waiting Period: Type C Service has a 12 month waiting period from the effective date of coverage.

To be eligible for coverage you must be a retired member of MTA.

You may purchase coverage for yourself or coverage for your dependents. Your dependents include your spouse, your child(ren) up to age 26, where permitted by law. Your dependents may also include your domestic partner. To qualify as domestic partners, the member and partner must be registered as domestic partners or members of a civil union or submit a domestic partner declaration to the policyholder.

Your dental coverage will become effective on the first day of the calendar month following receipt of the enrollment form, provided it is received on or before the 15th of the month. Members who wish to enroll after electing no coverage at their initial eligibility period, must wait until the first enrollment period after a 12-month wait for all services.

* In-network benefits means benefits under this plan for covered dental services that are provided by a MetLife dental provider. The Negotiated Fee refers to the fees that MetLife dentists have agreed to accept as payment in full.

** 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, (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. Services must be necessary in terms of generally accepted dental standards.

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Benefit Highlights – “Low” Plan	Retiree Dental Plan
Benefits are payable immediately from the start date of an individual’s benefits	
Type A - Preventive, cleanings, oral examinations	
<ul style="list-style-type: none"> • Oral exams once in a 6-month period; combined with problem-focused exams. • Bitewing X-rays once in a 6-month period for a dependent child, and once a year for all other Covered Persons. • Full mouth or panoramic X-rays once every 60 months. • Intraoral-periapical X-rays and other X-rays not specified above. • Cleaning of teeth (oral prophylaxis) once every 6 months. • Pulp vitality tests, diagnostic casts, and bacteriological studies for determination of pathologic agents. 	<ul style="list-style-type: none"> • Topical fluoride treatment once every 12 months for a dependent child up to 19 years of age. • Emergency palliative treatment to relieve tooth pain. • Sealants which are applied to non-restored, non-decayed, first and second molars only, for a dependent child up to 19 years of age every 60 months. • Space maintainers for dependent children up to the age of 19.
Type B Basic – Basic, fillings	
<ul style="list-style-type: none"> • Initial placement of amalgam or composite fillings. • Replacement of amalgam or composite fillings. • Sedative fillings. • Extractions of impacted teeth. • Extractions of unimpacted teeth and removal of exposed roots. • Injections of therapeutic drugs. • Local chemotherapeutic drugs. • 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. • Root canal treatment not more often than once in a 24-month period for the same tooth. • Consultations, but not more than once in a 12 month period. • Oral surgery except as mentioned elsewhere. • Periodontal scaling & root planing, not more than one per quadrant in any 24 month period. • Periodontal surgery, including gingivectomy, gingivoplasty, gingival curettage and osseous surgery, but no more than one type of surgical procedure per quadrant in any 36 month period. 	<ul style="list-style-type: none"> • Periodontal maintenance is limited to four times in a year; less the number of teeth cleanings received during such year. • Prefabricated stainless steel crown or prefabricated resin crown, in either case, only for primary teeth, but not more than once in any 60-month period. • Repair or re-cementing of Cast Restorations. • Pulp capping (excluding final restoration) and therapeutic pulpotomy (excluding final restoration). • Pulp therapy and apexification/recalcification. • Repair of fixed partial dentures (bridgework), removable partial dentures and removable full dentures. • Adjustment of Dentures, if at least 6 months have passed since the installation of the Denture. • Relinings and rebasings of existing removable Dentures <ul style="list-style-type: none"> ➤ 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.

Type C Major, Restorative

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Initial installation of Cast Restorations. Cast Restoration means an inlay, onlay, or crown.• Replacement of any Cast Restorations with the same or a different type of Cast Restoration, but not more than one replacement for the same tooth within an 60-month period.• Core buildup, labial veneers and post cores, but not more than one of each service for a tooth in a 60-month period.• Initial installation of full or removable Dentures:<ul style="list-style-type: none">➤ When needed to replace congenital missing teeth; or➤ when needed to replace natural teeth that are lost while the Covered Person receiving such benefits was insured for Dental Expense Benefits under this certificate. | <ul style="list-style-type: none">• Replacement of a non-serviceable Denture if such Denture was installed more than 60 months prior to replacement.• 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. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

The following expenses are Not Covered Dental Expenses for the “Low” Plan Option.
Exclusions:

- Services not performed by a Covered Person before the Dental Expense Benefits start for that person.
- Services not performed 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 supplies which are not necessary in terms of generally accepted dental standards, as determined by us.
- Cosmetic surgery or supplies. However, any such surgery or supply will be covered if:
 - a. It otherwise is a Covered Dental Expense; and
 - b. It 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
 - c. It is required for reconstructive surgery because of a congenital disease or anomaly of a Dependent child which has resulted in a functional defect.
- Replacement of a lost, missing or stolen crown, bridge or denture.
- Services or supplies which are covered by any workers' compensation laws or occupational disease laws.
- Services or supplies which any employer is required by law to furnish in whole or in part.
- Services or supplies received by a Covered Person for which no charge would have been made in the absence of Dental Expense Benefits for that Covered Person.
- Services or supplies for which a Covered Person is not required to pay.
- Service or supplies received as a result of dental disease, defect or injury due to an act of war, or a warlike act in time of peace, which occurs while the Dental Expense benefits for the Covered Person are in effect.
- Adjustment of a denture or bridgework which is made within 6 months after installation by the same Dentist who installed it.
- Any duplicate appliance or prosthetic device.
- Use of material or home health aids to prevent decay, such as toothpaste or fluoride gels, other than the topical application of fluoride.
- Instruction for oral care such as hygiene or diet.
- Periodontal splinting.
- Temporary or provisional restorations.
- Temporary or provisional appliances.
- Services or supplies to the extent that benefits are otherwise provided under this Plan or under any other

plan which the Policyholder (or an affiliate) contributes to or sponsors.

- Myofunctional therapy or correction of harmful habits.
- Initial installation of a denture or bridgework to replace one or more natural teeth lost before the Dental Expense Benefits started for the Covered Person.
- Charges for missed or cancelled appointments.
- Charges by the Dentist for completing dental forms.
- Sterilization supplies.
- Services or supplies furnished by a family member.
- Treatment of temporomandibular joint disorders.
- Orthodontia.
- Implantology.

For MTA members residing in Maryland:

Services or supplies furnished as a result of a Referral prohibited by Section 1-302 of the Maryland Health Occupations Article are excluded. A prohibited Referral is one in which a Health Care Practitioner: a. refers a covered person to; or b. directs a member or a person under contract with the Health Care Practitioner to refer a covered person to a Health Care Entity in which: i) the Health Care Practitioner; or ii) the Health Care Practitioner's immediate family; or iii) both own a Beneficial Interest or have a Compensation Agreement. For the purposes of this provision, the terms "Referral," "Health Care Practitioner," "Health Care Entity," "Beneficial Interest," and "Compensation Agreement" have the same meaning as provided in Section 1-301 of the Maryland Health Occupations Article.

For MTA members residing in Georgia, Louisiana, Mississippi or Texas, this plan is not available.

The benefit categories, plan provisions, limitations and exclusions described in this brochure represent an overview of Plan Benefits. This document is not a complete description of a Plan. An insurance certificate will be made available following your plan's effective date, and will govern if any discrepancies exist between this brochure and the actual summary plan description.

Important Coverage Information

Predetermination of Benefits

MetLife will provide a pre-treatment estimate of benefits for recommended treatments that exceed \$300. This service helps you better understand your coverage. A pre-treatment estimate of benefits explains which recommended procedures are covered and at what amount. You should submit the treatment plan to MetLife for review and pre-treatment estimate determination of benefits before receiving the services. Please note that these are estimates only and final benefit determinations will be made based on the deductibles and maximums, eligibility and other plan provisions when services are actually performed as reflected in the claim submitted.

Alternate Benefit

If MetLife determines that a service, less costly than the Covered Service the Dentist performed could have been performed to treat a dental condition benefits will be paid based upon the less costly service if such service (i) would meet generally accepted dental standards; and (ii) would qualify as a Covered Service.

Cancellation/Termination

Coverage is subject to the terms and provisions of the Group Policy (FormGPN99-ASSN) and certificates of insurance (Form G2300-CERT.-1) issued to each insured member. In any state exercising extraterritorial jurisdiction, the plan will be modified to meet applicable laws.

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 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. 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 7% 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 in force through your Intermediary during a prior one-year period; (4) 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 7% 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 that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (e.g., consulting 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 MetLife sales representative. Compensation paid to your MetLife sales 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 MetLife sales representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your MetLife sales representative or calling (866) 796-1800.

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, New York, NY 10166 L0113302243[exp0314][All States][DC,GU,MP,PR,VI]

MASSACHUSETTS TEACHERS ASSOCIATION RETIREE DENTAL - MONTHLY RATES

“High” Plan			
Member Only	Member + Spouse/Domestic Partner	Member + Children	Member + Spouse/Domestic Partner + Children
\$, &* -	\$17* .%	\$2°3.&-	\$' \$+.%
“Low” Plan			
Member Only	Member + Spouse/Domestic Partner	Member + Children	Member + Spouse/Domestic Partner + Children
\$* \$.+8	\$1' \$.&3	\$156.84	\$226.25

L0113302243[exp0314][All States][DC,GU,MP,PR,VI]

ENROLLMENT • CHANGE FORM

GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)

Name of Group Customer/Association Massachusetts Teachers Association (MTA)		Group Customer # TS 5138822	Division	Class	Dept Code
Date of Membership (MM/DD/YYYY)	Member ID #	Coverage Effective Date (MM/DD/YYYY)	Source Code		

YOUR ENROLLMENT INFORMATION (To be Completed by the Member)

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	

Are you currently enrolled under another dental plan? ☐ Yes ☐ No
If yes, provide proof of continuous coverage.

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

	Your monthly cost		By level of coverage
	High Plan	Low Plan	Member Only
	\$82.69	\$60.78	Member + Spouse/Domestic Partner
	\$176.19	\$130.23	Member + Child(ren)
	\$213.29	\$156.84	Member + Spouse/Domestic Partner + Child(ren)
	\$307.18	\$226.25	

First select your option

☐ High Plan ☐ Low Plan

Then select your level of coverage

☐ Member Only ☐ Member + Spouse/Domestic Partner ☐ Member + Child(ren) ☐ Member + Spouse/Domestic Partner + Child(ren)

Dependent Information

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

Name of your Spouse/Domestic Partner (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
_____	_____	

☐ Check here if you need more lines. Provide the additional information on a separate piece of paper and return it with your enrollment form.

GEF02-1
ADM

SUBMISSION INSTRUCTIONS

After completion, **sign and date the form on the last page where indicated.**
Make a copy for your records and return the original to MetLife, Attn: MTA Administrator,
18205 Crane Nest Drive, Tampa, FL 33647

FRAUD WARNINGS

Before signing this enrollment form, please read the warning for the state where you reside and for the state where the insurance policy 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: 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 an application 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 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 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.

Oregon and 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.

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.

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.

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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 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.
3. I have read the applicable Fraud Warning(s) provided in this enrollment form.



Signature of Member

Print Name

Date Signed (MM/DD/YYYY)

GEF09-1

DEC

SUBMISSION INSTRUCTIONS

After completion, **sign and date the form on the last page where indicated.**
Make a copy for your records and return the original to MetLife, Attn: MTA Administrator,
18205 Crane Nest Drive, Tampa, FL 33647.



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 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. If you have dental, long-term care, or medical insurance from us, the Health Insurance Portability and Accountability Act (“HIPAA”) may further limit how we may use and share your information.

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
General American Life Insurance Company
SafeHealth Life Insurance Company

MetLife Insurance Company of Connecticut
SafeGuard Health Plans, Inc.

**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:

សេវាកម្មប្រែដោយឥតគិតថ្លៃ ។ 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 ntauv hais ua lus Hmoob rau koj mloog. Yog xav tau kev pab, hu rau pab ntaum 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 ntaum 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 1-800-942-0854 로 전화하십시오. 다른 도움이 필요하시면, 전화번호 1-800-927-4357 로 캘리포니아 보험국에 연락하여 주십시오.

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

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

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

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

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

Бла معاوضه مترجم دی خدمات مل سکدی اے۔ تسی ایک مترجم دی خدمات حاصل کرسکدے او جو توڈے واسطے دستاویزات پنجابی وچ پڈ سکدا اوی۔ مدد واسطے اپڑیں آئی ڈی کارڈ، گروبو، تو، دے وچ نمبر یا 1-800-942-0854 پہ کال کرو۔ آگے مزید مدد واسطے اے نمبر 1-800-927-4357 پہ سی اے ڈیپارٹمنٹ برائے انشورنس نال گال کرو۔



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