

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.



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MetLife Preferred Dentist Plan (PDP)

We're Here to Help

Enrolling is Easy:

Active Employees Enroll Online	Active employees enroll online on the SAP Employee Self-Service Portal-no forms are required
MEA Retirees Enroll by Mail or Fax	MEA retirees may enroll by completing an enrollment form and sending the form by mail or fax. Mail: MEA Benefits P.O. Box 34547, San Diego, CA 92163 Fax: 1-888-243-3494
Phone	For questions about the plans, please call your dental plan administrator: 1-888-217-9175.



Dear MEA Represented Employees:

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

As a MEA Represented Employee, you get the **Preferred Dentist Program, a dental benefits plan from MetLife**. With this coverage, you'll enjoy:

- **Freedom of choice** to go to any dentist.
- **Additional savings*** when you visit a participating dentist.
- **Service** where and when you want it.
- **Educational tools and resources** to help you and your dentist make more informed choices.

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

Enrolling is EASY!

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

Active Employees Enroll Online	Active employees enroll online on the SAP Employee Self-Service Portal-no forms are required
MEA Retirees Enroll by Mail or Fax	MEA retirees may enroll by completing an enrollment form and sending the form by mail or fax. Mail: MEA Benefits P.O. Box 34547, San Diego, CA 92163 Fax: 1-888-243-3494
Phone	For questions about the plans, please call your dental plan administrator: 1-888-217-9175.

Sincerely,

MetLife

*Negotiated fees for non-covered services may not apply in all states.

** Assumes you are continuously enrolled from year to year in your employer's plan. Exact timeframes are determined by the employer. 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.

Comparing Your Options for Group Dental Benefits



MetLife

The information in this chart provides a general overview of the available plan options to help you make a more informed benefit decision. Please refer to your enrollment materials for complete details on each plan.

PLAN FEATURES	Preferred Dentist Program: DPPO ¹	Managed Dental Plans: Dental HMO/Managed Care ²
CHOICE OF DENTISTS	You have the flexibility to choose any licensed dentist, in or out of the network, and still receive benefits. Your costs may be higher when you go to an out-of-network dentist*.	This plan requires you to pre-select a dentist who participates in the network in order to receive benefits. Each enrolled family member may select a different participating dentist, and has the ability to change dentists up to one time each month.
SPECIALTY CARE	No need for a referral for specialty care. Just select a dentist and make an appointment.	Your selected participating dentist will provide you with the name of a network specialist. Just call that specialist to schedule your appointment. No pre-authorization is required. ³ Any co-payment for services is listed on your plan's Schedule of Benefits. This co-payment applies whether the services are provided by your selected participating dentist or by a network specialist.
ACCESS TO DENTISTS WHEN TRAVELING	When traveling within the U.S., you have access to one of the largest networks in the industry. You may also use an out-of-network dentist**.	Because Dental HMO/Managed Care programs are based on the use of defined networks, general dental care is not accessible while traveling. The only exception is in an emergency situation when you are unable to receive care from your selected participating dentist. Please refer to your plan coverage documents provided in your enrollment booklet for details.
NETWORK DISCOUNT	All participating dentists have agreed to accept negotiated fees as payment in full for in-network services. These fees typically range from 15%-45% less than the average charges in the same community. ⁴ Negotiated Fees refers to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. ⁵	This plan provides access to hundreds of dental services that may be considerably lower than your cost would be without this plan. ⁴ You are responsible for the co-payment for each covered service that is listed on your Schedule of Benefits, so you know what your out-of-pocket costs will be up front.
QUALITY OF NETWORK DENTISTS	All participating dentists have to go through a rigorous upfront and ongoing selection and review process. ⁶	All participating dentists have to go through a rigorous upfront and ongoing selection and review process. ⁵
BENEFITS	This plan typically includes a yearly deductible and an annual benefits maximum. Please refer to the Plan Summary included in your enrollment booklet for benefits specific to your plan offering.	This plan is not subject to deductibles or annual maximums. Out-of-pocket costs for covered services are typically calculated based on co-payments as listed in the plan's Schedule of Benefits. Please refer to your enrollment booklet for information specific to your plan offering.

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. * 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 received. ** International dental 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. 1. Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166. 2. 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. 3. In California, orthodontic and pedodontic specialty services require pre-approval. Your general dentist will contact SafeGuard for pre-approval. Once approved, your dentist will contact you with the name of a network specialist. 4. 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. 5. Negotiated Fees refers to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. 6. 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.
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San Diego Municipal Employees Association Dental Plan Benefits

Network: PDP Plus Benefit Summary

Coverage Type	In-Network	Out-of-Network
Type A – cleanings, oral examinations	100% of Negotiated Fee*	100% of R&C Fee**
Type B – fillings	90% of Negotiated Fee*	80% of R&C Fee**
Type C –bridges and dentures	60% of Negotiated Fee*	50% of R&C Fee**
Type D – orthodontia	50% of Negotiated Fee*	50% of R&C Fee**
Deductible [†]	In-Network	Out-of-Network
Individual	\$50.00	\$50.00
Annual Maximum Benefit	In-Network	Out-of-Network
Per Person	\$1750 (Actives) \$1500 (Non-Actives)	\$1750 (Actives) \$1500 (Non-Actives)
Orthodontia Lifetime Maximum	In-Network	Out-of-Network
Per Person	\$1500	\$1500

*Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any co-payments, 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 Rates*

The following monthly rates are effective through July 31, 2016. Your premium will be paid through convenient payroll deduction.

Eligibility Options

Member/Employee Only	\$64.18
Member/Employee + Spouse/Domestic Partner	\$120.25
Member/Employee + Child(ren)	\$138.60
Member/Employee + Family	\$201.80

*Rates are inclusive of a \$1 per month Municipal Employees Association administrative fee.

In Network Savings* Example

This hypothetical example** shows how receiving services from a participating dentist can help save you money.

Your Dentist says you need a Crown, a Type C service —

- Negotiated Fee: \$670.00
- R&C Fee: \$1,386.00***
- Dentist's Usual Fee: \$1,462.00

IN-NETWORK When you receive care from a participating dentist		OUT-OF-NETWORK When you receive care from a non-participating dentist	
Dentist's Usual Fee is:	\$1,462.00	Dentist's Usual Fee is:	\$1,462.00
The Negotiated Fee is:	\$670.00	R&C Fee is:	\$1,386.00
<i>Your Plan Pays:</i>		<i>Your Plan Pays:</i>	
50% X \$670 Negotiated Fee:	- \$335.00	50% X \$1,386.00 R&C Fee:	- \$693.00
Your Out-of-Pocket Cost:	\$335.00	Your Out-of-Pocket Cost:	\$769.00

**In this example, you save \$434.00 (\$769.00 minus \$335.00)...
by using a participating dentist.**

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

**Please note: This is a hypothetical example that reviews a porcelain/ceramic crown (D2740) in the Philadelphia area, zip 19151. It assumes that the annual deductible has been met.

**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. The example shown reflects an 80th percentile R&C fee. The R&C percentile used to calculate out-of-network benefits for your plan may differ.

List of Primary Covered Services & Limitations

Type A - Preventive	How Many/How Often
Prophylaxis (cleanings)	• Two per calendar year.
Oral Examinations	• Two exams per calendar year.
Topical Fluoride Applications	• One fluoride treatment per calendar year for dependent children up to 19 th birthday.
X-rays	• 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.
Type B - Basic Restorative	How Many/How Often
Amalgam Fillings	• One replacement per surface in 24 months
General Anesthesia	• When dentally necessary in connection with oral surgery, extractions or other covered dental services.
Sealants	• One application of sealant material for each non-restored, permanent 1 st and 2 nd molar of a dependent child to age 16
Periodontics	• 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
Cone Beam Imaging	One Treatment in 60 months.
Dentures and Bridges	• Denture and fixed bridges, on in 5 calendar years • Denture relines and rebases, once in 36 months • Denture adjustments, once in 12 months
Implants	• Replacement: once every 5 years.
Occlusal Adjustments	• One adjustment in 12 months
Bridges and Dentures	• Initial placement to replace one or more natural teeth, which are lost while covered by the Plan. • Dentures and bridgework replacement: one every 10 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	• Replacement: once every 5 years. • Crown repairs and re-cementations, one per tooth in 12 months
Endodontics	• Root canal treatment limited to once per tooth per 24 months.
General Anesthesia	• When dentally necessary in connection with oral surgery, extractions or other covered dental services.
Consultation	• Two Consultations in 12 months
Tissue Conditioning	• One per tooth in 36 months
Type D - Orthodontia	• How Many/How Often
	<ul style="list-style-type: none"> • You, Your Spouse, and Your Children, up to age 26, 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.

Common Questions... Important Answers

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 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. Savings from enrolling in a dental benefits plan will depend on various factors, including how often members visit participating dentists and the cost for services rendered. Negotiated fees are subject to change. Negotiated fees for non-covered services may not apply in all states.

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 who meets your needs. You can receive a list of these participating dentists online at www.metlife.com/mybenefits or call 1-800-275-4638 to have a list faxed or mailed to you.

What services are covered by my plan? All services defined under your group dental benefits plan are covered. Please review the plan benefits to learn more.

Does the Preferred Dentist Program offer any discounts on non-covered services? Negotiated fees may extend to services not covered under your plan and services received after your plan maximum has been met, where permitted by applicable state law. If permitted, you may only be responsible for the negotiated fee.

*

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 or 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 or her to apply, ask your dentist to visit www.metdental.com, or call 1-866-PDP-NTWK for an application.* The website and phone number are for use by dental professionals only.

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

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

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.

*International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. AXA Assistance is not affiliated with MetLife and any of its affiliates, and the services they provide are separate and apart from the benefits provided by MetLife.

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

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;
- Other fixed Denture prosthetic services not described elsewhere in the certificate;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Implants including, but not limited to any related surgery, placement, restorations, maintenance, and removal;
- Repair of implants;
- 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: Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement, and the associated procedure charge, on the least costly treatment alternative. If you and your dentist have agreed on a treatment which 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 plans 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.

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.

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.

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.

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 have fewer out-of-pocket costs 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 Plus network**, visit www.metlife.com/dental.

Additional savings when you visit participating dentists.

Your out-of-pocket costs are usually lower when you visit 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. Search "MetLife" at iTunes App Store or Google Play to download the app.*

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.oralhealthlibrary.com. Read up on the link between dental and overall health, kid's dental health and more. You can also put your oral health to the test by taking an online risk assessment.

IMPORTANT INFORMATION

Your Network: PDP Plus

Customer Service Number: 1-800-942-0854

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

Understanding Your Dental Plan (continued)

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

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		2	
Coverage Type		In-Network	Out-of-Network
1 Type A – cleanings, oral examinations		XX% of Negotiated Fee	XX% of R&C Fee or XX% of Negotiated Fee
Type B – fillings		XX% of Negotiated Fee	XX% of R&C Fee or XX% of Negotiated Fee
Type C – bridges and dentures		XX% of Negotiated Fee	XX% of R&C Fee or XX% of Negotiated Fee
Type D – orthodontia		XX% of Negotiated Fee	XX% of R&C Fee or XX% of Negotiated Fee
3 Deductible		In-Network	Out-of-Network
Individual		\$XX.XX	\$XX.XX
Family		\$XXX.XX	\$XXX.XX
4 Annual Maximum Benefit		In-Network	Out-of-Network
Per Person		\$X,XXX	\$X,XXX
5 Orthodontia Lifetime Maximum		In-Network	Out-of-Network
Per Person		\$X,XXX	\$X,XXX

- 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.
- 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 are still eligible to receive services at the negotiated fees when visiting a participating dentist.
- 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 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.
- 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 website.⁴
- 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.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 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. 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.
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 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. This 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.

*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 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.

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.
- Look up the average costs for in-network and out-of-network services.¹
- 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.²

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:
 - Download them from the MyBenefits site. www.metlife.com/mybenefits
 - Call the automated voice response at 1-800-ASK-4-MET (1-800-275-4638) to have a claim form sent to you.
 - Contact your Benefits Administrator.

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.

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.³ These services are

We're Here to Help (continued)

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.⁴ Be sure to hold on to all receipts to submit a dental claim. Claim forms are available online at www.metlife.com/mybenefits.

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 App⁵, you can:

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

It's easy. Search "MetLife" at iTunes App Store or Google Play to download the app. Then use your MyBenefits log in information to access these features.⁶

It's available 24 hours a day, seven days a week.

1. 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. This 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.
2. Due to contractual requirements, MetLife is prevented from soliciting certain providers.
3. 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.
4. Refer to your dental benefits plan summary for your out-of-network dental coverage.
5. The features of the MetLife Dental Mobile App are not available for all MetLife Dental Plans.
6. 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.



MetLife

www.metlife.com/mybenefits

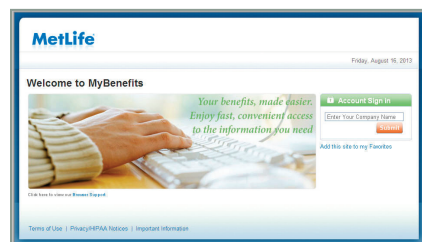
You Can Benefit from MyBenefits

MyBenefits provides you with a personalized, integrated and secure view of your MetLife-delivered benefits. You can take advantage of a number of self-service capabilities as well as a wealth of easy to access information including planning tools and oral health awareness material.* MetLife is able to deliver services that empower you to manage your benefits. As a first time user, you will need to register on MyBenefits, requiring you to follow the steps outlined below.

Registration Process for MyBenefits

Provide Your Group Name- San Diego Municipal Employees Association

Access MyBenefits at www.metlife.com/mybenefits and enter your group name and click **'Submit.'**

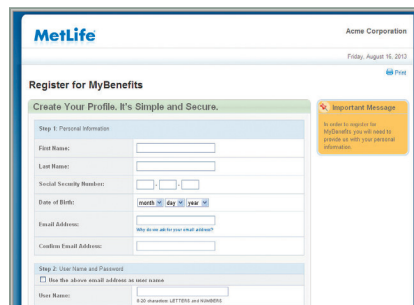


The Login Screen

On the Home Page, you can access general information. To begin accessing personal plan information, click on **'Register Now'** and perform the one-time registration process. Going forward, you will be able to log-in directly.

Step 1: Enter Personal Information

Enter your first and last name, identifying data and e-mail address.



Step 2: Create a User Name and Password

Then you will need to create a unique user name and password for future access to MyBenefits.

The User Name and Password requirements may vary by company setup. General setup includes a User Name between 8-20 characters, containing at least one letter and one number, and a password between 6-20 characters, containing at least one letter and one number.

Step 3: Security Verification Questions

Now, you will need to choose and answer three identity verification questions to be utilized in the event you forget your password.

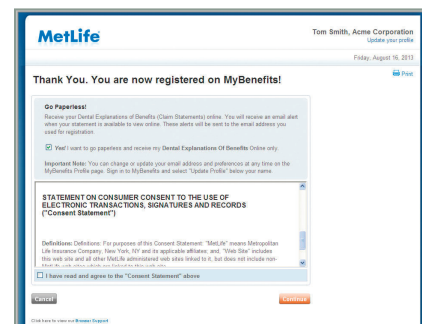
Step 4: Terms of Use

Finally, you will be asked to read and agree to the website's Terms of Use.

Step 5: Process Complete

Now you will be brought to the "Thank You" page.

Lastly, a confirmation of your registration will be sent to the e-mail address you provided during registration.



* Available only to dental benefits participants.



Creating your personal safety net

Your dental benefits are an important part of creating a personal safety net to protect you and your family. That's why MetLife is committed to helping you meet your benefits needs. With more than 50 years of dental benefits experience, we understand what matters most to you. You can count on our knowledgeable service team to help ensure things go right when you need them to the most. You also get the tools and resources you need to make better choices about your oral health and dental benefits.





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MetLife

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