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 savings[2] 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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Identification Cards

Please enroll by **October 31, 2013** using the enrollment form in the center of this booklet.

MetLife®

Dear North Carolina Department of Public Safety Employee:

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 North Carolina Department of Public Safety 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.

It's easy to get these valuable dental benefits.

- Review the Overview of Benefits included in this booklet.
- Complete and mail the enrollment form
- Enjoy the convenience of payroll deductions.

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

Take advantage of this company-sponsored dental coverage. **Be sure to enroll before the enrollment period ends on October 31, 2013**.

Sincerely,

MetLife

*Savings from enrolling in a dental benefits plan will depend on various factors, including how often participants visit the dentist and the cost of services covered. Negotiated fees for non-covered services may not apply in all states.

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

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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. 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.[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 specialist 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.
Managing your dental benefits is easy. We provide **more service – less paperwork – less worries**. MyBenefits, your secure self-service website, is available 24/7.[3] 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 Plus
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 Plan (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 pay at the highest benefits level because they prevent and diagnose dental disease.

Network: XYZ
Benefit Summary

Coverage Type	In-Network	Out-of-Network
Type A – cleanings, oral examinations	XX% of Negotiated Fee	XX% of R&C Fee or XX% of Negotiated Fee
Type B – fillings	XX% of Negotiated Fee	XX% of R&C Fee or XX% of Negotiated Fee
Type C –bridges and dentures	XX% of Negotiated Fee	XX% of R&C Fee or XX% of Negotiated Fee
Type D – orthodontia	XX% of Negotiated Fee	XX% of R&C Fee or XX% of Negotiated Fee
Deductible	**In-Network**	**Out-of-Network**
Individual	$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, 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 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 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 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 tgh 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.

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

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North Carolina Department of Public Safety 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	80% of Negotiated Fee*	80% of R&C Fee**
Type C –bridges and dentures	50% 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	$25.00	$25.00
Family	$75.00	$75.00
Annual Maximum Benefit	**In-Network**	**Out-of-Network**
Per Person	$5,000	$5,000
Orthodontia Lifetime Maximum	**In-Network**	**Out-of-Network**
Per Person	$1,500	$1,500
Late Enrollment Waiting Period: One Year Waiting Period for all Type C and D Services following date of request.		

*Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any 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 December 31, 2014. Your premium will be paid through convenient payroll deduction.

Eligibility Options

Employee Only	$30.30
Employee + Spouse	$59.50
Employee + Child(ren)	$60.00
Employee + Family	$97.21

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
Your Plan Pays:		***Your Plan Pays:***	
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.

***Reasonable and Customary (R&C) charge is based on the lowest of (1) the dentist's actual charge, or (2) 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 14th birthday.
X-rays	• Bitewing X-rays: one set per calendar year for adults and children.
Space Maintainers	• Space Maintainers for dependent children up to 14th birthday.
Sealants	• One application of sealant material every 60 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to 19th birthday.
Type B - Basic Restorative	**How Many/How Often**
X-rays	• Full mouth X-rays: one per 60 months.
Fillings	• Replacement: once every 24 months.
Simple Extractions	
Crown, Denture, and Bridge Recementations	
Crown and Denture Repairs	
Endodontics	• Root canal treatment limited to once per tooth per 24 months.
Periodontics	• Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year.
Type C - Major Restorative	**How Many/How Often**
Bridge Repair	
Implants	• Replacement: once every 7 years.
Bridges and Dentures	• Initial placement to replace one or more natural teeth. • Dentures and bridgework replacement: one every 7 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 7 years.
General Anesthesia	• When dentally necessary in connection with oral surgery, extractions or other covered dental services.
Oral Surgery	
Periodontics	• Periodontal scaling and root planing once per quadrant, every 24 months; and • Periodontal surgery once per quadrant, every 36 months.
Type D - Orthodontia	**How Many/How Often**
	• Your Children, up to the last day of the month they attain age 19 (or 26 if a full time student), 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 1-800-942-0854 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 enclosed 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.

* Negotiated fees are subject to change. Negotiated fees for non-covered services may not apply in all states.

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 1-800-942-0854.

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

How can I learn about what dentists in my area charge for different procedures? If you have MyBenefits you can access the Dental Procedure Fee Tool. You can use the tool to look up average in- and out-of-network fees for dental services in your area.* You'll find fees for services such as exams, cleanings, fillings, crowns, and more. Just log in at www.metlife.com/mybenefits.

* 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.

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;
- Replacement of a lost, missing, or stolen crown, bridge or denture,
- 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;
- 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;
- 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 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;
- 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.
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Fixed and removable appliances for correction of harmful habits;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders,
- Repair or replacement of an orthodontic device;
- Duplicate prosthetic devices or appliances;and
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture.

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, your actual out-of-pocket expense will be: the procedure charge for the treatment upon which the plan benefit is based, plus the full difference in cost between the Negotiated Fee or, for out-of-network care, the actual charge, for the service rendered and the Negotiated Fee or R&C fee (if out-of-network care) for the service upon which the plan benefit is based. 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) 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.

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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] You can also call customer service and we’ll send you a nomination card that you can give to your dentist.

Tips for easy dental claim filing.
Filing a dental claim is simple and there’s no paperwork if your dentist submits your claims for you. Also, by keeping the following tips in mind, you can help make it even easier:

- 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/dental.
  - Call the automated voice response at 1-800-942-0854 to have a form sent to you.
  - Contact your Human Resources Representative.

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

We're Here to Help (continued)

International Dental Travel Assistance

This dental benefits plan includes international dental travel services which offer you and your covered dependents' referrals for immediate dental care while traveling internationally.[3] These services are available 24/7 and give you access to international dental providers in more than 200 countries. With just one phone call, you will reach a multilingual assistance coordinator who will gather all the necessary information to 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.

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.

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

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MetLife®
Metropolitan Life Insurance Company, New York, NY

DENTAL ENROLLMENT/CHANGE FORM FOR STATE OF NORTH CAROLINA DEPARTMENT OF CORRECTION

SECTION TO BE COMPLETED BY EMPLOYER

Name of Employer (Please Print) North Carolina Department of Public Safety		Group Report No. **106383**	Sub Division **0001**	Branch **See Below**
Employer's Street Address	City	State	Zip Code	Employee Work Location
Date of Hire (Mo./Day/Yr.)	Coverage Effective Date (Mo./Day/Yr.)			
Work Status: ☐ New Hire ☐ Active ☐ Retired ☐ Disabled ☐ Rehire ☐ On Layoff/Leave of Absence	Hours Worked Per Week	☐ Hourly Paid ☐ Salaried	☐ Full-Time ☐ Part-Time	
☐ Original COBRA Effective Date (Mo./Day/Yr.)_____				
Reason for Enrollment: ☐ New Hire First Time Eligible ☐ Family Status Change (not applicable to new enrollments) Date (Mo./Day/Yr.) _____ ☐ Annual Enrollment				
Reason for Change: ☐ Add Dependents ☐ Drop Dependents ☐ Cancel Coverage				

SECTION TO BE COMPLETED BY EMPLOYEE

Name (print) First Middle Last	Social Security No.	Date of Birth (Mo./Day/Yr.)	☐ Male ☐ Female
Address Street City State Zip Code		Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced	
E-mail Address		Phone No. (include area code)	

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

I request the following coverage:

Employee Coverage

☐ Dental
- ☐ On-Time Enrollee / Change in Family Status - Branch 0001
- ☐ Late Entrant - Branch 0002
- ☐ Cobra Enrollment - Branch 0099

Dependent Spouse/Child Coverage

☐ Dental
- ☐ Employee + Family ☐ Employee + Spouse
- ☐ Employee + Child(ren) Only

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

Number of dependents (including spouse)

Name (Last, First, MI)	Date of Birth	Sex (M/F)	Add/Drop
Spouse:			
Child(ren):			

If dependent children are full-time students in college, vocational or trade school, please complete the following:

Child(ren)	Name of School

PLEASE REMEMBER TO SIGN AND DATE YOUR ENROLLMENT FORM ON THE SECOND PAGE IN ORDER TO PROCESS YOUR REQUEST.

(Continued on Following Page)

DECLARATION SECTION

Each person signing below **declares** that all the information given in this enrollment form is true and complete to the best of his/her knowledge and belief.

The employee declares that he or she is actively at work on the date of this enrollment form

For Changes Requested After Initial Enrollment Period Expires

I **understand** that if dental coverage is not elected, a waiting period may be required before I can enroll for such coverage after the initial enrollment period has expired.

For Payroll Deduction Authorization By the Employee

I **authorize** my employer to deduct the required contributions from my pay for the coverage requested in this enrollment form. This authorization applies to such coverage until I rescind it in writing.

Fraud Warning:

If you reside in or are applying for insurance under a policy issued in one of the following states, please read the applicable warning.

New York [only applies to Accident and Health Benefits (AD&D/Disability/Dental)]: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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

Massachusetts: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, and may subject such person to criminal and civil penalties.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oklahoma: 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.

Kansas, Oregon, Washington and Vermont: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud, and may be subject to criminal and civil penalties.

Puerto Rico: Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented, a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000), or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

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

All other states:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Signature(s): The employee must sign in all cases. Each person signing below acknowledges that they have read and understand the statements and declarations made in this enrollment form.

Employee Signature	Print Name	Date (Mo./Day/Yr.)

MetLife

Our Privacy Notice

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

Plan Sponsors and Group Insurance Contract Holders

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

Protecting Your Information

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

Collecting Your Information

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

How We Get Your Information

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

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

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

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

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

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

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

Using Your Information

We collect your personal information to help us decide if you're eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on

what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

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

Sharing Your Information With Others

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. 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 INSUREDS

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 Կալիֆորնիայի Ապահովագրական Դեպարտամենտ 1-800-927-4357 հեռախոսահամարով:

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

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

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

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

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

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

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

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

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

بلا معاوضہ مترجم دی خدمات مل سکدی اے۔ تُسی ایک مترجم دی خدمات حاصل کرسکدے او جو توڈے واسطے دستاویزات پنجابی وچ پڑھ سکدا اوے۔ مدد واسطے اپڑیں آئی ڈی کارڈ، گر ہوتو، 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۔

Notes

Notes

Notes

Dental Identification Cards

This page contains two dental identification cards. While you are not required to show the card to your dentist as proof of coverage, it does include your group number. You can give the number to your dentist or use it if you need to file a claim. Please note: MetLife provides all dental offices, in- and out-of-network, with access to patient eligibility and benefit information. The information is available on-line and via a dedicated dental office toll-free number. All you need to do is notify your dentist office that MetLife is your dental provider when scheduling an appointment.

Still have questions?
Call 1-800-942-0854 or visit www.metlife.com/mybenefits.

Service	Website	Toll-Free Phone Number
• PDP Directory • Plan Coverage Information • Claim Status/Claim Forms • General Information and Frequently Asked Questions	www.metlife.com/mybenefits	1-800-942-0854
• International Dental Travel Assistance		1-888 558-2704 (inquiries in the U.S.) 1-312 356-5970 (outside the U.S.)
• Applying for the MetLife PDP • Pre-treatment Estimates	www.metdental.com (website for dentists only)	1-877-MET-DDS9 (638-3379) (number for dentists only)
• Dental Education	www.metlife.com/mybenefits	N/A
Dental Fee Estimator Tool	www.metlife.com/mybenefits	N/A

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.

L0811203083(exp0813)(All States)(DC,GU,MP,PR,VI)

Below are reference cards with information about your Dental coverage.
Carefully detach and keep them in a convenient location for your future use.

✂ ✂

MetLife
PDP PLUS NETWORK

Employee Name

Employee ID

N.C. Department of Public Safety
Group Name

106383
Group Number

This card is not a guarantee of coverage or eligibility.
See reverse side for important plan information.

www.metlife.com/mybenefits

Locate a participating dentist.
Verify eligibility and plan design information.
Review claim status and claim history for your entire family.
View and print processed claims with one click.
Obtain claims forms and educational information (including interactive risk assessment).
Get instant answers to Frequently Asked Questions.
Access trained customer service representatives.

1-800-942-0854

Virtually 24 hours a day, 7 days a week to confirm eligibility, order claim forms or request dentist directories
Monday-Friday, 8 a.m. to 11 p.m., Eastern Time, to speak with a live customer service representative
MetLife Dental Claims P.O. Box 981282 El Paso, TX 79998-1282
For International Dental Travel Assistance call 1-312-356-5970 (collect)

Dental Identification Cards

MetLife

PDP PLUS NETWORK

Employee Name	Employee ID
N.C. Department of Public Safety	106383
Group Name	Group Number

This card is not a guarantee of coverage or eligibility.
See reverse side for important plan information.

www.metlife.com/mybenefits

Locate a participating dentist.
Verify eligibility and plan design information.
Review claim status and claim history for your entire family.
View and print processed claims with one click.
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1-800-942-0854

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Monday-Friday, 8 a.m. to 11 p.m., Eastern Time, to speak with a live customer service representative
MetLife Dental Claims P.O. Box 981282 El Paso, TX 79998-1282
For International Dental Travel Assistance call 1-312-356-5970 (collect)

00806142 LAN/DENPODKTID

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.

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.

MetLife

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

1205-2166 1900030630(0512)
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