MetLife | Dental Insurance

Discover dental coverage that keeps you smiling bright

Why Dental Insurance Makes Sense

Dental problems can be unpredictable and expensive. For example, did you know that a crown can cost up to $1,454?[1] With MetLife Dental Insurance, you can reduce your out-of-pocket expenses and maintain your smile with preventive care.

Dental insurance not only helps you pay for your dental care, it can also help prevent costly problems in the future.

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

How it works:

While eating dinner, Kathy bit down and broke her crown. A crown in Kathy's area is about **$1,454.**[1] Since Kathy's participating dentist agreed to charge **$895** for covered MetLife enrollees, and her plan covers 50% for this procedure, Kathy's out-of-pocket costs are only **$447.50.** That's a savings of **$1,006**! By using a participating dentist, Kathy maximized her benefits and paid less than a quarter of the typical cost.[2]

Please see your Plan Summary for more information.

Enroll in Dental Insurance during the enrollment period

Why should I enroll?

- Competitive group rates
- Easy payroll deduction

  Value-added services at no additional cost to you
- Choose from 475,000+ in-network dentist locations nationwide[3]

Why MetLife Dental Insurance is the right fit for you.

Visits to the dentist can be expensive. From preventive care to major services, Dental Insurance is a smart way to protect your smile and wallet.

Extensive provider network

The MetLife dental network includes over 133,000 licensed dentists in more than 475,000 locations nationwide.[3]

Flexibility to see any dentist

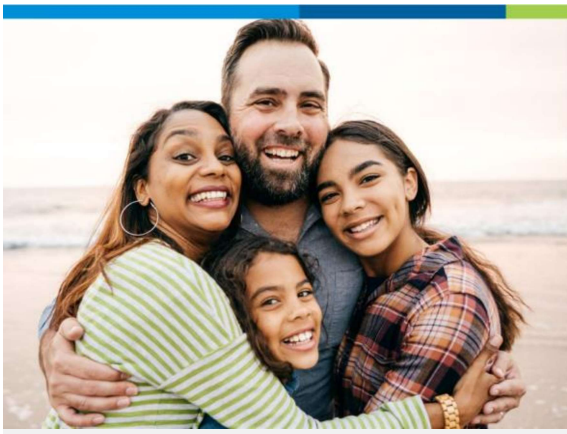
Our plans give you the flexibility to visit providers in or out-of-network. Most cleanings and exams are covered 100%.[4]

Cost savings

As a MetLife member, take advantage of savings up to 35-50% on dentist list prices.[5]

Convenient access

With **MyBenefits**, you'll have easy access to dental claims, coverage and benefits online or in the MetLife mobile app.[6]



Know what your plan covers:

Preventive care*
Cleanings and exams

Basic care
X-rays and fillings

Major care
Crowns and root canals

**Subject to frequency limits.*

Savings[7] to sink your teeth into.

Although costs vary based on a variety of factors, the right coverage can help you manage dental expenses for your whole family.

Offset the gaps in your healthcare coverage with MetLife Dental Insurance.

Product overview	Dental Insurance offers coverage that helps with dental expenses that may not be covered under your medical plan. It can protect your health, smile and family budget.
Why needed	Helps pay for routine cleanings and exams and reduces costs for X-rays and fillings. Plus, it helps lower your out-of-pocket costs for unexpected dental care such as crowns and root canals.
Who is covered	Choose which plan best suits you and your family.
Covered services	**Different plans pay different percentages for these services:**[8] • Cleanings, x-rays and exams • Fillings and extractions • Bridges, crowns and dentures
Additional value	• Choose from over 133,000 licensed dentists in more than 475,000 locations nationwide[3] online at metlife.com. • Select any general dentist or specialist. However, you usually save more with a participating dentist. He/she has agreed to accept negotiated fees as payment in full for covered services. • Your dentist can request a pre-treatment estimate for any service that is more than $300 to help you manage your costs and care.[9] Check your personalized rates based on your zip code using our Dental Cost Estimator[10] • In-network discounts apply even after you reach your plan's annual maximum, reducing your out-of-pocket expense. • With MyBenefits, you'll have easy access to dental claims, coverage and benefits online or in the MetLife mobile app.[6] • You can also save on vision care with **MetLife VisionAccess**.[11] This discount plan offers you savings on eye care for the whole family.

Discover the benefits of MetLife Dental

Did you know MetLife Dental benefits come with extras designed to help you get even more value out of your employer-sponsored benefits? Brush up on the added benefits listed below that are included when you enroll in MetLife Dental.

Digital servicing capabilities make dental care easy

MetLife's mobile app[6] puts your ID card, plan details, and claim information at your fingertips. For added convenience, it also includes features like:

- A Find a Dentist tool with easy access to provider ratings
- Online appointment scheduling for select dentists
- Convenient claim status notifications via text messaging

Our digital tools available on MyBenefits also include:

- Access to a Dental Cost Estimator[10] so you can view personalized, plan-specific, and ZIP code-based cost estimates for most common procedures – as well as the deductibles, plan maximums, and frequency limitations that apply.
- A digital virtual assistant that's available 24/7 to help you with common tasks like accessing coverage information, getting personalized estimates, or viewing claims.

NEW! MetLife SpotLite on Oral Health[12]

MetLife SpotLite on Oral Health℠ is a recognition awarded to dentists for a focus on preventive oral care and improved oral health outcomes. Look for the MetLife SpotLite badge when selecting a dentist.

Teledentistry[13] options offer added convenience

MetLife Dental provides teledentistry options, so you're able to connect with your dentist from home via smartphone, tablet, or computer for problem-focused exams and reevaluations.

Dental benefits go with you as you travel

Our International Dental Travel Assistance program[14] provides international assistance tied to your out-of-network benefits, including:

- 24/7 help in multiple languages
- Access to dental providers (based on strict credentialing criteria) in approximately 200 countries
- Toll-free calling within the U.S., or collect calling outside the U.S.

An Oral Health Library provides the information you need

MetLife's Oral Health Library – oralfitnesslibrary.com – offers unlimited online access to articles and videos on a wide range of helpful dental-related topics.[12]

Frequently Asked Questions

What types of services does the plan cover?

A. A number of dental procedures, including:[8]

- Exams and cleanings
- X-rays
- Fillings
- Root canals
- And much more

How does the plan save me money?

A. Premiums will be conveniently paid through payroll deductions, so you don't have to worry about writing a check or missing a payment.

Who can enroll in the plan?

A. You and your eligible family members. For example, your spouse and dependents.

How are claims processed?

A. Dentists may submit claims for you, which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit metlife.com/mybenefits or call 1-800-GET-MET8.

How can I access my account?

A. Go to metlife.com/mybenefits or download the MetLife Mobile App[6] on the App Store and Google Play. You can find a dentist, view your claims, access your ID card, and more.

Do I need an ID card to schedule an appointment?

A. No, you do not need an ID card to schedule an appointment, but you will need your SSN or EE ID.*

*There are two states that require ID cards per legislation, Georgia & New Hampshire.

Your benefit in action

Take advantage of how simple and easy it is to use Dental Insurance:

Premiums will be conveniently paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Dentists may submit claims for you, which means you have little or no paperwork. Track claims online and even receive email alerts once claim has been processed. Find claim forms at metlife.com /mybenefits or call 1-800-GET-MET8.

GET IT ON Google play

Download on the App Store

MetLife's Mobile App[11] is available on the App Store and Google Play. Scan the QR code to access the Mobile App or visit metlife.com /dental. Enter your ZIP code and select the PDP Plus network.

Enroll in Dental Insurance during the enrollment period.

Questions? Call MetLife Customer Service: 1-800-GET-MET8 (800-438-6388

1. Based on 2023 MetLife data for a crown (D2740) in ZIP code 06340. This cost reflects the 80th percentile Reasonable and Customary (R&C) fee. R&C fees are calculated based on the lowest of 1) the dentist's actual charge, 2) the dentist's usual charge for the same or similar services or 3) the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife. This example is used for informational purposes only. Fees in your area may be different.
2. This is an example and is for illustrative purposes only.
3. Based on MetLife internal contracting system analysis as of January 2024.
4. Preventive services are subject to frequency limitations. Please see your certificate for more details.
5. Based on MetLife Data. Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services rendered by them, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.
6. To use the MetLife mobile app, employees can choose to register at metlife.com/mybenefits from a computer or directly through the app. Certain features of MetLife Mobile App are not available for MetLife Dental Plans.
7. Savings from enrolling in a dental benefits plan will depend on various factors, including plan design and premiums, how often participants visit the dentist and the cost of services rendered.
8. Those services defined under your dental benefits summary are covered. Please review your plan benefits summary for a more detailed list of covered services.
9. MetLife strongly recommends that you have your dentist submit a pretreatment estimate to MetLife if the cost is expected to exceed $300. When your dentist suggests treatment, have him or her send a claim form, along with the proposed treatment plans and supporting documentation to MetLife. An explanation of benefits (EOB) will be sent to you and the dentist detailing an estimate of what services MetLife will cover and at what payment level. Actual payments may vary from the pretreatment estimate depending upon annual maximums, deductibles, plan frequency limits and other plan provisions at time of payment.
10. 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.
11. MetLife VisionAccess is a discount program and not an insured benefit. It is provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with Metropolitan Life Insurance Company or its affiliates. Availability of MetLife VisionAccess is not contingent upon the purchase of dental insurance.
12. All information provided on this website ("Website") is intended for your general knowledge only and is not a substitute for obtaining medical or dental advice for specific medical or dental conditions or other advice from your dentists or doctors. By making this Website available to you, Metropolitan Life Insurance Company and its affiliates (collectively, "MetLife") is not engaged in rendering any such advice. Use of this Website is subject to all the terms stated herein. The Website is developed, provided and maintained by an independent vendor, not by MetLife. Insofar as the information provided on this Website is from third parties or links to third party websites, it has no association whatsoever with MetLife, unless expressly stated.
13. Dental benefits are provided by Metropolitan Life Insurance Company (MetLife). Virtual dental services are provided by Teledentistry Network, Inc. (TNI). Dental.com (Website) is developed, provided, and maintained by TNI and not MetLife. Use of the Website is subject to all the terms and conditions stated therein. TNI is not affiliated with MetLife or its affiliates.
14. AXA Assistance USA, Inc. provides dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance or services provided by MetLife. Referral services are not available in all locations.

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

Dental

Metropolitan Life Insurance Company

Plan Design for: Jackson County School District
Original Plan Effective Date: October 1, 2026

Network: PDP Plus

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 cost-effective protection for a healthier smile and a healthier you.

Coverage Type:	**In-Network[1]** % of Negotiated Fee[2]	**Out-of-Network[1]** % of R&C Fee[4]
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	80%
Type C - Major Restorative	50%	50%
Type D - Orthodontia	50%	50%
Deductible[3]		
Individual	$50	$50
Family	3 Individual Deductibles	3 Individual Deductibles
Annual Maximum Benefit:		
Per Individual	$1000	$1000
Orthodontia Lifetime Maximum - Ortho applies to Child Only	Child to age 19	
	$1000 per Person	$1000 per Person
Dependent Age:	Eligible for benefits until the day that he or she turns 26.	

1. "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist. Utilizing an out-of-network dentist for care may cost you more than using an in-network dentist.
2. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for certain services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Negotiated fees do not apply to non-covered services in states that prohibit limitations for services not covered under a plan. Participating providers in these states may charge their non-negotiated fees for non-covered services.
3. Applies to Type B and C services only.
4. Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:
   - the dentist's actual charge (the 'Actual Charge'),
   - the dentist's usual charge for the same or similar services (the 'Usual Charge') or
   - the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). For your plan, the Customary Charge is based on the 90th percentile. Services must be necessary in terms of generally accepted dental standards.

Understanding Your Dental Benefits Plan

The Preferred Dentist Program is designed to provide the dental coverage you need with the features you want. Like the freedom to visit the dentist of your choice – in or out of the network.

If you receive in-network services, you will be responsible for any applicable deductibles, cost sharing, negotiated charges after benefit maximums are met, and costs for non-covered services. If you receive out-of-network services, you will be responsible for any applicable deductibles, cost sharing, charges in excess of the benefit maximum, charges in excess of the negotiated fee schedule amount or R&C Fee, and charges for non-covered services.

- Plan benefits for in-network covered services are based on a percentage of the Negotiated fee – the Fee that participating dentists have agreed to accept as payment in full for covered services, subject to any deductibles, copayments, cost sharing and benefit maximums. Negotiated fees are subject to change.
- Plan benefits for out-of-network services are based on a percentage of the Reasonable and Customary (R&C) charge. If you choose a dentist who does not participate in the network, your out-of-pocket expenses may be greater.

Once you're enrolled you may take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits online

To register, just go to
www.metlife.com/mybenefits
and follow the easy registration instructions.

IMPORTANT RATE INFORMATION

Monthly Premium Payment	
Employee	$38.92
Employee + Spouse	$75.67
Employee + Child(ren)	$109.49
Employee + Family	$146.23

Cancellation/Termination of Benefits:
Coverage is provided under a group insurance policy (Policy form GPN99) issued by Metropolitan Life Insurance Company. Subject to the terms of the group policy, rates are effective for one year from your plan's effective date. Once coverage is issued, the terms of the group policy permit Metropolitan Life Insurance Company to change rates during the year in certain circumstances. Coverage terminates when your full-time employment ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder. The group policy may also terminate if participation requirements are not met, or on the date of the employee's death, if the Policyholder fails to perform any obligations under the policy, or at MetLife's option. The dependent's coverage terminates when a dependent ceases to be a dependent. There is a 30-day limit for the following services that are in progress: Completion of a prosthetic device, crown or root canal therapy after individual termination of coverage.

IMPORTANT ENROLLMENT INFORMATION

You may only enroll for Dental Expense Benefits within 31 days of your Personal Benefits Eligibility Date, or if you have a Qualifying Event or during the Plan's Annual Open Enrollment Period.

Qualifying Event: Request to be covered, or to change your coverage, upon a Qualifying Event
If there is a Qualifying Event you may request to be covered, or to change your coverage, only within 31 days of a Qualifying Event. Such a request will not be a late request. Except for marriage or the birth or adoption of a child, you must give us proof of prior dental coverage under your spouse's plan if you are requesting coverage under this Plan because of a loss of the prior dental coverage. If you make a request to be covered under this Plan or request a change(s)in coverage under this Plan within thirty-one days of a Qualifying Event, your coverage or the change(s) in coverage will become effective on the first day of the month following the date of your request, subject to the Active Work Requirement, and provided that the change in coverage is consistent with your new family status.

Like most group benefits programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. You may be financially responsible for copayments, deductibles, or any other amounts in excess of those MetLife is required to pay for covered services as described in your dental certificate and/or policy. Ask your MetLife representative for costs and complete details.

Selected Covered Services and Frequency Limitations*

Type A - Preventive	How Many/How Often:
Oral Examinations	1 in 6 months
Problem Focused Examinations	1 in 12 months
Full Mouth X-rays	1 in 60 months
Bitewing X-rays (Adult/Child)	1 in a year
Prophylaxis - Cleanings	1 in 6 months
Topical Fluoride Applications	1 in a year - Children to age 14

Type B - Basic Restorative	How Many/How Often:
Sealants	1 in 36 months - Children to age 14
Space Maintainers	1 per lifetime per tooth area - Children up to age 14
Amalgam and Composite Fillings	1 in 24 months
Periodontal Maintenance	4 in 1 year, includes 2 cleanings
Emergency Palliative Treatment	
Harmful Habits Appliances	

Type C - Major Restorative	How Many/How Often:
Crowns/Inlays/Onlays	1 per tooth in 84 months
Prefabricated Crowns	1 in 84 months
Repairs	1 in 12 months
Endodontics Root Canal	1 per tooth per lifetime
Periodontal Surgery	1 in 36 months per quadrant
Periodontal Scaling & Root Planing	1 in 24 months per quadrant
Oral Surgery (Simple Extractions)	
Oral Surgery (Surgical Extractions)	
Other Oral Surgery	
Bridges	1 in 84 months
Dentures	1 in 60 months
General Anesthesia	
Consultations	1 in 12 months
Implant Services	1 service per tooth in 84 months - 1 repair per 84 months
TMJ	Major Service as part of Annual Maximum.

Type D – Orthodontia

- Dependent children up to age 19. Age limitations may vary by state. Please see your Plan description for complete details. In the event of a conflict with this summary, the terms of the certificate will govern.
- All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia.
- Benefits for the initial placement will not exceed 20% of the Lifetime Maximum Benefit Amount for Orthodontia. Periodic follow-up visits will be payable on a monthly basis during the scheduled course of the orthodontic treatment. Allowable expenses for the initial placement, periodic follow-up visits and procedures performed in connection with the orthodontic treatment, are all subject to the Orthodontia coinsurance level and Lifetime Maximum Benefit Amount as defined in the Plan Summary.
- Orthodontic benefits end at cancellation of coverage.

***Alternate Benefits:** Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents many services within each category, but is not a complete description of the Plan. Please see your Plan description/Insurance certificate for complete details. In the event of a conflict with this summary, the terms of your insurance certificate will govern.

We will not pay Dental Insurance benefits for charges incurred for:

1. 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;
2. Services for which You would not be required to pay in the absence of Dental Insurance;
3. Services or supplies received by You or Your Dependent before the Dental Insurance starts for that person;
4. Services which are primarily cosmetic (For residents of Texas, see notice page section in your certificate).
5. 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.

   For NY Situsd Groups, this exclusion does not apply.
6. Services or appliances which restore or alter occlusion or vertical dimension.
7. Restoration of tooth structure damaged by attrition, abrasion or erosion.
8. Restorations or appliances used for the purpose of periodontal splinting.
9. Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
10. Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.
11. Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work.
12. Missed appointments.
13. 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.

    For North Carolina and Virginia Situsd Groups, this exclusion does not apply.
14. Services paid under any worker's compensation, occupational disease or employer liability law as follows:
    - for persons who are covered in North Carolina for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' compensation Act;
    - or for persons who are not covered in North Carolina, services paid or payable under any workers compensation or occupational disease law.

    This exclusion only applies for North Carolina Situsd Groups.
15. Services:
    - 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.

    This exclusion only applies for North Carolina Situsd Groups.
16. Services covered under any workers' compensation, occupational disease or employer liability law for which the employee/or Dependent received benefits under that law.

    This exclusion only applies for Virginia Situsd Groups.
17. Services:
    - for which the employer of the person receiving such services is not required to pay; or
    - received at a facility maintained by the policyholder, labor union, mutual benefit association, or VA hospital.

    This exclusion only applies for Virginia Situsd Groups.
18. Services covered under other coverage provided by the Employer.
19. Temporary or provisional restorations.
20. Temporary or provisional appliances.
21. Prescription drugs.
22. Services for which the submitted documentation indicates a poor prognosis.
23. 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.
24. 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.

    For NY Situsd Groups, this exclusion does not apply.
25. Caries susceptibility tests.
26. Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
27. Other fixed Denture prosthetic services not described elsewhere in this certificate.
28. Precision attachments, except when the precision attachment is related to implant prosthetics.
29. Initial installation or replacement of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
30. Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
31. Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it.

32. Implants to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
33. 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.
34. Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.[1]
35. Repair or replacement of an orthodontic device.[1]
36. Duplicate prosthetic devices or appliances.
37. Replacement of a lost or stolen appliance, Cast Restoration, or Denture.
38. Intra and extraoral photographic images.
39. Services or supplies furnished as a result of a referral prohibited by Section 1-302 of the Maryland Health Occupations Article. A prohibited referral is one in which a Health Care Practitioner refers You to a Health Care Entity in which the Health Care Practitioner or Health Care Practitioner's immediate family or both own a Beneficial Interest or have a Compensation Agreement. For the purposes of this exclusion, the terms "Referral", "Health Care Practitioner" , "Health Care Entity", "Beneficial Interest" and Compensation Agreement have the same meaning as provided in Section 1-301 of the Maryland Health Occupations Article.
    This exclusion only applies <u>for Maryland Sitused Groups</u>

[1]Some of these exclusions may not apply. Please see your Certificate of Insurance.

Common Questions … Important Answers

Who is a participating dentist?

A participating, or network, dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members, subject to any deductibles, copayments, cost sharing and benefit maximums. Negotiated fees typically range from 30-45% below the average fees charged in a dentist's community for the same or substantially similar services.*

In addition to the standard MetLife network, your employer may provide you with access to a select network of dental providers that may be unique to your employer's dental program. When visiting these providers, you may receive a better benefit, have lower out-of-pocket costs and/or have access to care at facilities at your worksite. Please sign into MyBenefits for more details.

* Based on internal analysis by MetLife. Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often members visit a dentist and the cost of services rendered. Negotiated fees are subject to change.

How do I find a participating dentist?

There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at www.metlife.com/dental or call 1-800-275-4638 to have a list faxed or mailed to you.

What services are covered by my plan?

Please see your Certificate of Insurance for a list of covered services.

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 (out-of-network) dentist, your out-of-pocket costs may be greater than your out-of-pocket costs when visiting an in-network dentist.

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 email alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/dental or request one by calling 1-800-275-4638.

Can I get an estimate of 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). AXA Assistance provides dental referral services only. 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. Referral services are not available in all locations.
** Refer to your Certificate of Insurance for your out-of-network dental coverage.

How does MetLife coordinate benefits with other insurance plans?

Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan. 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.

Do I need an ID card?

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

Do my dependents have to visit the same dentist that I select?

No. You and your dependents each have the freedom to choose any dentist.

MetLife | Vision Insurance

Look out for your overall health with MetLife Vision Insurance.

Flexible and broad coverage that may save you money.[1]

Why is having a good vision plan so important?

Regular visits to your eye care professional can provide essential care for your eyesight and help supplement routine physical exams.[2] Through a routine eye exam, eye doctors can find health problems like diabetes, high blood pressure and high cholesterol.[2]

That's why yearly vision exams are important, even if you have perfect vision. Vision benefits may help you manage your overall health care.

Set your sights on better vision with MetLife Vision Insurance featuring the VSP Choice network.

Vision care services without a vision plan can be expensive. Out-of-pocket costs can add up fast. See how much you could potentially save[1] with MetLife Vision in the example below. Keep in mind this is an illustration only. Your costs and savings could vary.[1]

Vision service[3]	Average cost without vision coverage[3]	Average cost with MetLife's vision plan	Possible savings[4]
Eye exam	$140	$10 (co-pay)	$130
Glasses	N/A	$25 (co-pay)	N/A
Frame	$140	$8	$132
Lenses (bifocal)	$139	$0	$139
Ultraviolet (UV) coating	$23	$0	$23
Anti-reflective coating	$106	$68	$38
Annual premium[5]	N/A	$84	N/A
Total cost of services	**$548**	**$195**	**$353**

Why should I enroll now?

- Group rates
- Convenient payroll deduction

Enroll today!

For questions, please call **1-855-MET-EYE1** (1-855-638-3931).

See better with MetLife Vision Insurance

Discover a plan that may help you save on vision services,[1] including eye exams, glasses, contact lenses and more.

Your choice of eye care professionals

- See any licensed eye care professional[6]
- Choose from thousands of ophthalmologists, optometrists and opticians at private practices or popular retail locations[7] like Costco Optical, Walmart Vision, Sam's Club Optical, Visionworks and more[8]

Your choice of eyewear styles plus enhanced benefits

- Choose from hundreds of options for you and your family, including some of the latest designer frames
- No additional out-of-pocket costs on polycarbonate (shatter-resistant) lenses for children up to age 18 and ultraviolet (UV) coating when received from an in-network provider[9]
- Fixed copayments in-network for scratch-resistant and anti-reflective coatings, progressive lenses[9] and more
- You can save[1] on contact lens fittings and evaluations, laser vision correction[10] and non-prescription sunglasses when received from an in-network provider

Vision Insurance

An opportunity to reduce your out-of-pocket costs for vision care and eyewear.

Set your sights on potential savings[1] and the freedom to choose the right options for you. Enroll in MetLife Vision Insurance to help you get the value and convenience you may be looking for.

Enroll in Vision Insurance during the enrollment period.

Questions? Call 1-855-MET-EYE1 (1-855-638-3931).

1. Your actual savings from enrolling in a vision plan will depend on various factors, including the plan chosen, plan premiums, number of visits to an eye care professional by your family per year, and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.
2. Kelley, OD, MS, Sonia, Are eye exams just as important as other health exams?, AllAboutVision.com, April 13, 2022, https://www.allaboutvision.com/eye-care/eye-exams/rethinking-importance-of-eye-exams/.
3. Comparison is based on national averages and most commonly purchased brands. VSP claims data for 2021.
4. Your actual savings from enrolling in a vision plan will depend on various factors, including the plan chosen, plan premiums, number of visits to an eye care professional by your family per year, and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.
5. Based on employee-only rate for a M130-10/25 standard plan design with employees nationwide. Premiums may vary.
6. If you choose an out-of-network provider, you may have increased expenses, will need to pay in full at the time of services, and will need to file a claim with MetLife for reimbursement.
7. For a list of participating providers, use the Find a Vision Provider tool at metlife.com. Select Find a Vision Provider, choose VSP Choice as the network, complete the information requested and hit the Search button.
8. All product and company names are trademarks or registered trademarks of their respective holders. Use of them does not imply any affiliation with or endorsement by them.
9. Lens enhancements are available at participating private practices. Pricing is subject to change without notice. Please check with your provider for details and availability prior to receiving services. Additional discounts may not be available in certain states or at certain retail locations.
10. The VSP Choice network allows you to access discounted laser correction services. May not be available in all states or regions. Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations. Not everyone will qualify for LASIK surgery. Results will vary. Please discuss outcomes with your eyecare provider.

Vision Insurance is provided by Metropolitan Life Insurance Company (MetLife), New York, NY. Certain claim and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

MetLife

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MetLife | Vision

VSP Choice Network Plan Summary

Metropolitan Life Insurance Company

With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical, Walmart, Sam's Club and Visionworks.

In-network value added features:

Additional lens enhancements: In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements.[1]

Savings on glasses and sunglasses: Get up to 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.[1]

Laser vision correction: [2]
Potential savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.

In-network benefits

There are no claims for you to file when you go to a participating vision provider. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

	Frequency
Eye exam	Once every **12** months
• Eye health exam, dilation, prescription and refraction for glasses: At no additional cost after a **$10** copay.	
• Retinal imaging: At no additional cost Up to a **$39** copay on routine retinal screening when performed by a private practice provider.	
Frame	Once every **24** months
• Allowance: **$150** after **$25** eyewear copay.	
• Costco, Walmart and Sam's Club: **$85** allowance after **$25** eyewear copay. You will receive an additional **20%** savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.	
Standard corrective lenses	Once every **12** months
• Single vision, lined bifocal, lined trifocal, lenticular: At no additional cost after **$25** eyewear copay.	
Standard lens enhancements[1]	Once every **12** months
• Polycarbonate (child up to age 18) and Ultraviolet (UV) coating: At no additional cost after **$25** eyewear copay.	
• Progressive Standard, Progressive Premium/Custom, Polycarbonate (adult), Photochromic, Anti-reflective, Scratch-resistant coatings and Tints: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at www.metlife.com/mybenefits.	
Contact lenses instead of eye glasses	Once every **12** months
• Contact fitting and evaluation: At no additional cost with a maximum copay of $60.	
• Elective lenses: **$150** allowance.	
• Necessary lenses: At no additional cost after eyewear copay.	

We're here to help

Find a Vision provider at
www.metlife.com/vision

Download a claim form at
www.metlife.com/mybenefits

For general questions go to
www.metlife.com/mybenefits
or call 1-855-MET-EYE1
(1-855-638-3931)

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L5385900[exp0428][All States]

Out-of-network reimbursement*

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **In-network benefits** apply. Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefits information.

- Eye exam: up to **$45**
- Frames: up to **$70**
- Contact lenses:
  - Elective up to **$105**
  - Necessary up to **$210**
- Single vision lenses: up to **$30**
- Lined bifocal lenses: up to **$50**
- Lined trifocal lenses: up to **$65**
- Lenticular lenses: up to **$100**
- Progressive lenses: up to **$50**
- *If you choose an out-of-network provider, you will have increased out-of-pocket expenses, pay in full at time of service, and file a claim for reimbursement.

1. All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco, Walmart or Sam's Club to confirm availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.
2. Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

Important: If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

Savings from enrolling in a MetLife Vision Plan will depend on various factors, including plan premiums, number of visits to an eye care professional by your family per year and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.

Vision insurance is provided by Metropolitan Life Insurance Company, New York, NY (MetLife). Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates.

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.

IMPORTANT RATE INFORMATION

Monthly Premium Payment	
Employee	$7.88
Employee + Spouse	$14.80
Employee + Child(ren)	$16.59
Employee + Family	$25.69

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Exclusions and Limitations of Benefits

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

Services and Eyewear

- Services and/or materials not specifically included in the Vision Plan Benefits Overview (Schedule of Benefits).
- Any portion of a charge above the Maximum Benefit Allowance or reimbursement indicated in the Schedule of Benefits.
- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your Dependent before the Vision Insurance starts.
- Missed appointments.
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Local, state and/or federal taxes, except where MetLife is required by law to pay.
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.
- Services and materials obtained while outside the United States, except for emergency vision care.
- Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
- Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
- Services, to the extent such services, or benefits for such services, are available under a Government Plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Vision Insurance under the Group Policy be paid first. Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government. The term does not include any plan, program, or coverage provided by a government as an employer or Medicare.
- Plano lenses (lenses with refractive correction of less than ± .50 diopter).
- Two pairs of glasses instead of bifocals.
- Replacement of lenses, frames and/or contact lenses, furnished under this Plan which are lost, stolen, or damaged, except at the normal intervals when Plan Benefits are otherwise available.
- Contact lens insurance policies and service agreements.
- Refitting of contact lenses after the initial (90 day) fitting period.
- Contact lens modification, polishing, and cleaning.

Treatments

- Orthoptics or vision training and any associated supplemental testing.
- Medical and surgical treatment of the eye(s).

Medications

- Prescription and non-prescription medication

[1] All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco, Walmart and Sam's Club to confirm availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

[2] Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

Important: If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

M150D-10/25

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with Metropolitan Life Insurance Company or its affiliates.

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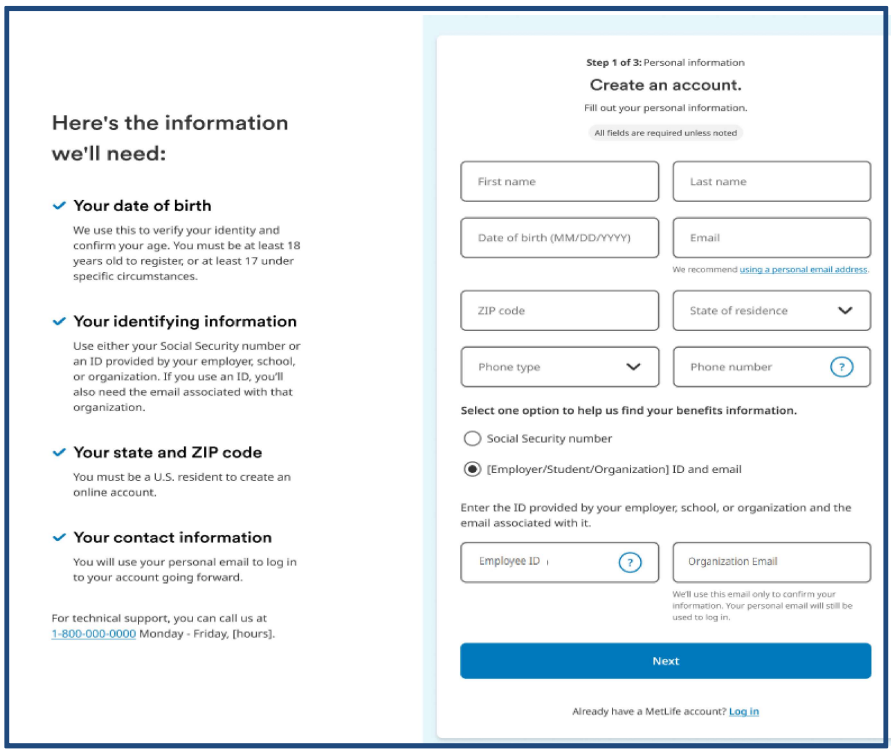
MetLife

A Step-by-step Guide to MyBenefits Registration

Getting started with MyBenefits is quick and straightforward. In just three easy steps, you'll provide key information about you, confirm your identity, and create your account.

Step 1 of 3: Create an Account

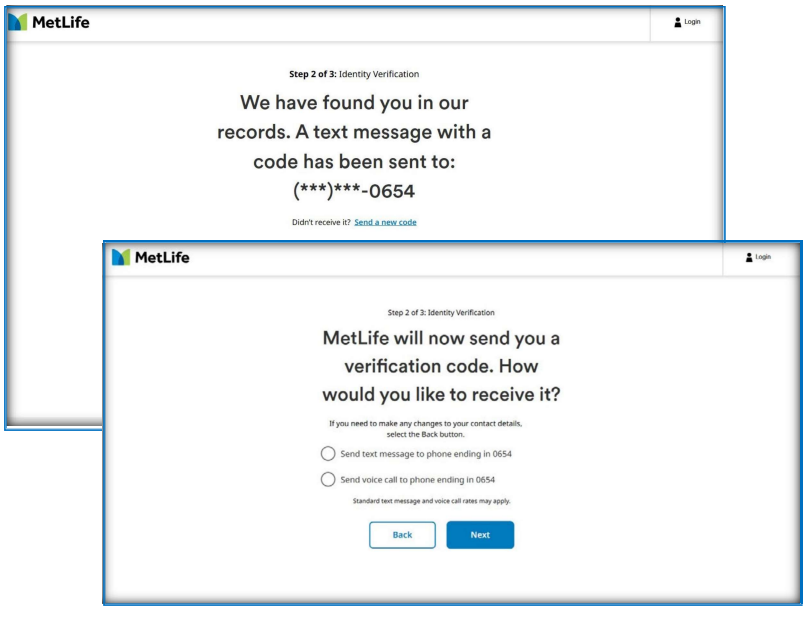


Enter your name, date of birth, and address. Your **personal** email address will be used as your login username going forward.

The system will prompt you to provide one form of identification, either your SSN or an ID provided by your employer/school/organization.

You may be prompted to provide an email address to support identify verification. Providing an email address **is not required** to complete registration.

Step 2 of 3 — Verify Your Identity



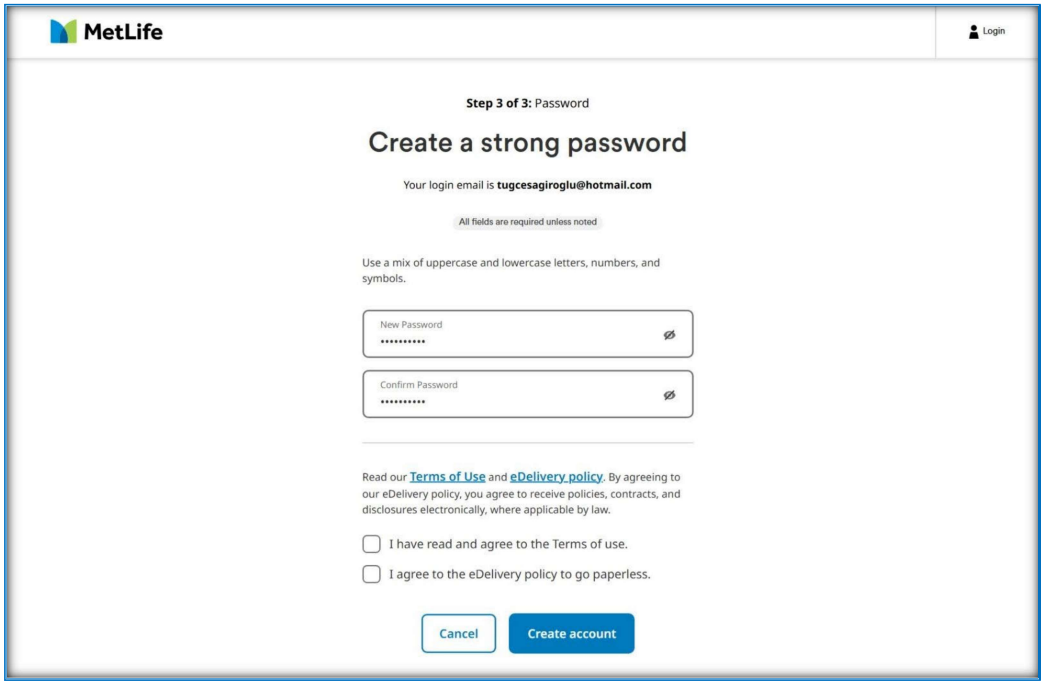
MetLife will verify your identity to help keep your information secure. Select how you'd like to receive a one-time verification code, text message or voice call, that will be sent to the phone number shown on screen.

Once you receive the code, enter it and select Next. Verification codes expire after 15 minutes, but you can easily request a new one if needed.

MetLife

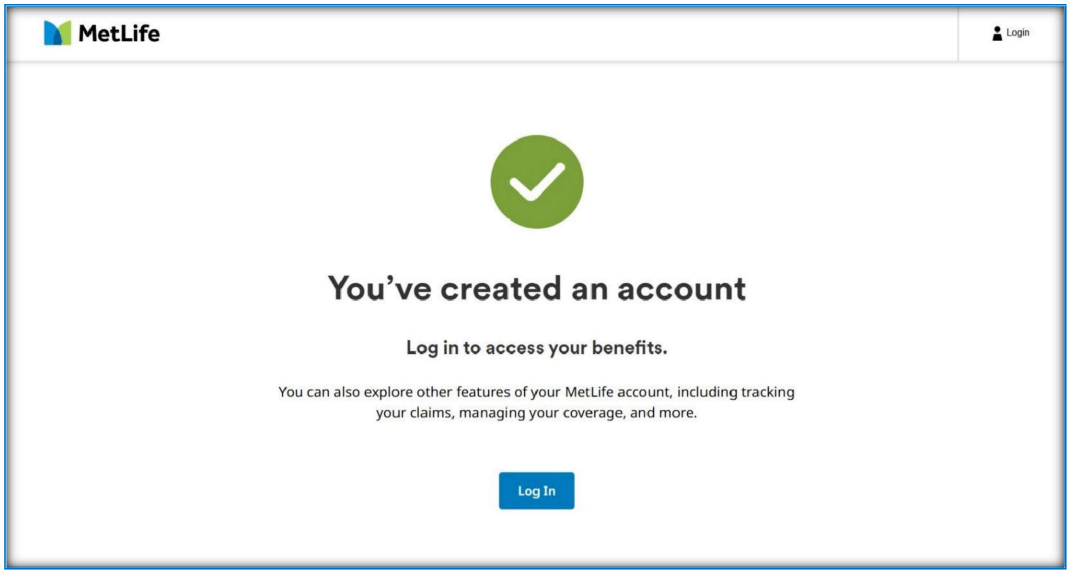
A Step-by-step Guide to MyBenefits Registration

Step 3 of 3: Create a Password



Once we have confirmed your identity, you will need to create your password. Your email address will be your login ID (It is highly recommended to use a personal email address), and you'll create a strong password using a mix of letters, numbers, and symbols. Review and accept the Terms of Use and eDelivery policy to opt into paperless communications. When finished, select **Create Account**.

You're all set!



Once your account is created, you'll see a confirmation message. You can log in via **the blue button**.

MetLife

Metropolitan Life Insurance Company, New York, NY 10166

ENROLLMENT • CHANGE FORM

SECTION 1: Group Customer Information *(To be Completed by the Recordkeeper)*

Name of Group Customer/Employer	Group Customer Number	Division	Class	Dept Code
Jackson County School District	5783189			

Date of hire *(mm/dd/yyyy)*	Coverage Effective Date *(mm/dd/yyyy)*

Original COBRA Effective Date *(if applicable, mm/dd/yyyy)*	COBRA Termination Date *(if applicable, mm/dd/yyyy)*

SECTION 2: Your Enrollment Information *(To be Completed by the Employee in blue or black ink)*

First Name	Middle Name	Last Name

SSN	Date of birth *(mm/dd/yyyy)*	Gender: ☐ Male ☐ Female	Marital status: ☐ Single ☐ Married

Address	City	State	ZIP

Job title	Hours worked per week

☐ New Enrollment ☐ Change in Enrollment ☐ COBRA Continuation

If due to a Qualifying Event, enter date *(mm/dd/yyyy)*

Phone number	Email address

- ▶ I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand that contributions are required for the benefits I select below.
- ▶ The following disclosure is required by New Mexico law: **This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage. If you do not have other health insurance coverage, you may be subject to a federal tax penalty.**
- ▶ If you are enrolling after the initial enrollment period, please refer to the Declarations and Signature section of this enrollment form to determine the evidence of insurability and late entrant requirements. If evidence of insurability is required for a coverage you are electing, you must complete a Statement of Health form for all amounts you are requesting.

GEF02-1
ADM
(The form number above applies to residents of all states except as follows: Form number **GEF09-1** *applies to residents of Montana;*
GEF02-1
ADM *applies to residents of North Dakota and Utah)*

Dental Insurance

☐ Dental Option

Select your level of coverage

☐ Employee Only
☐ Employee + Spouse[1]
☐ Employee + Child(ren)
☐ Employee + Spouse[1] + Child(ren)

Vision Insurance

☐ Vision Option

Select your level of coverage

☐ Employee Only
☐ Employee + Spouse[1]
☐ Employee + Child(ren)
☐ Employee + Spouse[1] + Child(ren)

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

SECTION 3: Dependent Information

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

Name of your Spouse *(first, middle, last)*	Date of birth *(mm/dd/yyyy)*	
		☐ Male ☐ Female
Name(s) of your Child(ren) *(first, middle, last)*	Date of birth *(mm/dd/yyyy)*	
		☐ Male ☐ Female
		☐ Male ☐ Female
		☐ Male ☐ Female
		☐ Male ☐ Female

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

GEF02-1
ADM
(The form number above applies to residents of all states except as follows: Form number **GEF09-1** *applies to residents of Montana;*
GEF02-1
ADM *applies to residents of North Dakota and Utah)*

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

GEF09-1
FW
(The form number above applies to residents of all states except as follows: Form number **GEF09-1** *applies to residents of Montana;*
GEF09-1
FW *applies to residents of North Dakota and Utah)*

SECTION 5: Declarations and Signature

By signing below, I acknowledge:

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

Sign Here	Signature of Employee	Date signed *(mm/dd/yyyy)*

Print First Name	Print Middle Name	Print Last Name

GEF09-1
DEC
(The form number above applies to residents of all states except as follows: Form number **GEF09-1** *applies to residents of Montana;*
GEF09-1
DEC *applies to residents of North Dakota and Utah)*

How to submit this form

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