

**El Paso ISD Dental Plan Benefits**

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

**Benefit Summary – Plan Option 2 – Low Plan (formerly SR32 Plan)  
Schedule Plan**

The following monthly rates are effective through 12/31/2010. Your premium will be paid through convenient payroll deduction.

**Eligibility Options**

Employee Only	\$14.10
Employee + Spouse	\$28.22
Employee + Child(ren)	\$28.78
Employee + Family	\$42.90

<b>Benefit Summary</b>	
<b>Calendar Year Maximum</b>	<b>\$1,000/Person</b>
<b>Calendar Year Deductible</b>	<b>\$50 per person/\$150 per family</b>
<b>Orthodontia</b>	<b>\$1,000/Lifetime Maximum</b>

<b>Code Service</b>	<b>Reimbursable Amount</b>
<b>Diagnostic Treatment</b>	
<i>Procedures identified with an asterisk (*) are limited to two per calendar year.</i>	
<b>D0120</b> Periodic oral evaluation – established patient*	\$30
<b>D0140</b> Limited oral evaluation – problem focused	\$50
<b>D0145</b> Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$50
<b>D0150</b> Comprehensive oral evaluation – new or established patient	\$51
<b>D0180</b> Comprehensive periodontal evaluation – new or established patient	\$51
<b>Radiographs/Diagnostic Imaging (X-rays)</b>	
<i>Procedures identified with an asterisk (*) are limited to two per calendar year.</i>	
<b>D0210</b> Intraoral – complete series (including bitewings) (once every 3 years)	\$77
<b>D0220</b> Intraoral – periapical first film	\$15
<b>D0230</b> Intraoral – periapical each additional film	\$12
<b>D0240</b> Intraoral – occlusal film	\$22
<b>D0250</b> Extraoral – first film	\$29
<b>D0260</b> Extraoral – each additional film	\$28
<b>D0270</b> Bitewing – single film*	\$16
<b>D0272</b> Bitewings – two films*	\$25
<b>D0273</b> Bitewings – three films*	\$30
<b>D0274</b> Bitewings – four films*	\$35
<b>D0330</b> Panoramic film	\$59
<b>Tests and Examinations</b>	
<b>D0460</b> Pulp vitality tests	\$27
<b>D0470</b> Diagnostic casts	\$57



<b>Code Service</b>	<b>Reimbursable Amount</b>
<b>Preventive Services</b>	
<i>Procedures identified with an asterisk (*) are limited to two per calendar year.</i>	
D1110 Prophylaxis – adult*	\$50
D1120 Prophylaxis – child*	\$35
D1203 Topical application of fluoride (prophylaxis not included) – child	\$19
D1204 Topical application of fluoride (prophylaxis not included) – adult	\$19
D1206 Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$19
D1330 Oral hygiene instructions	\$42
D1351 Sealant – per tooth	\$32
D1510 Space maintainer – fixed – unilateral	\$206
D1515 Space maintainer – fixed – bilateral	\$272
D1520 Space maintainer – removable – unilateral	\$255
D1525 Space maintainer – removable – bilateral	\$350
D1550 Recementation of space maintainer	\$44
D1555 Removal of fixed space maintainer	\$44
<b>Restorative Treatment</b>	
D2140 Amalgam – one surface, primary or permanent	\$47
D2150 Amalgam – two surfaces, primary or permanent	\$60
D2160 Amalgam – three surfaces, primary or permanent	\$73
D2161 Amalgam – four or more surfaces, primary or permanent	\$89
D2330 Resin-based composite – one surface, anterior	\$55
D2331 Resin-based composite – two surfaces, anterior	\$71
D2332 Resin-based composite – three surfaces, anterior	\$86
D2335 Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$102
D2390 Resin-based composite crown, anterior	\$62
D2391 Resin-based composite – one surface, posterior	\$86
D2392 Resin-based composite – two surfaces, posterior	\$107
D2393 Resin-based composite – three surfaces, posterior	\$128
D2394 Resin-based composite – four or more surfaces, posterior	\$154
<b>Crowns</b>	
<i>Replacement limit 1 every 5 years.</i>	
D2510 Inlay – metallic – one surface	\$182
D2520 Inlay – metallic – two surfaces	\$207
D2530 Inlay – metallic – three or more surfaces	\$238
D2740 Crown – porcelain/ceramic substrate	\$275
D2750 Crown – porcelain fused to high noble metal	\$271
D2751 Crown – porcelain fused to predominantly base metal	\$253
D2752 Crown – porcelain fused to noble metal	\$259
D2790 Crown – full cast high noble metal	\$260
D2791 Crown – full cast predominantly base metal	\$248
D2792 Crown – full cast noble metal	\$253
D2794 Crown – titanium	\$260
D2910 Recement inlay, onlay, or partial coverage restoration	\$25
D2915 Recement cast or prefabricated post and core	\$25
D2920 Recement crown	\$27
D2930 Prefabricated stainless steel crown – primary tooth	\$72
D2931 Prefabricated stainless steel crown – permanent tooth	\$82
D2933 Prefabricated stainless steel crown with resin window	\$100
D2940 Sedative filling	\$28
D2950 Core buildup, including any pins	\$69
D2951 Pin retention – per tooth, in addition to restoration	\$15
D2952 Post and core in addition to crown, indirectly fabricated	\$105
D2954 Prefabricated post and core in addition to crown	\$87
D2955 Post removal (not in conjunction with endodontic therapy)	\$65



Code Service	Reimbursable Amount
<b>Endodontics</b>	
<i>All procedures exclude final restoration.</i>	
<b>D3110</b> Pulp cap – direct (excluding final restoration)	\$19
<b>D3120</b> Pulp cap – indirect (excluding final restoration) final restoration)	\$15 \$51
<b>D3220</b> Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$44
<b>D3230</b> Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$47
<b>D3240</b> Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$51
<b>D3310</b> Anterior (excluding final restoration) - per tooth	\$188
<b>D3320</b> Bicuspid (excluding final restoration) - per tooth	\$230
<b>D3330</b> Molar (excluding final restoration) - per tooth	\$297
<b>D3346</b> Retreatment of previous root canal therapy – anterior - per tooth	\$253
<b>D3347</b> Retreatment of previous root canal therapy – bicuspid - per tooth	\$298
<b>D3348</b> Retreatment of previous root canal therapy – molar - per tooth	\$359
<b>D3351</b> Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$107
<b>D3352</b> Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	\$47
<b>D3353</b> Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	\$157
<b>D3410</b> Apicoectomy/periradicular surgery – anterior	\$215
<b>D3421</b> Apicoectomy/periradicular surgery – bicuspid (first root)	\$235
<b>D3425</b> Apicoectomy/periradicular surgery – molar (first root)	\$266
<b>D3426</b> Apicoectomy/periradicular surgery (each additional root)	\$89
<b>D3430</b> Retrograde filling – per root	\$65
<b>D3450</b> Root amputation – per root	\$132
<b>D3920</b> Hemisection (including any root removal), not including root canal therapy	\$103
<b>Periodontics</b>	
<i>· Periodontal scaling and root planing limited to once per a 12 month period in each quadrant.</i>	
<i>· Periodontal maintenance covered only following active periodontal therapy.</i>	
<b>D4210</b> Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant	\$167
<b>D4211</b> Gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces per quadrant	\$125
<b>D4240</b> Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces per quadrant	\$196
<b>D4241</b> Gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth spaces per quadrant	\$147
<b>D4249</b> Clinical crown lengthening – hard tissue	\$224
<b>D4260</b> Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant	\$317
<b>D4261</b> Osseous surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces per quadrant	\$238
<b>D4263</b> Bone replacement graft – first site in quadrant	\$96
<b>D4270</b> Pedicle soft tissue graft procedure	\$234
<b>D4271</b> Free soft tissue graft procedure (including donor site surgery)	\$241
<b>D4273</b> Subepithelial connective tissue graft procedures, per tooth	\$64
<b>D4341</b> Periodontal scaling and root planing – four or more teeth per quadrant	\$56
<b>D4342</b> Periodontal scaling and root planing – one to three teeth per quadrant	\$42
<b>D4355</b> Full mouth debridement to enable comprehensive evaluation and diagnosis	\$37
<b>D4910</b> Periodontal maintenance (2 in a 12 month period)	\$33



Code Service	Reimbursable Amount
<b>Removable Prosthodontics</b>	
<ul style="list-style-type: none"> <li>• Replacement limit 1 every 5 years.</li> <li>• Relines or rebase limited to 1 in 12 months.</li> </ul>	
<b>D5110</b> Complete denture – maxillary	\$394
<b>D5120</b> Complete denture – mandibular	\$384
<b>D5130</b> Immediate denture – maxillary	\$429
<b>D5140</b> Immediate denture – mandibular	\$429
<b>D5211</b> Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$332
<b>D5212</b> Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$386
<b>D5213</b> Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$435
<b>D5214</b> Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$435
<b>D5281</b> Removable unilateral partial denture – one piece cast metal (including clasps and teeth)	\$254
<b>D5410</b> Adjust complete denture – maxillary	\$22
<b>D5411</b> Adjust complete denture – mandibular	\$22
<b>D5421</b> Adjust partial denture – maxillary	\$22
<b>D5422</b> Adjust partial denture – mandibular	\$22
<b>D5510</b> Repair broken complete denture base	\$43
<b>D5520</b> Replace missing or broken teeth – complete denture (each tooth)	\$36
<b>D5610</b> Repair resin denture base	\$47
<b>D5620</b> Repair cast framework	\$50
<b>D5630</b> Repair or replace broken clasp	\$61
<b>D5640</b> Replace broken teeth – per tooth	\$40
<b>D5650</b> Add tooth to existing partial denture	\$54
<b>D5660</b> Add clasp to existing partial denture	\$65
<b>D5710</b> Rebase complete maxillary denture	\$160
<b>D5711</b> Rebase complete mandibular denture	\$153
<b>D5720</b> Rebase maxillary partial denture	\$151
<b>D5721</b> Rebase mandibular partial denture	\$151
<b>D5730</b> Reline complete maxillary denture (chairside)	\$90
<b>D5731</b> Reline complete mandibular denture (chairside)	\$90
<b>D5740</b> Reline maxillary partial denture (chairside)	\$83
<b>D5741</b> Reline mandibular partial denture (chairside)	\$83
<b>D5750</b> Reline complete maxillary denture (laboratory)	\$120
<b>D5751</b> Reline complete mandibular denture (laboratory)	\$120
<b>D5760</b> Reline maxillary partial denture (laboratory)	\$119
<b>D5761</b> Reline mandibular partial denture (laboratory)	\$119
<b>D5810</b> Interim complete denture (maxillary)	\$190
<b>D5811</b> Interim complete denture (mandibular)	\$205
<b>D5820</b> Interim partial denture (maxillary)	\$147
<b>D5821</b> Interim partial denture (mandibular)	\$156
<b>D5850</b> Tissue conditioning, maxillary	\$38
<b>D5851</b> Tissue conditioning, mandibular	\$38

<b>Code Service</b>	<b>Reimbursable Amount</b>
<b>Implants</b>	
<b>D5820</b> Interim partial denture (maxillary)	\$147
<b>D6010</b> Surgical placement of implant body: endosteal implant	\$235
<b>D6065</b> Implant supported porcelain/ceramic crown	\$373
<b>D6066</b> Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$363
<b>D6067</b> Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$352
<b>D6092</b> Recement implant/abutment supported crown	
<b>Crowns/Fixed Bridges - Per Unit</b>	
<i>Replacement limit 1 every 5 years.</i>	
<b>D6210</b> Pontic – cast high noble metal	\$284
<b>D6211</b> Pontic – cast predominantly base metal	\$237
<b>D6212</b> Pontic – cast noble metal	\$222
<b>D6214</b> Pontic – titanium	\$284
<b>D6240</b> Pontic – porcelain fused to high noble metal	\$231
<b>D6241</b> Pontic – porcelain fused to predominantly base metal	\$216
<b>D6242</b> Pontic – porcelain fused to noble metal	\$228
<b>D6245</b> Pontic – porcelain/ceramic	\$241
<b>D6740</b> Crown – porcelain/ceramic	\$274
<b>D6750</b> Crown – porcelain fused to high noble metal	\$267
<b>D6751</b> Crown – porcelain fused to predominantly base metal	\$249
<b>D6752</b> Crown – porcelain fused to noble metal	\$255
<b>D6790</b> Crown – full cast high noble metal	\$258
<b>D6791</b> Crown – full cast predominantly base metal	\$244
<b>D6792</b> Crown – full cast noble metal	\$253
<b>D6794</b> Crown – titanium	\$258
<b>D6930</b> Recement fixed partial denture	\$31
<b>D6970</b> Post and core in addition to fixed partial denture retainer, indirectly fabricated	\$86
<b>D6972</b> Prefabricated post and core in addition to fixed partial denture retainer	\$57
<b>D6973</b> Core build up for retainer, including any pins	\$57



Code Service	Reimbursable Amount
<b>Oral Surgery</b>	
<ul style="list-style-type: none"> <li>• Includes routine - post operative visits/treatment.</li> <li>• Surgical removal of impacted teeth - (not covered unless pathology [disease] exists).</li> <li>• Surgical removal of wisdom tooth/third molar for orthodontic reasons only is not covered.</li> </ul>	
<b>D7140</b> Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$42
<b>D7210</b> Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$62
<b>D7220</b> Removal of impacted tooth – soft tissue	\$78
<b>D7230</b> Removal of impacted tooth – partially bony	\$104
<b>D7240</b> Removal of impacted tooth – completely bony	\$122
<b>D7241</b> Removal of impacted tooth – completely bony, with unusual surgical complications	\$153
<b>D7250</b> Surgical removal of residual tooth roots (cutting procedure)	\$65
<b>D7270</b> Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$134
<b>D7280</b> Surgical access of an unerupted tooth	\$146
<b>D7285</b> Biopsy of oral tissue – hard (bone, tooth)	\$259
<b>D7286</b> Biopsy of oral tissue – soft	\$106
<b>D7310</b> Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$72
<b>D7311</b> Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$24
<b>D7320</b> Alveoloplasty not in conjunction with extractions – four or more teeth or	
<b>D7321</b> Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$107
<b>D7510</b> Incision and drainage of abscess – intraoral soft tissue	\$69
<b>D7511</b> Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	\$69
<b>D7960</b> Frenulectomy (frenectomy or frenotomy) – separate procedure	\$152
<b>D7971</b> Excision of pericoronal gingiva	\$50
<b>Adjunctive General Services</b>	
<b>D9110</b> Palliative (emergency) treatment of dental pain – minor procedure	\$36
<b>D9951</b> Occlusal adjustment – limited	\$40
<b>D9952</b> Occlusal adjustment – complete	\$224

**How orthodontic benefits are paid:** Once treatment has begun and the patient has been banded, an initial payment of \$250 is paid upon receipt of submitted claim. Deductibles must be met prior to payment. The balance of \$750 is paid out in monthly increments over a 24-month course of treatment. Payments will stop if coverage or treatment ends.

### **Who is a participating Preferred Dentist Program (PDP) dentist?**

A participating dentist is a general dentist or specialist who has agreed to accept MetLife's negotiated fees as payment in-full for services provided to plan participants. PDP fees typically range from 10-35%<sup>‡</sup> below the average fees charged in a dentist's community for the same or substantially similar services.

<sup>‡</sup> Based on internal analysis by MetLife

### **How do I find a participating PDP dentist?**

There are nearly 120,000 participating PDP dentist locations nationwide, including over 28,000 specialist locations. You can get a list of these participating PDP dentists online at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call 1-800-GET-MET8 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 (PDP) offer any discounts on non-covered services?**

Yes. MetLife's negotiated fees with PDP (in-network) dentists extend to services not covered under your plan and services received after your plan maximum has been met. If you receive services from a PDP dentist that are not covered under your plan, you are only responsible for the PDP (in-network) fee.

### **May I choose a non-participating dentist?**

Yes. You are always free to select the dentist of your choice. However, if you choose a dentist who does not participate in the MetLife PDP, your out-of-pocket expenses may be more, since you will be responsible to pay for any difference between the dentist's fee and your plan's payment for the approved service. If you receive services from a participating PDP dentist, you are only responsible for the difference between the PDP in-network fee for the service provided and your plan's payment for the approved service. Please note: any plan deductibles must be met before benefits are paid.

### **Can my dentist apply for PDP participation?**

Yes. If your current dentist does not participate in the PDP and you'd like to encourage him or her to apply, tell your dentist to visit [www.metdental.com](http://www.metdental.com), or call 1-877-MET-DDS9 for an application. The website and phone number are designed for use by dental professionals only.

### **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, you can find one online at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or request one by calling 1-800-GET-MET8.

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

Yes. With pre-treatment estimates, you never have to wonder what your out-of-pocket expense will be. MetLife recommends that you request a pre-treatment estimate for services in excess of \$300 (This often applies to services such as crowns, bridges, inlays, and periodontics.) To receive a benefit estimate, simply have your dentist submit a request for pre-treatment estimate online at [www.metdental.com](http://www.metdental.com) or call 1-877-MET-DDS9 (638-3379). You and your dentist will receive a benefit estimate (online or by fax) for most procedures *while you're still in the office*, so you can discuss treatment and payment options, and have the procedure scheduled on the spot. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

### **How does MetLife coordinate benefits with other insurance plans?**

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





## Exclusions

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

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





# MetLife® Dental Benefits

**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 scheduled PDP fee or, if non PDP, the actual charge, for the service actually rendered and the scheduled PDP fee or R&C fee (if non PDP) 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-GET-MET8 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 health insurance policies, MetLife group policies contain certain exclusions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife for complete details.

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

L05083101(exp1209)(All States)(DC, GU, MP, PR, VI)



## 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 Կալիֆոռնիայի Ապահովագրական Դեպարտամենտ 1-800-927-4357 հեռախոսահամարով:

**සේවාවලි ප්‍රායෝගිකව:** ඔබට අවශ්‍ය නම් ඔබට අනුමැතිය ලබා දීමට අපට සූදානම්ව සිටිමු. ඔබට අවශ්‍ය නම් ඔබට අනුමැතිය ලබා දීමට අපට සූදානම්ව සිටිමු. ඔබට අවශ්‍ය නම් ඔබට අනුමැතිය ලබා දීමට අපට සූදානම්ව සිටිමු.

ඔබට අවශ්‍ය නම් ඔබට අනුමැතිය ලබා දීමට අපට සූදානම්ව සිටිමු. ඔබට අවශ්‍ය නම් ඔබට අනුමැතිය ලබා දීමට අපට සූදානම්ව සිටිමු. ඔබට අවශ්‍ය නම් ඔබට අනුමැතිය ලබා දීමට අපට සූදානම්ව සිටිමු.

Dept. of Insurance) ඔබට අවශ්‍ය නම් ඔබට අනුමැතිය ලබා දීමට අපට සූදානම්ව සිටිමු.

**Key pab txhais lus tsis kom them nqi.** Koj thov tau kom nrhiv neeg txhais lus thiab nyeem ntaub ntwav hais ua lus Hmoob rau koj mloog. Yog xav tau kev pab, hu rau peb ntwam 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 ntwam 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ることができます。サービスの利用をご希望の方は、お手持ちのIDカードに記載されている番号、または 1-800-942-0854 へお電話ください。さらなる支援が必要な場合は、カリフォルニア州保険庁 1-800-927-4357 までお問い合わせください。

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

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

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

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

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

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

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