Dental Benefits

Savings, flexibility and service. For healthier smiles.

MetLife

If better health can begin with a healthy smile, a good dental plan is what I need.

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

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

- Freedom of choice to go to any dentist.
- Additional savings[2] when you visit an in-network dentist.
- Service where and when you want it.
- Educational tools and resources to help you and your dentist make better choices.

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

1 Academy of General Dentistry. The Importance of Oral Health to Overall Health, Accessed March 2011 www.agd.org/public/oralhealth.

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

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Dear City of Racine Employee:

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

As a City of Racine Employee, you get the **Preferred Dental Program (PDP), a dental benefits plan from MetLife.** With this coverage, you'll enjoy:

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

It's easy to get these valuable dental benefits.

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

For more information, visit www.metlife.com/mybenefits or call 1-800-GET-MET8.

Take advantage of this important coverage that your company is offering.

Sincerely,

MetLife

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

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

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Understanding Your Dental Plan

A plan designed with you in mind. Get service and support for a healthier smile and a healthier you with the MetLife Preferred Dentist Program (PDP). It's a Dental Preferred Provider Organization (PPO) that gives you dental benefits for a wide-range of covered services.

Not only is it easier, but it can be more affordable to visit your dentist regularly. You get protection for better health and the unexpected.

Freedom of choice to go to any dentist.
You have the flexibility to visit any dentist — your dentist — and receive coverage under the Plan. If you choose a dentist who does not participate in the network, your out-of-pocket costs may be higher because MetLife's negotiated fees do not apply.

With more than 158,000 participating network dentist access points nationwide, including more than 39,000 for specialists, there's a good chance your dentist is in our network. Plus, you can rest easy knowing our dentists have passed a rigorous selection process.

Additional savings[1] when visiting an in-network dentists.
Your out-of-pocket costs are usually lower when you visit an in-network dentist. That's because MetLife's negotiated fees with PDP (in-network) dentists are typically 15 to 45% less than average dental fees in the same community. This may help lower your final costs and stretch your annual maximums.

Plus, the negotiated fees may extend to services not covered under your plan and services received after your plan maximum has been met.[1]

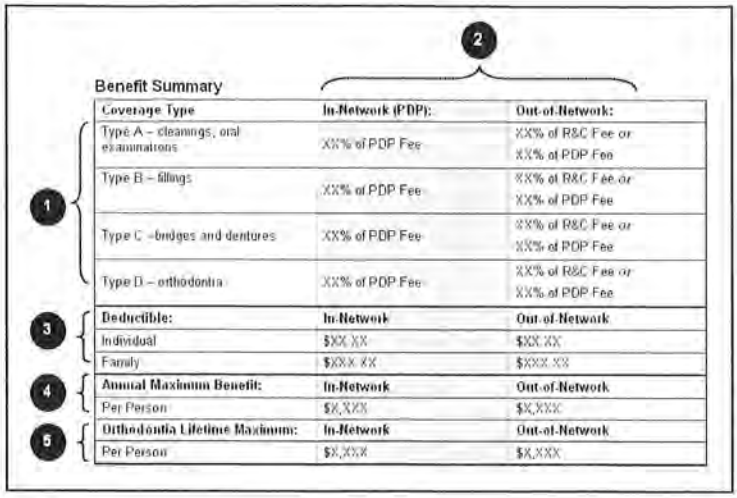
Service where and when you want it.
Managing your dental benefits is easy. We provide **more service – less paperwork – less worries**. MyBenefits is MetLife's secure self-service website. You can use the site to get estimates on care or to check coverage and claim status.

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

Understanding Your Dental Plan (continued)

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

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



Benefit Summary

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

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

3. **Deductible.** This is the amount you must pay out-of-pocket before benefit payments will be made by the plan. For most plans, the deductible amounts for in-network services are less than the amount for out-of-network services. Many plans do not require a deductible be met for Type A services.

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

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

Understanding Your Dental Plan (continued)

Putting it all together – maximizing the value of your dental benefits.

- Take advantage of the in-network benefits by visiting a PDP dentist to reduce your out-of-pocket costs.
- Keep a healthy dental regimen by getting routine exams and cleanings – the cost of preventive services (Type A) is usually less than the cost for fillings, root canals, extractions, etc. – and can help to prevent the incidence of these higher-cost treatments.
- Use the Dental Procedure Fee Tool, provided by go2dental.com, to approximate the fees for in- or out-of-network[2] services such as exams, cleanings, fillings, crowns, and more. This tool is accessible via the MyBenefits website.
- It is recommended that you request a pre-treatment estimate for more costly services (those over $300), so you will know what your out-of-pocket costs will be. To receive a benefit estimate, have your dentist submit a request online at www.metdental.com or by calling call 1-877-MET-DDS9 (phone number and website for dental professionals only).
- Visit the dental education website at www.metlife.com/mybenefits for important tools and resources to help you become more informed about dental care.

1. Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered. Negotiated fees on non-covered services may not apply in all states.
2. Out-of-network fee information is provided by go2dental.com, Inc., an industry source independent of MetLife. This site does not provide the benefit payment information used by MetLife when processing your claims. Prior to receiving services, pre-treatment estimates through your dentist will provide the most accurate fee and payment information.

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City Of Racine Dental Plan Benefits

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

Dental Benefit Summary

Basic Dental Plan			Advanced Dental Plan		
Coverage Type	**PDP In-Network**	**Out-of-Network**	**Coverage Type**	**PDP In-Network**	**Out-of-Network**
Type A – cleanings, oral examinations	100% of PDP Fee*	100% of R&C Fee**	Type A – cleanings, oral examinations	100% of PDP Fee*	100% of R&C Fee**
Type B – fillings	80% of PDP Fee*	80% of R&C Fee**	Type B – fillings	80% of PDP Fee*	80% of R&C Fee**
Type C – bridges and dentures	Not Covered	Not Covered	Type C – bridges and dentures	50% of PDP Fee*	50% of R&C Fee**
Type D – orthodontia	Not Covered	Not Covered	Type D – orthodontia	50% of PDP Fee*	50% of R&C Fee**
Deductible -- Applies only to Type B Services	**In-Network**	**Out-of-Network**	**Deductible-- Applies only to Type B & C Services**	**In-Network**	**Out-of-Network**
Individual	$50.00	$50.00	Individual	$50.00	$50.00
Annual Maximum Benefit	**In-Network**	**Out-of-Network**	**Annual Maximum Benefit**	**In-Network**	**Out-of-Network**
Per Person	$1,500	$1,500	Per Person	$1,500	$1,500
Orthodontia Lifetime Maximum	**In-Network**	**Out-of-Network**	**Orthodontia Lifetime Maximum**	**In-Network**	**Out-of-Network**
Per Person	Not Covered	Not Covered	Per Person	$1,000	$1,000

Late Enrollment Waiting Period:
Employees who wish to enroll after electing no coverage at their initial enrollment period must wait until the first enrollment period after a twelve month wait for all services.

* PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums.

** R&C Fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

List of Primary Covered Services & Limitations

Basic Dental Plan		Advanced Dental Plan	
Type A – Preventive	**How Many/How Often**	**Type A – Preventive**	**How Many/How Often**
Prophylaxis (cleanings)	• Once per sixth month period.	Prophylaxis (cleanings)	• Once per six month period.
Oral Examinations	• Once per sixth month period.	Oral Examinations	• Once per six month period.
Topical Fluoride Applications	• One fluoride treatment per 12 months for dependent children up to 14th birthday.	Topical Fluoride Applications	• One fluoride treatment per 12 months for dependent children up to 14th birthday.
X-rays	• Bitewing X-rays: one set per 12 months.	X-rays	• Bitewing X-rays: one set per 12 months.
Space Maintainers	• Space Maintainers for dependent children up to 16th birthday.	Space Maintainers	• Space Maintainers for dependent children up to 16th birthday.
Sealants	• One application of sealant material per lifetime for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to 14th birthday.	Sealants	• One application of sealant material per lifetime for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to 16th birthday.
Type B - Basic Restorative	**How Many/How Often**	**Type B - Basic Restorative**	**How Many/How Often**
Fillings	• Once per tooth per 24 months.	Fillings	• Once per tooth per 24 months.
Simple Extractions		Simple Extractions	
X-rays	• Full mouth X-rays: one per 60 months.	X-rays	• Full mouth X-rays: one per 60 months.
Crown, Denture, and Bridge Repair/Recementations		General Anesthesia	• When dentally necessary in connection with oral surgery, extractions or other covered dental services.
Endodontics	• Root canal treatment limited to once per tooth per 24 months.	Oral Surgery	
General Anesthesia	• When dentally necessary in connection with oral surgery, extractions or other covered dental services.		
Oral Surgery			
Periodontics	• Periodontal scaling and root planing once per quadrant, every 24 months. • Periodontal surgery once per quadrant, every 36 months.		
Type C - Major Restorative		**Type C - Major Restorative**	**How Many/How Often**
	THESE SERVICES ARE NOT COVERED.	Crown, Denture, and Bridge Repair/Recementations	
		Implants	
		Bridges and Dentures	• Initial placement to replace one or more natural teeth, which are lost while covered by the Plan. • Dentures and bridgework replacement: one every 5 years. • Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed.
		Crowns/Inlays/Onlays	• Replacement: Inlays/Onlays once every 7 years. • Replacement: Crowns once every 3 years.
		Endodontics	• Root canal treatment limited to once per tooth per 24 months.
		Periodontics	• Periodontal scaling and root planing once per quadrant, every 24 months. • Periodontal surgery once per quadrant, every 36 months.
Type D – Orthodontia		**Type D – Orthodontia**	**How Many/How Often**
	THESE SERVICES ARE NOT COVERED		• Your Children, up to age 19, are covered while Dental Insurance is in effect. • All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia. • Payments are on a repetitive basis. • 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the Plan Summary. • Orthodontic benefits end at cancellation of coverage.

The service categories and plan limitations shown above represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.

Common Questions... Important Answers

Who is a participating 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 15-45%* below the average fees charged in a dentist's community for the same or substantially similar services.

*Based on internal analysis by MetLife.

How do I find a participating PDP dentist? There are more than 158,000 participating PDP dentist locations nationwide, including over 39,000 specialist locations. You can receive a list of these participating PDP dentists online at 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? MetLife's negotiated fees with PDP (in-network) dentists may extend to services not covered under your plan and services received after your plan maximum has been met, where permitted by applicable state law. If you receive services from a PDP dentist that are not covered under your plan or where the maximum has been met, in those states where permitted by law, you may only be 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, 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, visit 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. MetLife recommends 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're still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

How can I learn about what dentists in my area charge for different procedures? If you have MyBenefits you can access the Dental Procedure Fee Tool provided by go2dental.com where you can learn more about approximate fees for services such as exams, cleanings, fillings, crowns and more. Simply visit www.metlife.com/mybenefits and use the Dental Procedure Fee Tool to help you estimate the in-network (PDP fees) and out-of-network fees* for dental services in your area.

* Out-of-network fee information is provided by go2dental.com, Inc., an industry source independent of MetLife. This site does not provide the benefit payment information used by MetLife when processing your claims. Prior to receiving services, we recommend that you obtain pre-treatment estimates through your dentist.

Can MetLife help me find a dentist outside of the U.S. if I am traveling? Yes. Through international dental travel assistance services* you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.** Please remember to hold on to all receipts to submit a dental claim.

*International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. AXA Assistance is not affiliated with MetLife, and the services they provide are separate and apart form the benefits provided by MetLife.
** Refer to your dental benefits plan summary for your out-of-network dental coverage.

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

Exclusions

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

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
  - Scaling and polishing of teeth; or
  - Fluoride treatments;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
  - Covered under any workers' compensation or occupational disease law;
  - Covered under any employer liability law;
  - For which the employer of the person receiving such services is not required to pay; or
  - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the Dentist on a separate basis:
  - Claim form completion;
  - Infection control such as gloves, masks, and sterilization of supplies; or
  - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
- Caries susceptibility tests;
- 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.

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 1-800-942-0854 and using the MetLife Dental Automated Information Service.

Cancellation/Termination of Benefits: Coverage is provided under a group insurance policy (Policy form GPNP99) issued by MetLife. Coverage terminates when your membership ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

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

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We're Here to Help

With MetLife, you and your family get much more than dental coverage. You get support and educational tools to help you achieve your oral health goals. Now that's something to smile about.

We're at your service.
You can use MyBenefits, a secure, personalized online site to help you manage your dental benefits. You can take advantage of a number of self-service features including:

- Review your dental policy information.
- View a list of your covered dependents and their coverage descriptions.
- Locate a participating (in-network) dentist.
- Check the status of your claims.
- Visit our oral health library full of oral health educational articles and tools

As a first time user, simply go to MyBenefits (www.metlife.com/mybenefits) and follow the easy registration instructions.

Find a participating dentist.
Generally, you save more when you visit an in-network provider. So it's good to know that there are more than 158,000 participating dentist access points nationwide, including 39,000 specialists. It's also easy to find out if your dentist participates in the network. Just visit MyBenefits or call 1-800-942-0854 to have a list faxed or mailed.

If your current dentist does not participate in the PDP, you can encourage him or her to apply. Ask your dentist to visit www.metdental.com or call 1-877-MET-DDS9 for an application. You can also call customer service and we'll send you a nomination card that you can give to your dentist.

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

- Bring a claim form with you to your appointment.
- You can get additional claim forms three easy ways:
  - Download them from the MyBenefits site.
  - Call the automated voice response at 1-800-942-0854 to have a form sent to you.
  - Contact your Human Resources Representative.

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

We're Here to Help (continued)

International Dental Travel Assistance

This dental benefits plan includes international dental travel services[1] which offer you and your covered dependants referrals for immediate dental care while traveling internationally. These services are available 24/7 and give you access to international dental providers in more than 200 countries. With just one phone call, you will reach a multilingual assistance coordinator who will gather all the necessary information to help you get the care you need . Coverage will be considered under your out-of-network[2] benefits. Be sure to hold on to all receipts to submit a dental claim. Claim forms are available online at www.metlife.com/mybenefits.

The MetLife Oral Health Library

You get valuable tools to help you and your dentist make informed decisions about your dental benefits and oral health. Visit the Oral Health Library at www.metlife.com/mybenefits and click on the MetLife Oral Health Library. The site contains Risk Assessments and information on many oral health topics. Topics range from Family Dental Health and Linking Dental & Overall Health, to the Kids Dental Health Corner.

Another great resource is the go2dental.com **Dental Procedure Fee Tool** available through MyBenefits. The tool gives you estimated in-network (PDP fees) and out-of-network fees[3] for dental services in your area. Look up fees for services such as exams, cleanings, fillings, crowns, and more.

In addition, we've developed MetLife's Quality Initiative Program to promote good oral health. By providing dentists access to materials relevant to the latest dental research and trends in patient care, they can stay abreast of the latest developments and technologies in oral health.

1. Travel assistance services are administered by AXA Assistance USA, Inc. AXA Assistance is not affiliated with MetLife, and the services they provide are separate and apart from the benefits provided by MetLife. Referral services are not available in all locations.
2. Refer to your dental benefits plan summary for your out-of-network dental coverage.
3. Out-of-network fee information is provided by go2dental.com, Inc., an industry source independent of MetLife. This site does not provide the benefit payment information used by MetLife when processing your claims. Prior to receiving services, pre-treatment estimates through your dentist will provide the most accurate fee and payment information.

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MetLife
Metropolitan Life Insurance Company, New York, NY

ENROLLMENT • CHANGE FORM

GROUP CUSTOMER INFORMATION (To be Completed by the Employer)

Name of Group Customer/Employer	Group Customer #	Report #	Sub Code	Branch
City of Racine	126746			
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)			

YOUR ENROLLMENT INFORMATION (To be Completed by the Employee)

Name (First, Middle, Last)	Social Security # – –	☐ Male ☐ Female
Address (Street, City, State, Zip Code)	Date of Birth (MM/DD/YYYY)	
Phone # / Email Address	☐ New Enrollment ☐ Change in Enrollment If due to a Qualifying Event, enter event date (MM/DD/YYYY)	

I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand that contributions are required for the benefits I select below.

Dental Insurance

First select your option

- ☐ Basic Dental Plan
- ☐ Advanced Dental Plan

Then select your level of coverage

- ☐ Employee Only
- ☐ Employee + One Dependent (Spouse or Child)
- ☐ Employee + Two or More Dependents (Spouse and Children)

Dependent Information

If you are applying for coverage 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.

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SUBMISSION INSTRUCTIONS

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

FRAUD WARNINGS

Before signing this enrollment form, please read the warning for the state where you reside and for the state where the insurance policy under which you are applying for coverage was issued.

Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

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

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who files an application containing any false or misleading information is subject to criminal and civil penalties.

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

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon and Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars ($5,000), not to exceed ten thousand dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

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

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DECLARATIONS AND SIGNATURE

By signing below, I acknowledge:

1. I have read this enrollment form and declare that all information I have given is true and complete to the best of my knowledge and belief.
2. I 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.
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 have read the applicable Fraud Warning(s) provided in this enrollment form.

Sign Here

Signature of Employee	Print Name	Date Signed (MM/DD/YYYY)

GEF09-1
DEC

MetLife

Our Privacy Notice

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

Plan Sponsors and Group Insurance Contract Holders

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

Protecting Your Information

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

Collecting Your Information

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

How We Get Your Information

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

Using Your Information

We collect your personal information to help us decide if you're eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

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

Sharing Your Information With Others

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

- doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
- telling another company what we know about you if we are selling or merging any part of our business
- giving information to a governmental agency so it can decide if you are eligible for public benefits

- giving your information to someone with a legal interest in your assets (for example, a creditor with a lien on your account)
- giving your information to your health care provider
- having a peer review organization evaluate your information, if you have health coverage with us
- those listed in our "Using Your Information" section above

HIPAA

We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. If you have dental, long-term care, or medical insurance from us, the Health Insurance Portability and Accountability Act ("HIPAA") may further limit how we may use and share your information.

Accessing and Correcting Your Information

You may ask us for a copy of the personal information we have about you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you anything we learned as part of a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing, and we will include your statement whenever we give your disputed information to anyone outside MetLife.

Questions

We want you to understand how we protect your privacy. If you have any questions about this notice, please contact us. When you write, include your name, address, and policy or account number.

Send privacy questions to:

MetLife Privacy Office
P. O. Box 489
Warwick, RI 02887-9954
privacy@metlife.com

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of these MetLife companies:

Metropolitan Life Insurance Company
General American Life Insurance Company
SafeHealth Life Insurance Company
MetLife Insurance Company of Connecticut
SafeGuard Health Plans, Inc.

Dental Identification Cards

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

Still have questions?
Call 1-800-GET-MET8 (800-438-6388) or visit www.metlife.com/mybenefits.

Service	Website	Toll-Free Phone Number
• PDP Directory • Plan Coverage Information • Claim Status/Claim Forms • General Information and Frequently Asked Questions	www.metlife.com/mybenefits	1-800-GET-MET8 (800-438-6388)
• International Dental Travel Assistance		1-888 558-2704 (inquiries in the U.S.) 1-312 356-5970 (outside the U.S.)
• Applying for the MetLife PDP • Pre-treatment Estimates	www.metdental.com (website for dentists only)	1-877-MET-DDS9 (638-3379) (number for dentists only)
• Dental Education	www.metlife.com/mybenefits	N/A
Dental Fee Estimator Tool	www.metlife.com/mybenefits	N/A

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

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

✂ ✂

MetLife Dental Reference Card

Employee Name _____ Employee ID _____

City of Racine Group Name _____ 126746 Group Number _____

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

www.metlife.com/mybenefits

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

1-800-GET-MET8 (800-438-6388)

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

Dental Identification Cards

MetLife Dental Reference Card

Employee Name	Employee ID
City of Racine	126746
Group Name	Group Number

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

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www.metlife.com/mybenefits

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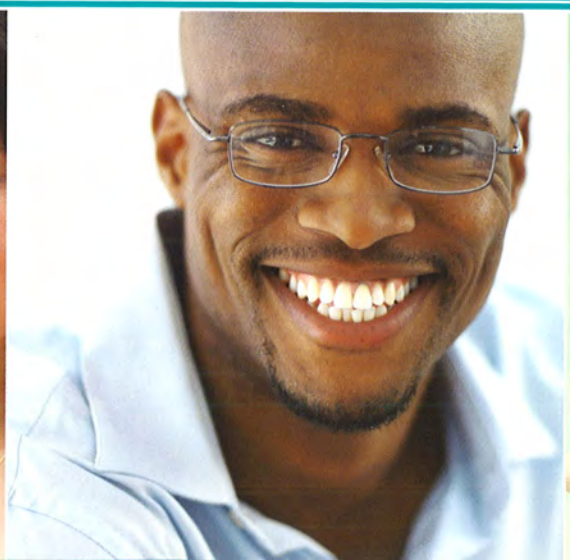
Creating your personal safety net

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



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

Benefits for the **if** in **life**®

MetLife

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

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