

Dental

Metropolitan Life Insurance Company

Plan Design for: Independence Pet Holdings, Inc.

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs⁵. 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-Network¹ % of PDP Fee²	Out-of-Network¹ % of R&C Fee⁴
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	80%
Type C - Major Restorative	50%	50%
Deductible³		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit:		
Per Individual	\$2000	\$2000
<ol style="list-style-type: none"> 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 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. 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: <ul style="list-style-type: none"> • 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. 5. Savings from enrolling in a dental benefits plan [featuring the MetLife Preferred Dentist Program] will depend on various factors, including the cost of the plan, how often participants visit a dentist and the cost of services rendered. 		

Selected Covered Services and Frequency Limitations*

Type A - Preventive	<u>How Many/How Often:</u>
Oral Examinations Bitewing X-rays (Adult/Child) Prophylaxis - Cleanings Topical Fluoride Applications	1 in 6 months 1 in 12 months 1 in 6 months 1 in 12 months - Children to age 14
Type B - Basic Restorative	<u>How Many/How Often:</u>
Full Mouth X-rays Sealants Space Maintainers Amalgam and Composite Fillings Emergency Palliative Treatment	1 in 60 months 1 in 60 months - Children to age 14 1 per lifetime per tooth area - Children up to age 14 1 in 24 months. All teeth
Type C - Major Restorative	<u>How Many/How Often:</u>
Crowns/Inlays/Onlays Prefabricated Crowns Repairs Endodontics Root Canal Periodontal Surgery Periodontal Scaling & Root Planing Periodontal Maintenance Oral Surgery (Simple Extractions) Oral Surgery (Surgical Extractions) Other Oral Surgery Bridges Dentures General Anesthesia Consultations Implant Services	1 per tooth in 10 years 1 per tooth in 10 years 1 in 12 months 1 per tooth per lifetime 1 in 36 months per quadrant 1 in 24 months per quadrant 2 in 1 year, includes 2 cleanings 1 in 10 years 1 in 10 years 1 in 12 months 1 service per tooth in 10 years - 1 repair per 10 years

***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 Sitused 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 Sitused 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 Sitused 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 Sitused 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 Sitused 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 Sitused 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 Sitused Groups, this exclusion does not apply.

25. Caries susceptibility tests.

26. Other fixed Denture prosthetic services not described elsewhere in this certificate.

27. Precision attachments, except when the precision attachment is related to implant prosthetics.

28. Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it.

29. Fixed and removable appliances for correction of harmful habits.¹

30. Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.¹

31. Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of Minnesota.¹

32. Orthodontic services or appliances.¹

33. Repair or replacement of an orthodontic device.¹

34. Duplicate prosthetic devices or appliances.

35. Replacement of a lost or stolen appliance, Cast Restoration, or Denture.

36. Intra and extraoral photographic images.
37. 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 for Maryland Sitused Groups

¹Some 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?

200 Park Ave., New York, NY 10166
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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.

**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

Si no estás satisfecho con el servicio que te brindamos, te sugerimos que nos envíes un escrito en el que detallas tu problema y lo mandas a la Oficina de Atención al Cliente de la Metropolitan Life Insurance Company, en el número 147227.

PO Box 14587

Lexington, KY

Por favor, indique a c

NOMBRE

NUMERO
PÁGINA

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，請致電加州保險熱線1-800-927-4357。
為收取聯繫MetLife文件的中文譯本，請在~~請在此處填上~~的方框，並將文件連同回覆卡一併郵寄至：

為收取隨時 MetLife 文件中的中文譯文
Metropolitan Life Insurance Company

Metropolitan
P.O. Box 14587

PO BOX 14387
Lexington, KY 40514

Lexington, KY 40512

三

姓名：

地址

Ավագար բարգմանաշական ծառայություններ: Զեր կտրամադրվի հայերենի բարգմանից, որի օգնությամբ կարող եք հայերենով կարգավոր փաստաթղթերը: Հարցիցի դեպքում զանցահարքը մեզ Ձեր ԱԲ բարտիք վրա նշված հետախոսահամարով կամ 1-800-942-8845: Առավել մանրանան տեղեկատվության համար զանցահարքը Կայիփորնիսից Ապահովագրական Դեպարտամենտ 1-800-927-4357 էլեկտրոնայինային:

Kev pab txhais lus tsis kom them nqj. Koj thov tau kom nrhiav neeg txhais lus thiab nyeeem ntaub ntaww hais ua lus Hmoob rau koj mloog. Yog xav tau kev pab, hu rau pab ntawm tus xoy tooj sau hauv koj daim npav ID, yog muaj, lissos 1-800-942-0854. Yog xav kom pab lwm yam hu rau lub CA Hauv Paus Iv-saws-Jas ntawm 1-800-972-4357

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

무료 통역 서비스. 통역자가 문서를 한국어로 읽어드릴 수 있습니다. 도움이 필요하시면, 귀하의 ID 카드에 있는 번호나 1-800-942-0854로 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.

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 **942-0854** hoặc **1-800-942-0854**. Để được giúp đỡ thêm gọi cho Ban

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

سرپیشی های ترجمه رایگان، شما می توانید متوجه و انسانی را به زبان فارسی برای مطالعه دریافت کنید. برای راهنمایی از طریق شماره درج شده در کارت شناسایی خود (در سورت و جورد) با شماره ۰۸۵۴-۹۴۰-۸۰۰-۱ با ما تماس بگیرید. برای راهنمایی بیشتر با بخش بینه کالیفرنیا ۱-۸۰۰-۹۲۷-۴۳۵۷ تماس بگیرید.

پلا معاوضہ متجم دی خدمات مل سکدی اسکے نئی ایک متجم دی خدمات حاصل کر سکدے او جو تو ٹوے واسطے دستاویزات پیداواری وچ سکدا اوے مدد واسطے پیزین آئی ڈی کارڈ، گرچو تو ٹوے وچ نمبر یا 0854-942-800-1-800-927-4357 ہے کال کو۔ آگے مزید مدد واسطے اسے نمبر 1-800-927-4357 ہے اسے دیکھاری تھیت برائی انکھوں نال گال کرو۔

CA LAP STANDALONE NOTICE

September 2008