A Guide to Your Explanation of Dental Benefits Statement

Featuring a redesigned EOB for clearer explanations and messaging, better organization, revisions to the MCR X-ray narratives and better consistency across delivery channels.
Patient Benefits Statement
Statement date: September 12, 2014

This is an explanation of how we determined benefits for your patients. It should not be distributed to patients or other insurance carriers. Please save it for your records.

1. Claim summary

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>You submitted</td>
<td>$140.00</td>
</tr>
<tr>
<td>MetLife paid you</td>
<td>$102.00</td>
</tr>
</tbody>
</table>

2. On or about September 17, 2014, $102.00 will be credited to your EFT bank account.

We’re here to help. Please visit us at metdental.com to find available dental benefits, claim details, to submit claims, and more or call 877-638-3379, Monday - Friday, 8am-11pm ET.

This statement is for:
Name/Relationship
John A. Smith/Self

3. Name
John A. Smith

4. Group
3333333

5. Claim
0001234567

6. Dentist
Dr. Pam Brown, DDS

7. Network status
In-network

8. ID
XXXXXXXXXX
<table>
<thead>
<tr>
<th>Date of service</th>
<th>Service code, description</th>
<th>You submitted</th>
<th>Negotiated in-network fee</th>
<th>Allowed amount</th>
<th>MetLife paid</th>
<th>Patient owes</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/17/13</td>
<td>D0150, Comprehensive oral evaluation</td>
<td>$50.00</td>
<td>$42.00</td>
<td>$42.00</td>
<td>$42.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>11/17/13</td>
<td>D1110, Cleaning - adult</td>
<td>$90.00</td>
<td>$60.00</td>
<td>$60.00</td>
<td>$60.00</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td><strong>$140.00</strong></td>
<td><strong>$102.00</strong></td>
<td><strong>$102.00</strong></td>
<td><strong>$102.00</strong></td>
<td><strong>$0.00</strong></td>
</tr>
</tbody>
</table>
Your rights if benefits are denied

While we always process claims according to the terms of your Employee Benefit Plan, you have the right to appeal our benefits decision up to two times at no cost to you.

Please send any request for review in writing within 180 days of the date on this explanation of benefits to:

MetLife Group Claims Review
P.O. Box 14589, Lexington, KY 40512

In your request for a review, please include:
- Whether this is your first or second request for a review
- The reason you believe the claim for benefits was improperly denied
- Any comments, questions, documents or information that support your reason.

We'll review your claim within 30 days of receiving it and send you a clear, understandable explanation by mail or email. If we deny your first appeal in whole or in part, you may request a second-level appeal review. You must send your second level appeal request within 60 days after the denial notice has been received. The request with relevant information should be mailed to:

Your HR Team
Attn: Appeals
Street Address
City, State ZIP

This appeal will be reviewed within 30 days after it is filed.

How we promise a full and fair review

- The review will be made by someone who didn't make the initial review of your benefits estimate, including anyone who reports to that person. If you're requesting a second review, the reviewer also won't be the person who conducted the first review.
- You have the right to request free copies of all documents, records and other information we used to evaluate your claim.
- If deciding an appeal relies at all on a medical judgment, we'll consult a health care professional with appropriate training and experience.
- If our benefits decision is based on an internal rule, guideline or other standard, you may request a copy of the document free of charge.
- If we determine that a procedure or treatment was unnecessary or experimental or had a similar exclusion or limit, you may ask us to provide an explanation of the scientific or clinical judgment free of charge.

What you can do after two appeals

If you are not satisfied with the decision, you may have rights under Section 502 (a) of ERISA to bring a civil action if you so desire.
UNDERSTANDING YOUR EXPLANATION OF DENTAL BENEFITS STATEMENT—SINGLE EOB

1. The claim summary provides a quick overview of the claim, including the amount you (the dentist) submitted to MetLife and the amount MetLife paid you.

2. If needed, notes will be listed here based on different situations. For example, state-specific notes will be placed here. And every EOB will include a note about what to do with the bulk check included below.

3. We’re here to help instructs dentists where to go if they need more information about this EOB statement.

4. The statement is for section of the EOB includes the:
   - Patient’s name followed by the patient’s relationship to the policyholder—If the claim is for the policyholder, the relationship is listed as self. If the claim is for another family member, the relationship is listed as dependent.
   - Employee name—The policyholder’s name.
   - Group Number—The number MetLife uses to identify the policyholder’s employer.
   - Claim number—Every claim is assigned a unique claim number.
   - Dentist’s name.
   - Dentist’s network status—Either in-network for dentists who participate in MetLife PDP or PDP Plus networks or out-of-network for dentists who don’t participate.
   - Policyholder’s identification number.

In the claim detail section, you’ll see the:

5. Date of service.

6. Service code, description—The American Dental Association code for the treatment rendered and a brief description of the service provided.

7. You submitted—The amount you (the dentist) charged for each procedure.

8. Negotiated in-network fee (if applicable)—The contracted fee or the treating dentist’s fee schedule for the procedure code.

9. Allowed amount, which is the maximum allowable benefit amount that MetLife will consider for this service under the policyholder’s plan.

10. The percentage at which the covered expense is payable.

11. The percentage at which the covered expense is payable and the calculated dollar amount (listed as MetLife paid).

12. This field will be used to indicate when a deductible is taken or any other message related to the applicable service (i.e., charge not covered).

13. The amount the patient owes you (the dentist).

14. Totals—The total fees charged, applicable network fee, covered expenses and plan benefits for all services rendered.

15. After the claim detail, additional notes and information are provided, as needed.

16. Your rights if benefits are denied provides information about handling adverse benefit determinations.
This is an explanation of how we determined benefits for your patients. It should not be distributed to patients or other insurance carriers. Please save it for your records.

Claim summary

<table>
<thead>
<tr>
<th>You submitted</th>
<th>MetLife paid you</th>
</tr>
</thead>
<tbody>
<tr>
<td>$334.00</td>
<td>$240.00</td>
</tr>
</tbody>
</table>

If you need to return a payment for a specific patient's claim, please send a separate check for the returned amount with a copy of this statement indicating which patient the check is for. Please don’t return the attached check, as it includes payment for all patients included in this statement.

Date of service | Name | You submitted | MetLife paid | Patient owes | See page |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>02/22/14</td>
<td>JOHN A. SMITH</td>
<td>$140.00</td>
<td>$98.00</td>
<td>$0.00</td>
<td>3</td>
</tr>
<tr>
<td>02/17/14</td>
<td>CINDY B. JONES</td>
<td>$194.00</td>
<td>$142.00</td>
<td>$0.00</td>
<td>3</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td><strong>$334.00</strong></td>
<td><strong>$240.00</strong></td>
<td><strong>$0.00</strong></td>
<td></td>
</tr>
</tbody>
</table>

We’re here to help. Please visit us at metdental.com to find available dental benefits, claim details, to submit claims, and more or call 877-638-3379, Monday - Friday, 8am-11pm ET.

Your information

Dentist
Dr. Pam Brown, DDS
100 DENTAL AVENUE
ANYCITY, USA 00000

Check no. 552067692
Pay to the order of DR. PAM BROWN, DDS
Not valid before September 15, 2014
Authorized signature

Metropolitan Life Insurance Company
Page 1 of 3

62
369
50-937/213
### Claim detail

<table>
<thead>
<tr>
<th>Date of service</th>
<th>Service code, description</th>
<th>You submitted</th>
<th>Negotiated in-network fee</th>
<th>Allowed amount</th>
<th>MetLife paid</th>
<th>Patient owes</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/22/14</td>
<td>D0150, Comprehensive oral evaluation</td>
<td>$50.00</td>
<td>$39.00</td>
<td>$39.00</td>
<td>100%</td>
<td>$39.00</td>
</tr>
<tr>
<td></td>
<td>D1110, Cleaning - adult</td>
<td>$90.00</td>
<td>$59.00</td>
<td>$59.00</td>
<td>100%</td>
<td>$59.00</td>
</tr>
</tbody>
</table>

**Totals**

|                  |               | $140.00     | $98.00                   | $98.00         | $98.00       | $0.00        |

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<table>
<thead>
<tr>
<th>Date of service</th>
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<th>Negotiated in-network fee</th>
<th>Allowed amount</th>
<th>MetLife paid</th>
<th>Patient owes</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/17/14</td>
<td>D0120, Periodic oral evaluation</td>
<td>$35.00</td>
<td>$28.00</td>
<td>$28.00</td>
<td>100%</td>
<td>$28.00</td>
</tr>
<tr>
<td></td>
<td>D0220, Periapical radiographic image</td>
<td>$20.00</td>
<td>$15.00</td>
<td>$15.00</td>
<td>100%</td>
<td>$15.00</td>
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<tr>
<td></td>
<td>D0230, 01, Add'l periapical images</td>
<td>$10.00</td>
<td>$7.00</td>
<td>$7.00</td>
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<td>D0274, Bitewings-four images</td>
<td>$99.00</td>
<td>$33.00</td>
<td>$33.00</td>
<td>100%</td>
<td>$33.00</td>
</tr>
<tr>
<td></td>
<td>D1110, Cleaning - adult</td>
<td>$90.00</td>
<td>$59.00</td>
<td>$59.00</td>
<td>100%</td>
<td>$59.00</td>
</tr>
</tbody>
</table>

**Totals**

|                  |               | $194.00     | $142.00                  | $142.00        | $142.00      | $0.00        |
UNDERSTANDING YOUR EXPLANATION OF DENTAL BENEFITS STATEMENT—BULK EOB

1. The **claim summary** provides a quick overview of the dentist’s total submitted charges for all patients covered in the EOB and the total amount MetLife paid the dentist.

2. If needed, **notes** will be listed here based on different situations. For example, state-specific notes will be placed here. And every EOB will include a note about what to do with the bulk check included below.

3. **A list of all the patients covered in the EOB** with date of service, patient name, amount submitted, amount MetLife paid, amount patient owes the dentist and the page number of that patient’s claim detail.

4. **We’re here to help** instructs dentists where to go if they need more information about this EOB statement.

5. **Your information** section includes:
   - Dentist’s name—The dentist or dental practice that performed the listed services.
   - If payment is made to the dentist, the check is attached here.
   - The bottom of the second page is left blank to accommodate the back of the check.

The **claim detail** section lists all of the patients covered by the EOB. For each patient, you’ll see the:

- Patient’s name followed by the patient’s relationship to the policyholder—If the claim is for the policyholder, the relationship is listed as self. If the claim is for another family member, the relationship is listed as dependent.

- Claim number—Every claim is assigned a unique claim number.

- Policyholder’s identification number.

- Dentist’s name.

- Policyholder’s name.

- Name of policyholder’s employer.

- Group number—The number MetLife uses to identify the policyholder’s employer.

In the **claim detail** section, for each patient, you’ll also see the:

- Date of service.

- Service code, description—The American Dental Association code for the treatment rendered and a brief description of the service provided.

- **You submitted**—The amount you (the dentist) charged for each procedure.

- Negotiated in-network fee (if applicable)—The contracted fee or the treating dentist’s fee schedule for the procedure code.

- Allowed amount, which is the maximum allowable benefit amount that MetLife will consider for this service under the policyholder’s plan.

- The percentage at which the covered expense is payable.

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