

Dental Benefits

Savings, flexibility and service. For healthier smiles.



MetLife



A healthy smile could mean
better health — that's why
I need a good dental plan.





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 savings² 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 May 2012 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 San Antonio Water System Employee:

Each year, studies show links between oral health and overall health. That's why staying on top of your dental care 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 San Antonio Water System Employee, you get the **Preferred Dentist Program, 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 a participating dentist.
- **Service** where and when you want it.
- **Educational tools and resources** to help you and your dentist make more informed choices.

It's easy to get these valuable dental benefits.

- Review the Overview of Benefits included in this booklet.
- Complete your enrollment
- Enjoy the convenience of payroll deductions.

For more information, visit www.metlife.com/mybenefits or call 1-800-942-0854.

Take advantage of this company-sponsored dental coverage.

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.

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. Please contact MetLife or your plan administrator for complete details.

Understanding Your Dental Plan

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network.

The goal is to deliver affordable protection for a healthier smile and a healthier you. You also get great service and educational support to help you stay on top of your care.

Freedom of choice to go to any dentist.

You have the flexibility to visit any dentist — your dentist — and receive coverage under the plan. Just remember that non-participating dentists haven't agreed to charge negotiated fees. So your out-of-pocket costs for out-of-network services may be higher than if you are treated by a network dentist.

If you prefer to stay in the network, there are thousands of general dentists and specialists to choose from nationwide — so you are sure to find one who meets your needs. Plus, all participating dentists have to go through a rigorous upfront and ongoing selection and review process.¹ This way you don't need to worry about quality. You also don't need any referrals.

To check out the general dentists and specialist in the network, visit www.metlife.com/dental.

Additional savings when you visit participating dentists.

Your out-of-pocket costs are usually lower when you visit network dentists. That's because they have agreed to accept negotiated fees that are typically 15 to 45% less than average dental charges in the same community. This may help lower your final costs and stretch your plan maximum. Negotiated fees may even extend to non-covered services and services provided after you've reached the plan maximum.²

Service where and when you want it.

Managing your dental benefits is easy. We provide **more service – less paperwork – less worries**. MyBenefits, your secure self-service website, is available 24/7.³ 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.oralhealthlibrary.com. Read up on topics like family dental health, the link between dental and overall health, and kid's 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:
Type A – cleanings, oral examinations	XX% of PDP Fee	XX% of R&C Fee or XX% of PDP Fee
Type B – fillings	XX% of PDP Fee	XX% of R&C Fee or XX% of PDP Fee
Type C – bridges and dentures	XX% of PDP Fee	XX% of R&C Fee or XX% of PDP Fee
Type D – orthodontia	XX% of PDP Fee	XX% of R&C Fee or XX% of PDP Fee
Deductible:	In-Network	Out-of-Network
Individual	\$XX.XX	\$XX.XX
Family	\$XXX.XX	\$XXX.XX
Annual Maximum Benefit:	In-Network	Out-of-Network
Per Person	\$X,XXX	\$X,XXX
Orthodontia Lifetime Maximum:	In-Network	Out-of-Network
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 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 fees when visiting a participating 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 fee amounts when visiting a participating dentist.

Understanding Your Dental Plan (continued)

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

- Make the most of your benefits — visit a participating 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 need for these higher-cost treatments.
- Use the Dental Procedure Fee Tool, to look up the average charges for in-network and out-of-network services such as exams, cleanings, fillings, crowns, and more. This tool is accessible via the MyBenefits website.⁴
- It is recommended that you request a pre-treatment estimate for services that cost more than \$300. The estimate will give you an idea of 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.oralhealthlibrary.com for important tools and resources to help you become more informed about dental care.

Remember, dental coverage can be an important part of your personal safety net. By using the educational tools and benefits made available to you through this plan, you'll be better prepared to protect your oral health and your budget.

1. Certain providers may participate with MetLife through an agreement that MetLife has with a vendor. Providers available through a vendor are subject to the vendor's credentialing process and requirements, not MetLife's. If you should have any questions, contact MetLife Customer Service.
2. 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.
3. With the exception of scheduled or unscheduled systems maintenance or interruptions, the MyBenefits website is typically available 24 hours a day, 7 days a week.
4. The Dental Procedure Fee Tool application is provided by go2dental.com. Inc., an independent vendor. Network fee information is supplied to go2dental.com by MetLife and is not available for providers who participate with MetLife through a vendor. Out-of-network fee information is provided by go2dental.com. This tool does not provide the payment information used by MetLife when processing your claims. Prior to receiving services, pretreatment estimates through your dentist will provide the most accurate fee and payment information.

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.

San Antonio Water System Dental Plan Benefits

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

Benefit Summary

Coverage Type	PDP In-Network	Out-of-Network
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 C –bridges and dentures	50% of PDP Fee*	50% of R&C Fee**
Type D – orthodontia	50% of PDP Fee*	50% of R&C Fee**
Deductible [†]	In-Network	Out-of-Network
Individual	\$50.00	\$50.00
Family	\$150.00	\$150.00
Annual Maximum Benefit	In-Network	Out-of-Network
Per Person	\$1,500	\$1,500
Orthodontia Lifetime Maximum	In-Network	Out-of-Network
Per Person	\$1,500	\$1,500

*PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full, subject to any co-payments, 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.

[†]Applies to Type B and C Services In Network and to Type B, C and Ortho Services Out of Network.

PDP Savings* Example

This hypothetical example** shows how receiving services from a PDP (in-network) dentist can save you money.

Your Dentist says you need a Crown, a Type C service —

- PDP Fee: \$375.00
- R&C Fee: \$500.00
- Dentist's Usual Fee: \$600.00

IN-NETWORK When you receive care from a participating PDP dentist		OUT-OF-NETWORK When you receive care from a non-participating dentist	
Dentist's Usual Fee is:	\$600.00	Dentist's Usual Fee is:	\$600.00
The PDP Fee is:	\$375.00	R&C Fee is:	\$500.00
Your Plan Pays:		Your Plan Pays:	
50% X \$375 PDP Fee:	- \$187.50	50% X \$500 R&C Fee:	- \$250.00
Your Out-of-Pocket Cost:	\$187.50	Your Out-of-Pocket Cost:	\$350.00

**In this example, you save \$162.50 (\$350.00 minus \$187.50)...
by using a participating PDP dentist.**

*Savings from enrolling in the MetLife PDP Program will depend on various factors, including how often participants visit the dentist and the cost for services rendered.

**Please note: These examples assume that your annual deductible has been met.

List of Primary Covered Services & Limitations

Type A - Preventive	How Many/How Often
Prophylaxis (cleanings)	<ul style="list-style-type: none"> Two per calendar year.
Oral Examinations	<ul style="list-style-type: none"> Two exams per calendar year.
Topical Fluoride Applications	<ul style="list-style-type: none"> One fluoride treatment per calendar year for dependent children up to 20th birthday.
X-rays	<ul style="list-style-type: none"> Full mouth X-rays: one per 3 calendar years. Bitewing X-rays: two sets per calendar year for children and adults.
Space Maintainers	<ul style="list-style-type: none"> Space Maintainers for dependent children up to 14th birthday.
Sealants	<ul style="list-style-type: none"> One application of sealant material every 4 years for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to 14th birthday.
Type B - Basic Restorative	How Many/How Often
Fillings	
Simple Extractions	
Crown, Denture, and Bridge Repair/Recementations	
Endodontics	<ul style="list-style-type: none"> Root canal treatment limited to once per tooth per calendar year.
General Anesthesia	<ul style="list-style-type: none"> When dentally necessary in connection with oral surgery, extractions or other covered dental services.
Oral Surgery	
Periodontics	<ul style="list-style-type: none"> Periodontal scaling and root planning as needed Periodontal surgery as needed. Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year.
Type C - Major Restorative	How Many/How Often
Bridges and Dentures	<ul style="list-style-type: none"> Initial placement to replace one or more natural teeth, which are lost while covered by the Plan. Dentures and bridgework replacement: one every 10 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	<ul style="list-style-type: none"> Replacement: once every 5 years.
Type D - Orthodontia	How Many/How Often
	<ul style="list-style-type: none"> 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.

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.

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.

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.

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 178,000 participating PDP dentist locations nationwide, including over 45,000 specialist locations. You can receive a list of these participating PDP dentists online at www.metlife.com/mybenefits or call 1-800-942-0854 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 1-800-942-0854.

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 from 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;
- 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;
- Implants including, but not limited to any related surgery, placement, restorations, maintenance, and removal;
- Repair of implants;
- 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.
- 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.

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.

With MyBenefits, managing your dental plan couldn't be easier. The secure member website lets you take charge. You can:

- Review your dental policy information.
- View a list of your covered dependents and their coverage descriptions.
- Find a participating dentist.
- Check the status of your claims.
- Look up the average costs for in-network and out-of-network services.¹
- Visit the oral health library to view educational articles and tools.

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

Find a network dentist.

With thousands of general dentists and specialists to choose from nationwide, you are sure to find one who meets your needs. Just log in to www.metlife.com/mybenefits and follow these steps:

Click on "Find a Dentist"

Enter your city, state or ZIP code.

If your current dentist does not participate in the network, 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.² 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. www.metlife.com/dental.
 - 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 which offer you and your covered dependents' referrals for immediate dental care while traveling internationally.³ 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 benefits.⁴ Be sure to hold on to all receipts to submit a dental claim. Claim forms are available online at www.metlife.com/mybenefits.

1. The Dental Procedure Fee Tool application is provided by go2dental.com. Inc., an independent vendor. Network fee information is supplied to go2dental.com by MetLife and is not available for providers who participate with MetLife through a vendor. Out-of-network fee information is provided by go2dental.com. This tool does not provide the payment information used by MetLife when processing your claims. Prior to receiving services, pretreatment estimates through your dentist will provide the most accurate fee and payment information.
2. Due to contractual requirements, MetLife is prevented from soliciting certain providers.
3. 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.
4. Refer to your dental benefits plan summary for your out-of-network dental coverage.

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.

Metropolitan Life Insurance Company, New York, NY 10166 L0712271377[exp0913][All States][DC,GU,MP,PR,VI]



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.

We may ask for medical information. The Authorization that you sign when you request insurance permits these sources to tell us about you. We may also, at our expense:

- Ask for a medical exam
- Ask for blood and urine tests
- Ask health care providers to give us health data, including information about alcohol or drug abuse

We may also ask a consumer reporting agency for a "consumer report" about you (or anyone else to be insured). Consumer reports may tell us about a lot of things, including information about:

- Reputation
- Driving record
- Finances
- Work and work history
- Hobbies and dangerous activities

The information may be kept by the consumer reporting agency and later given to others as permitted by law. The agency will give you a copy of the report it provides to us, if you ask the agency and can provide adequate identification. If you write to us and we have asked for a consumer report about you, we will tell you so and give you the name, address and phone number of the consumer reporting agency.

Another source of information is MIB Group, Inc. ("MIB"). It is a non-profit association of life insurance companies. We and our reinsurers may give MIB health or other information about you. If you apply for life or health coverage from another member of MIB, or claim benefits from another member company, MIB will give that company any information that it has about you. If you contact MIB, it will tell you what it knows about you. You have the right to ask MIB to correct its information about you. You may do so by writing to MIB, Inc., 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734, by calling MIB at (866) 692-6901 (TTY (866) 346-3642 for the hearing impaired), or by contacting MIB at www.mib.com.

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

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.

CALIFORNIA HEALTHCARE LANGUAGE ASSISTANCE PROGRAM NOTICE TO INSURED

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 թարգմանչապան 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:

សេវាកម្មប្រដោយឥតគិតថ្លៃ ។ អ្នកអាចទទួលបានអ្នកបកប្រែម្នាក់ និងឱ្យគេអានឯកសារនានាឱ្យអ្នកស្តាប់ជាភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើង តាមលេខដែលមានចុះនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នកប្រសិនបើមាន ឬ តាមលេខ 1-800-942-0854 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងនៃរដ្ឋកាលីហ្វ័រញ៉ា (CA Dept. of Insurance) តាមលេខ 1-800-927-4357 ។

Key pab txhais lus tsis kom them nqi. Koj thov tau kom nrhiv neeg txhais lus thiab nyeem ntaub ntauv hais ua lus Hmoob rau koj mloog. Yog xav tau kev pab, hu rau peb ntawm 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 ntawm 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 1-800-942-0854 로 전화하십시오. 다른 도움이 필요하시면, 전화번호 1-800-927-4357 로 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 pagsasalín. Maaari kang kumuha ng tagasalín 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۔** ٹسی ایک مترجم دی خدمات حاصل کرسکدے او جو توڈے واسطے دستاویزات پنجابی وچ پڈسکدا اوے۔ مدد واسطے ایڑیں آئی ڈی کارڈ، گربوتو، 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۔

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 1-800-942-0854 or visit www.metlife.com/mybenefits.

Service	Website	Toll-Free Phone Number
<ul style="list-style-type: none"> PDP Directory Plan Coverage Information Claim Status/Claim Forms General Information and Frequently Asked Questions 	www.metlife.com/mybenefits	1-800-942-0854
<ul style="list-style-type: none"> International Dental Travel Assistance 		1-888 558-2704 (inquiries in the U.S.) 1-312 356-5970 (outside the U.S.)
<ul style="list-style-type: none"> 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)
<ul style="list-style-type: none"> 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.

L0811203083(exp0813)(All States)(DC, GU, MP, PR, VI)

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		www.metlife.com/mybenefits
Employee Name	Employee ID	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.
San Antonio Water System	100208	1-800-942-0854
Group Name	Group Number	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)

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

Dental Identification Cards



MetLife®

Dental Reference Card

Employee Name

Employee ID

San Antonio Water System

100208

Group Name

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.

1-800-942-0854

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)



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 more than 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 to the most. You also get the tools and resources you need to make better choices about your oral health and dental benefits.





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MetLife

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

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