

MetLife
Annuity Operations
4700 Westown Parkway
STE 200
West Des Moines, IA 50266



FAX COVER PAGE 10/29/2025 5:33 PM

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Company Name: METLIFE
Phone Number:
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From: DMF
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5 pages including this cover sheet
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Message:

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MetLife Dental**Calendar Year Benefit Period Start Date: January 01****Benefit summary as of 10/29/2025****Effective Date of Current Coverage: 05/06/2025****Participant's Name:** RICKEY LAYMAN**Patient:** KATHY**Group Name:** FEDERAL EMPLOYEES' DENTAL AND VI

Group Num	Sub	Branch	Plan	Coverage
121332	0001	0052	99	EE + 1

Eligibility is not a guarantee of coverage as actual benefit payments are determined only when a claim is processed. Please fax claims to 1-859-389-6505 or mail claims to: MetLife Dental, P.O. Box 981282, El Paso, TX 79998-1282. The mailing address for Appeal and Reconsideration claims is MetLife Group Claims Review, P.O. Box 14589, Lexington, KY 40512. Please bring this document to your dentist. This document will provide the dentist with a comprehensive understanding of your dental benefits plan and assist with planning your dental care.

Plan Benefits for a FEDERAL DENTAL Dentist

Based on zip code:

Procedure	Coverage Type		Benefit Period	Lifetime Period
Orthodontics	Deductible	Individual Met-to-Date	\$0	\$0
		Family Met-to-Date	\$0	\$0
		Individual Used-to-Date	\$0	\$3,000
		Family Used-to-Date	\$0	\$0
	Maximum	Individual Used-to-Date	\$0	\$0
		Family Used-to-Date	\$0	\$0

This section provides information on the level of coverage and how often the services are covered. This listing is not an all-inclusive listing of all possible covered procedures under this plan. Benefits are based on the MetLife PDP fee schedule. Please note the information herein is not a guarantee of coverage. A patient's eligibility and benefits will only be determined at the time a claim is processed by MetLife.

Please note frequency limitations may be combined for like services

Diagnostic and Preventive Services

Description of Services	Benefit Level	Plan Frequency Limit (if applicable)	Deductible	Up to Age	Last Date of Service
Oral Evaluation (D0120, D0140, D0150, D0180)	NA	Not Available	Yes		
Complete Set Radiographic Images (D0210, D0330)	100%	1 IN 60 CONS MO	Yes		10/06/2011

Bitewing (D0270, D0272, D0273, D0274)	100%	2 PER 1 PERIOD FOR CHILDREN SEPARATED BY 6 MONTHS, 1 PER 1 PERIOD FOR ADULTS (LIBERAL INTERPRETATION)	Yes		
Topical Application Fluoride (D1208, D1206)	NA	Not Available	Yes	22	
Periapical Radiographic Image (D0220, D0230)	100%		Yes		
Prophylaxis Adult (D1110)	100%	1 IN 6 CONS MO	Yes		
Sealant-Per Tooth (D1351)	100%	1 IN 36 CONS MO	Yes	19	
Space Maintainer - Fixed - Unilateral (D1510)	100%		Yes	19	
Prophylaxis Child (D1120)	NA	Not Available	Yes		
Oral Cancer Screening (D0431)	NC	Not Covered			

Sealant coverage is limited to permanent molars excluding wisdom teeth.

Restorative and Major Services

Description of Services	Benefit Level	Plan Frequency Limit (if applicable)	Deductible	Additional Information Required for Review
Labial Veneer (D2960, D2961, D2962)	50%	1 IN 60 CONS MO	Yes	Pre-Treatment Est & X-rays
Complete Denture - Maxillary (Upper) (D5110)	50%	1 IN 60 CONS MO	Yes	
Osseous Surgery (D4260)	50%	1 IN 36 CONS MO	Yes	Pre-Treatment X-rays & Perio
Localized Delivery of Antimicrobial Agents (D4381)	70%		Yes	Pre-Treatment & Perio
Consultation (Diagnostic Service Provided by Dentist or Physician Other Than Practitioner Providing Treatment) (D9310)	NA	Not Available	Yes	
Periodontal Scaling and Root Planing- Quadrant (D4341)	70%	1 IN 24 CONS MO	Yes	Pre-Treatment X-rays & Perio
Drugs or Medicaments (D9630)	NC	Not Covered		
Gingival Inflammation (D4346)	100%	1 IN 6 CONS MO	Yes	Pre-Treatment & Perio
Recement Crown (D2920)	70%		Yes	

Oroantral Fistula Closure (D7260)	70%		Yes	
Extraction, Erupted Tooth or Exposed Root (D7140)	70%		Yes	
Occlusal Orthotic Device, by Report (D7880)	NC	Not Covered		
Removable Appliance Therapy (D8210)	NA	Not Available	No	
Gingivectomy or Gingivoplasty (D4211)	50%	1 IN 36 CONS MO	Yes	Pre-Treatment & Perio
Crown - Porcelain fused to noble metal (D2752)	NA	Not Available	Yes	Pre-Treatment X-rays
Occlusal Guards/ Hard Appliance Full Arch (D9944)	50%	1 IN 12 CONS MO	Yes	
Cast Post and Core in Addition to Crown (D2952)	NA	Not Available	Yes	
Palliative (Emergency) Treatment of Dental pain (D9110)	100%		Yes	
Amalgam 1 Surface filling - Adult/Child (D2140)	70%		Yes	
Crown Repair, by report (D2980)	NA	Not Available	Yes	
Root Canal Therapy - Anterior (D3310)	NA	Not Available	Yes	
External Bleaching - per Arch (D9972)	NC	Not Covered		
Gingival Irrigation - Per Quadrant (D4920)	50%		Yes	Pre-Treatment & Perio
Bone Replacement Graft (D7953)	70%		Yes	Pre-Treatment X-rays
Removal of Impacted Tooth- Completely Bony (D7240)	NA	Not Available	Yes	
Pontic - Casthigh noble metal (D6210)	50%	1 IN 60 CONS MO	Yes	Pre-Treatment X-rays
Surgical Placement of implant: Endosteal implant (D6010)	50%	1 IN 60 CONS MO	Yes	Pre-Treatment X-rays
Abutment Supported Porcelain/Ceramic Crown (D6058)	50%	1 IN 60 CONS MO	Yes	Pre-Treatment X-rays
Surgical Placement Mini implant (D6013)	NA	Not Available	Yes	

Prefabricated Stainless Steel Crown - Child (D2930)	70%	1 IN 60 CONS MO	Yes	
Periodontal Maintenance (Following Active Therapy) (D4910)	70%	4 IN 12 CONS MO	Yes	Prior Dates of Active Therapy
Prefabricated Stainless Steel Crown - Adult (D2931)	70%	1 IN 60 CONS MO	Yes	

Plan Provisions

Maximum Age for Non-Orthodontic Services (Up to Age) Child -22 Student -22.

Coordination of Benefits with any other Dental Plan: Coordination of Benefits with a Federal Employees Health Benefits Program (FEHB): The MetLife plan is secondary and coordinates benefits based on Standard Coordination of Benefits. Coordination of Benefits with any other Dental Plan: Standard Coordination of Benefits.

Missing Tooth Exclusion/Prior Loss Clause: Are plan benefits available for teeth lost prior to effective date? YES

This plan provides the alternate benefit of an amalgam filling for composite fillings performed on molar teeth. NO

This plan provides the alternate benefit of a full cast restoration for porcelain or veneer materials on molar teeth. YES

This plan provides the alternate benefit of a full cast restoration for porcelain or veneer crowns on bicuspid teeth. NO

This plan combines the frequency limitation for cleanings and perio maintenance visits. YES The combined limit is 4

This plan pays benefits based on the service: Completion Date..

Extractions performed for orthodontic purposes may be subject to Orthodontic benefit levels.

Benefits for Anesthesia are based on medical necessity.

Orthodontic Services

Benefits for Orthodontic services are based on medical necessity: NO

Payment Method is: Monthly Repetitive

Percentage Considered at Initial Placement: 25%

Orthodontic Benefit Level: 50%

Remaining benefits for the appliance adjustment visits will be paid automatically on a periodic basis provided that the patient is still eligible for coverage, active treatment is still being rendered, and the lifetime orthodontic maximum benefits have not been exceeded

Maximum age for Orthodontics (up to Age) Child 0, Student 0, Adult 99

Like most dental benefit plans, MetLife's dental plans contain certain exclusions and limitations. The patient should refer to his/her plan booklet for complete plan details. All claims submitted are subject to MetLife's standard processing guidelines and reviews. In some cases it may be determined that an alternative method of treatment is as appropriate and cost-effective. A pretreatment estimate is recommended before the start of extensive dental treatment such as crowns, veneers, bridgework, implants or treatment related to periodontal services, TMJ or orthodontics.

Date: October 30, 2025



FAX

To: Health Care Professional

Fax: (650)680-4940

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Eligibility and benefit information provided is based on current records and is not a guarantee of coverage.

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Cigna Dental

Cigna DENTAL FAX TRANSMISSION - FOR OFFICE USE ONLY

This information is provided based on data in our eligibility records as of this date. It does not reflect retroactive changes to eligibility that we have not yet received; therefore, this does not guarantee eligibility or covered benefits. Additionally, there may be other covered benefits not shown within this document. If you need more information, please call and speak with a Customer Service Agent. Please do not disclose the information contained within this document to persons other than the patient or his/her authorized representative, the patient's legal guardian and this office as necessary to provide services.

Today's Date: 10/30/2025
 MEMBER NAME: SHELLY TOWELL
 MEMBER STATUS: Active
 MEMBER EFFECTIVE DATE: 01/01/2023
 TERMINATION DATE: None

MEMBER ACCOUNT NUMBER: 2501702
 MEMBER NUMBER: U43200763
 PRODUCT NAME: Dental PPO
 NETWORK NAME: TOTAL

Claim Office Mailing Address: Cigna Dental, Post Office Box 188037, Chattanooga, Tennessee 37422-8037

<u>Deductibles</u>	<u>In-Network</u>		<u>Out-Of-Network</u>	
	<u>Individual / Family</u>		<u>Individual / Family</u>	
Calendar Year Deductible	\$100.00	/ \$300.00	\$100.00	/ \$300.00
Amount Satisfied	\$0.00	/ \$0.00	\$0.00	/ \$0.00
Lifetime Orthodontic Deductible	\$0.00	/ \$0.00	\$0.00	/ \$0.00
Amount Satisfied	\$0.00	/ \$0.00	\$0.00	/ \$0.00
<u>Maximums</u>	<u>Individual / Family</u>		<u>Individual / Family</u>	
	<u>Individual / Family</u>		<u>Individual / Family</u>	
Calendar Year Maximum	\$2,000.00	/ \$0.00	\$2,000.00	/ \$0.00
Amount Left	\$123.00	/ \$0.00	\$123.00	/ \$0.00
Lifetime Orthodontic Maximum	\$2,000.00	/ \$0.00	\$2,000.00	/ \$0.00
Amount Left	\$0.00	/ \$0.00	\$0.00	/ \$0.00

<u>Plan's Coinsurance Percentages</u>	<u>In-Network</u>		<u>Out-Of-Network</u>	
	<u>Reimbursement:</u>		<u>Reimbursement:</u>	
Class 1	100%		100%	
Class 2	80%		70%	
Class 3	50%		40%	
Class 4	50%		40%	
Class 5	80%		70%	
Class 9	50%		40%	

<u>Frequency and Age Limitations</u>	<u>In-Network</u>	<u>Out-Of-Network</u>
<u>Specific Coverage Information</u>		
Non-Orthodontic		
Dependent Age Limitation	26	26
Student Age Limitation	26	26
Date Coverage Ends	Birth Month	Birth Month
Orthodontic		
Dependent Age Limitation		
Student Age Limitation		
Date Coverage Ends	Birth Month	Birth Month
Missing Tooth		
Time Period Limitation	N/A	N/A
Coinurance Reduction		
COB Payment Provision		
Type of Coverage	Non-Duplicating	Non-Duplicating

<u>Procedure / Class</u>	<u>In-Network</u>		<u>Out-Of-Network</u>	
	<u>Frequency/Age Limit</u>		<u>Frequency/Age Limit</u>	
D0120 / 1	2 per 1 calendar year		2 per 1 calendar year	
D0272 / 1	1 per 1 calendar year		1 per 1 calendar year	
D0210 / 1	1 per 5 consecutive years		1 per 5 consecutive years	
D1110 / 1	2 per 1 calendar year		2 per 1 calendar year	
D1208 / 1	1 per 1 calendar year		1 per 1 calendar year	
	Under Age 19		Under Age 19	
D1351 / 1	1 per 36 consecutive months		1 per 36 consecutive months	
	Under Age 19		Under Age 19	
D2750 / 3	1 per 7 consecutive years		1 per 7 consecutive years	
D6750 / 3	1 per 7 consecutive years		1 per 7 consecutive years	
D8082 / 4	No Limitations		No Limitations	

Please note that the coinsurance percentages and maximum amounts may differ for each family member based on services received for that member during the prior plan year.

Plan payments for out-of-network treatment are based upon specified percentiles of Reasonable and Customary or fixed schedules, depending on the employer's plan. Fields that display zero as the Patient's Coinsurance Percent indicate that Cigna covers this service at 100% of plan allowance.

Additional questions or problems with this transmission? Call us toll-free at 1-800-Cigna24 (1-800-244-6224)

