

**\*\*FAX COVER PAGE\*\***

Date: 11/17/2022 12:32:35 PM EST

To: JASON HYDER

From: MetLife Dental

Including this cover sheet, you should receive a total of 4 pages

Save for tax purposes. This is the only statement to be issued.

## Explanation of Dental Benefits

This shows how we determined your benefits after a recent visit to the dentist. Please save this explanation for your taxes.

Go Green! Please visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) to register for paperless EOB delivery and confirm your email address for electronic delivery notifications.

### Claim summary

Your dentist submitted	\$	151.00
MetLife paid your dentist	\$	0.00
You owe your dentist	\$	0.00

**This is not a bill.** You may receive a bill from your dentist. Please refer to the claim detail for more information.

**Note:** This claim has been adjusted. The claim detail reflects the total amount paid on the claim to date, including any current payment. This amount may differ than the amounts shown in the MetLife Paid area.

**MetLife**

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**We're here to help.** Please visit us at [metlife.com/mybenefits](http://metlife.com/mybenefits) for additional information on your Dental Program, benefits, and claim details, or call 800-275-4638, Monday - Friday, 8am - 11pm ET.

### Your information

Name/Relationship

**Jason E. Hyder/Self**

Name

**Jason E. Hyder**

Employer

**BULKHAUL, INC.**

Group

**5502471**

Claim

**2072795122 89**

Dentist

**Dr. Matthew Lopp, DMD**

Date processed

**November 04, 2022**

### Ask Alexa or Google for help when you need a referral or specialist

#### For Alexa

To get started, say .Alexa, open MetLife..

To find a dental provider, say .Find a dentist..

#### For Google Home / Google Assistance

To get started, say .Talk to MetLife..

or .Can I speak to MetLife?.

To find a dentist, say .MetLife, find a dentist..

METLIFE  
PO BOX 981282  
EL PASO TX 79998

JASON HYDER  
3335 LEGENDS SHADOW DR  
SPRING TX 77386


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Name/Relationship: **Jason E. Hyder/Self**  
Claim: **207279512289**  
Dentist: **Dr. Matthew Lopp, DMD**

Name: **Jason E. Hyder**  
Employer: **BULKHAUL, INC.**  
Group: **5502471**

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**Plan overview****Individual - Jason E. Hyder/Self**

Plan maximum  \$1,043.00 available  
\$2,000.00 maximum

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**Claim detail**

Date of service	Service code, description	Your Dentist submitted	Allowed Amount		MetLife paid	You owe your dentist
07/26/22	D4910, Periodontal maintenance	\$151.00	\$151.00	100%	\$151.00	\$0.00
<b>Totals</b>		<b>\$151.00</b>	<b>\$151.00</b>		<b>\$151.00</b>	<b>\$0.00</b>

• Based on a recent inquiry, a stop payment has been placed on check# 568841892 in the amount of \$151.00. A replacement check has been issued under separate cover. (X1)

**Additional Information:**

- Please note that in accordance with the Department of Labor's COVID-19 extension requirements, and in determining the timeliness of your claim or appeal, MetLife will disregard the earlier of the following periods: (a) One year from the date you were first eligible for relief (starting no earlier than March 1, 2020); OR (b) 60 days from the announced end of the national emergency. This extension period does not impact your ability to submit your claim or appeal within the normal timeframes, and MetLife will review all claims and appeals once received pursuant to its normal procedures.



### 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.
- If you had services rendered by a non-preferred provider because no preferred provider was reasonably available, you have the right to request the preferred provider negotiated rate information for comparison purposes.

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 and we'll respond to that request within a 30-day time period.

### 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, 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 for charge.

### What you can do after two appeals

If you're not satisfied with our decision after a second level appeal, you and your plan may have other voluntary alternative dispute resolution options, such as mediation. You may also have rights under Section 502 (a) of ERISA to bring a civil action. One way to find out what may be available is to contact your local U.S. Department of Labor office and your State insurance regulatory agency.

### If you can't reach a resolution with MetLife

If you can't reach a satisfactory solution with MetLife, you may contact the Texas Consumer Protection division at 1-800-252-3439 for any issues related to the benefit payment.

Some services in connection with your coverage may be performed by our affiliate, MetLife Services and Solutions, LLC. These service arrangements in no way alter Metropolitan Life Insurance Company's obligation to you. Your coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and procedures.