





Name/Relationship: **Stephanie K. Schlegel/Dependent**  
 Claim: **3042098411 99**  
 Dentist: **Dr. Michelle Feliciano-turner, DDS**

Name: **Nikolai Schlegel**  
 Employer: **APPLE DENTAL PLAN**  
 Group: **0300860**

## Plan overview

**Individual - Stephanie K. Schlegel/Dependent**

Plan maximum  \$2,125.50 available  
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 \$2,500.00 maximum

## Claim detail

Date of service	Service code, tooth #, surface, description	Your Dentist submitted	Allowed Amount	MetLife paid	You owe your dentist
04/19/23	D2392, Tooth 19, DO, Two surface composite posterior	\$397.00	\$363.00	70% \$254.10	\$142.90
<b>Totals</b>		<b>\$397.00</b>	<b>\$363.00</b>	<b>\$254.10</b>	<b>\$142.90</b>

### 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

We'll review your appeal 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 within 60 days 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 relevant to 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're not satisfied with our decision after a second level appeal you may also have rights under Section 502 (a) of ERISA to bring a civil action. Your state may have additional internal and/or external appeal processes available to you. 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.

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.