

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.



Claim summary

Your dentist submitted	\$ 560.00
MetLife paid your dentist	\$ 293.30
You owe your dentist	\$ 266.70

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

\$ Want to Save Money?

Remember, you have the option to use a dentist in the Preferred Dentist Program. With an in-network dentist, the charges are usually less than your dentist's non-negotiated rates. To find a network dentist in your area, visit metlife.com/dental or metlife.com/mybenefits and compare service costs to help manage your dental experiences.

? Have an Employee Spending Account?

If you are eligible/enrolled in the Employee Spending Account program, the unpaid portion of your Dental claim has been referred for further consideration.

METLIFE
PO BOX 981282
EL PASO TX 79998

01132
NIKOLAI SCHLEGEL
6 ELIZABETH LN
DANVILLE CA 94526

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Your information

Name/Relationship
Kahlea A. Schlegel/Dependent

Name
Nikolai Schlegel

Employer
APPLE DENTAL PLAN

Group
0300860

Claim
3070736121 99

Dentist
Dr. Brian Adams, DDS

Date processed
July 13, 2023

Document
230707856792

We're here to help

Scan the QR code
or visit us at
[metlife.com/
mybenefits](https://metlife.com/mybenefits) to view
your benefits.



You can also call us at 800-942-0854,
Monday - Friday, 8am - 11 pm ET.

Ask Alexa or Google to help Find a Dentist.

For Alexa
Say: "Alexa, open MetLife, Find a Dentist."

For Google Home / Google Assistance
Say: "Talk to MetLife, Find a Dentist."



Name/Relationship: **Kahlea A. Schlegel/Dependent**
 Claim: **3070736121 99**
 Dentist: **Dr. Brian Adams, DDS**


Name: **Nikolai Schlegel**
 Employer: **APPLE DENTAL PLAN**
 Group: **0300860**
 Document: **230707856792**

Plan overview

A *deductible* is the amount you directly pay your dentist for covered dental services before your plan begins to pay. After you've satisfied your deductible, you have available benefits up to your *plan maximum* amount.

Individual - Kahlea A. Schlegel/Dependent

Plan deductible  \$0.00 remaining
 — \$50.00 deductible —

Plan maximum  \$2,206.70 available
 — \$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
06/29/23	D2391, Tooth 31, O, One surface composite posterior	\$304.00	\$304.00	70%	\$177.80	\$50.00 applied to deductible.	\$126.20
06/29/23	D1351, Tooth 32, Sealant - per tooth	\$91.00					\$91.00
06/29/23	D7971, Excise pericoronal gingiva	\$165.00	\$165.00	70%	\$115.50		\$49.50
Totals		\$560.00	\$469.00		\$293.30		\$266.70

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.