Explanation of Benefits (EOB) Statement

Please do not use or disclose the information contained here for any purposes other than those permitted under HIPAA.

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File Ref. Number: 5071898955 99
Provider Control Number:
Date Claim Received: 07/18/2025
Status: PROCESSED on 07/25/2025
Claim Source: WMD
Claim Year: 2025

Patient Name: ERWIN ESCARCHA
Relationship to Subscriber: Self

Subscriber Name: ERWIN ESCARCHA
SSN or Identification Number: XXXXX2703
Group Number: 5777136

Rendered by: DR. CARMEN CHILDERS
Location of Service: OFFICE

Provider ID: XXXXX3738

Date of Service	Service Description (Code)	Tooth# /Area	Fee Charged	Negotiated Fee (if applicable)	Covered Expense	Deductible Applied	Plan Benefit	Notes	Status
07/16/2025	CROWN PORCELAIN/CERAMIC (D2740)	08	$2,764.00	$654.00	$654.00		60% - $392.40		Approved
07/16/2025	CORE BUILDUP-INCLUDING PINS (D2950)	08	$434.00	$122.00			60% - $0.00	J	Denied
07/16/2025	CROWN PORCELAIN/CERAMIC (D2740)	09	$2,764.00	$654.00	$654.00		60% - $392.40		Approved
07/16/2025	CORE BUILDUP-INCLUDING PINS (D2950)	09	$434.00	$122.00			60% - $0.00	J	Denied
	Total		$6,396.00	$1,552.00	$1,308.00	$0.00	$784.80		

Status	Payment Date	Benefit Paid	Payee	Cycle Date	Payment Method	Check, Trace Number or Payment ID
Paid / Settled	07/22/2025	$784.80	Provider of Service	07/22/2025	EFT	0000000000710260240

As of 07/25/2025, $1,105.00 has been applied toward the plan maximum of $5,000.00.

Note: This claim detail does not replace the printed Explanation of Benefits the patient will receive in the mail.

The network savings were obtained through a relationship with AMERITAS

Additional Notes

J : Benefits for a core build-up are available only when the tooth qualifiesfor prosthetic crown benefits and there is insufficient anatomical crownremaining to provide retention for the crown. The clinical information submitted and reviewed by our consulting dentists did not appear to meetthese criteria.

If you have questions regarding this Explanation of Benefits, please email us or contact:

MetLife Services and Solutions
MetLife Dental Claims

P.O. Box 981282
El Paso, TX 79998-1282
Phone: 1-877-MET-DDS9 (1-877-638-3379)

Notice to Claimant
This claim for benefits was processed in accordance with the terms of the Employee's Benefit Plan. In the event the claim for benefits has been denied in whole or in part, you can request a review of the adverse benefit determination at no cost to you. This request for review should be sent to MetLife, Group Claims Review, P.O. Box 14589, Lexington, KY 40512, within 180 days of the date you received notice of the adverse benefit determination. When requesting a review of an adverse benefit determination, please state the reason you believe the claim for benefits was improperly denied, and whether you are requesting a first or second review. You may submit any comments, questions, documents, or information you deem appropriate. We will review your claim within 30 days of receipt and provide you with a written or electronic explanation of our benefit determination in a manner you can understand.

Your claim for benefits will receive a full and fair review involving someone other than the person who initially made the adverse benefit determination or their subordinate. In deciding an appeal of any adverse benefit determination that is based in whole or in part on a medical judgment, we shall consult with a health care professional with appropriate training and experience. You have the right to request copies of all documents, records, and other information we used in evaluating your claim at no cost to you. If an internal rule, guideline or other similar criterion was relied upon in making the adverse benefit determination, upon request we will provide you with a copy free of charge. If the adverse benefit determination was made based on a lack of dental necessity or due to an experimental treatment or other similar exclusion or limit, upon request we will provide an explanation of the scientific or clinical judgment for the adverse benefit determination free of charge.

If we deny your first appeal in whole or in part, you may request a second level appeal and we will respond to that request within a 30 day time period. At the end of the second level appeal, if you are not satisfied with our decision you may have rights under Section 502 (a) of ERISA to bring a civil action if you so desire. Your state may have additional internal appeal and/or external review processes available to you to resolve disputes.

We shall provide coverage for Dental consultation and treatment services that are appropriately delivered through telehealth services. We will reimburse you on the same basis and to the same extent had the consultation and treatment services been performed in-person.

Maryland Residents

You or your representative have the right to file a complaint with the Maryland Insurance Administration within 4 months of receiving this final adverse decision. The complaint may be submitted by writing the Maryland Insurance Administration, Appeal and Grievance Unit, 200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202, Telephone 410-468-2000, Toll Free 800-492-6116; Fax 410-468-2270, TTY 1-800-735-2258.

THERE IS HELP AVAILABLE TO YOU IF YOU WISH TO DISPUTE THE DECISION OF THE PLAN ABOUT PAYMENT FOR HEALTH CARE SERVICES. You or your representative may contact the Health Advocacy Unit of Maryland's Consumer Protection Division; Office of the Attorney General; 200 St Paul Place, 16 Floor; Baltimore, Maryland 21202, Telephone 410-528-1840, Toll Free 800-743-0023; Fax 410-576-6571; E-mail: heau@oag.state.md.us. The Health Advocacy Unit can help you, your representative and your health care provider prepare a grievance to file under the carrier's internal grievance procedure. That unit can also attempt to mediate a resolution to your dispute. The Health Advocacy Unit is not available to represent or accompany you during any proceeding of the internal grievance process. Additionally, you or your

representative may file a complaint with the Maryland Insurance Administration, without having to first file a grievance with the plan, if: (1) the plan has denied authorization for a health care service not yet provided to you, and (2) you, your representative or your provider can show a compelling reason to file a complaint, including that a delay in receiving the health care service could result in loss of life, serious impairment to a bodily function, or serious dysfunction of a bodily organ or part, or the member remaining seriously mentally ill with symptoms that cause the member to be in danger to self or others. **INFORMATION DESCRIBED IN THIS NOTICE MAY ALSO BE FOUND IN YOUR CERTIFICATE.** A complaint may be filed without exhausting the grievance process if: (i) MetLife waives the requirement that the internal process be exhausted; or (ii) if MetLife fails to comply with any of the internal grievance process requirements found in § 15-10A-02.

State of California
If, after contacting MetLife, you feel that a satisfactory solution has not been reached, you may contact the California Department of Insurance at the following address or telephone numbers: California Department of Insurance - Consumer Communications Bureau, 300 South Spring Street, South Tower, Los Angeles, CA 90013. Hotline: 1-800-927-HELP (4357) (for calls originating within California), or 213-897-8921 (for calls originating outside of California). You can also contact the Department on the internet at https://www.insurance.ca.gov/contact-us/0200-file-complaint/index.cfm.

In accordance with California law, MetLife will provide a Dentist a dispute resolution mechanism. Disputes are to be submitted to MetLife in writing and shall include provider name; provider tax identification number; patient name; insurer's identification information, date of services, description of dispute, and, if applicable, billed and paid amounts. MetLife shall resolve each provider dispute consistent with applicable law and issue a written determination within 45 working days after the date of receipt of the provider dispute.

Disputes can be sent to: MetLife Group Claim Review, P.O.Box 14589, Lexington, KY 40512
Telephone number for provider only: 1-877-MET-DDS9 (638-3379)

State of Illinois

If you can't reach a resolution with MetLife

If you can't find a satisfactory solution with MetLife, you may contact the Illinois Department of Insurance.
Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that, if you wish to take this matter up with the Illinois Department of Insurance, it maintains two Consumer Divisions, as follows:

IDOI
122 South Michigan Ave., 19th Floor
Chicago, IL 60603
Telephone: 312-814-2420

IDOI
320 West Washington St.
Springfield, IL 62767
Telephone: 217-782-4515

You may also contact the Illinois Department of Insurance at https://insurance.illinois.gov.

State of Louisiana

You have the right to file a request for an external review of an adverse determination or final adverse determination with us, within four months after the date You received notice of the determination, if:

- The adverse determination or final adverse determination involves an issue of medical necessity, appropriateness, health care setting, level of care, effectiveness, or recission; and
- The individual claim is in excess of $250.00.

To request an external review, please send your request to Us at: MetLife Group Claims Review, P.O. Box 14589, Lexington, KY 40512

When completing Your request for an external review, You must include a statement authorizing the release of any of Your medical records that may be required to be reviewed for the purpose of reaching a decision on the external review.

You have the right to file a request for an expedited external review if Your request for an external review involves the following:

- A medical condition for which the time frame for the completion of a standard external review would seriously jeopardize Your life or health or would jeopardize Your ability to regain maximum function;
- A denial of coverage based on a determination that the recommended or requested service or treatment is experimental or investigational; or
- The delay in appealing the adverse determination may pose an imminent threat to Your health, including but not limited to severe pain, potential loss of life, limb, or major bodily function, or the immediate deterioration of Your health. This indicator needs to be certified to in writing by Your treating provider.

If You need assistance with completing Your request for an external review, You can contact Us at 1-800-275-4638 or contact the Louisiana Department of Insurance at: https://www.ldi.la.gov/, P.O. Box 94214, Baton Rouge, LA 70804-9214 or via telephone at 1-800-259-5300.

State of Ohio

If your claim has been denied on the basis that it is not a covered service you have the right to file a complaint with the Ohio Department of Insurance, Consumer Services Division, 50 West Town Street, Third Floor - Suite 300, Columbus, Ohio 43215, (614)-644-2673, toll free in Ohio 1-800-686-1526. Complaints may also be filed via the internet at http://insurance.ohio.gov.