CANCELLATION/TERMINATION

Coverage is subject to the terms and provisions of the Group Policy (Form#93501W) and Certificate of Insurance issued to each insured member. In any state exercising extraterritorial jurisdiction, the plan will be modified to apply only to residents of the state.

INTERMEDIARY AND PRODUCER COMPENSATION NOTICE

For an explanation of compensation paid to brokers, agents, consultants, Intermediary, your MetLife sales representative, and the Arkansas State Employees Association by:

1. Before signing this enrollment form, please read the warning for the state where you reside and for the state where the contract under which you are applying for coverage was issued.

2. You are eligible to enroll if you are a member of the Arkansas State Employees Association (ASEA). You may also enroll your spouse, and/or children.

3. To check out the general dentists and specialists in the network, visit www.metlife.com/dental or call 1-800-ASK 4 MET (1-800-275-8683).

4. The cost of supplemental compensation is not directly charged to the price of our Products except as an addition to your base compensation. Under MetLife’s current plans of superior value and service at attractive group rates, MetLife is committed to offering dental benefits for participants.

5. The freedom of Choice plan takes advantage of the network advantage; spouses and children must enroll in the network plan. MetLife’s Freedom of Choice plan presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

6. Compensation paid to your MetLife sales representative is for participating in the sale, servicing, and/or renewal of Products, or remit compensation to your MetLife sales representative. Compensation paid to your MetLife sales representative may include base compensation, supplemental compensation and/or a service fee.

7. MetLife may pay compensation for the sale, servicing and/or renewal of Products, or remit compensation to another person or party, which may also be an Intermediary and who may also perform marketing and/or administrative services in connection with your Products and be paid compensation by MetLife.

8. MetLife is committed to offering dental benefits of superior value and service at attractive group rates. This commitment has helped MetLife become the largest administrator of dental benefit plans among all single commercial carriers providing dental plans administration for over 22 million people.

9. Freedom of Choice

You have the flexibility to visit any dentist — your dentist — and receive coverage under the plan. If you select out-of-network participating dentists, you have to pay your full premium; however, you will have freedom of choice.

10. Lower Costs

Your out-of-pocket costs are usually lower when you visit network dentists. That’s because they have agreed to accept negotiated fees that are typically 15 to 45% less than average dental charges in the community.

11. IMPORTANT COVERAGE INFORMATION

Your enrollment form must be completed in its entirety. The plan will only be modified to apply only to residents of the state.

12. SUBMISSION INSTRUCTIONS

After completion, make a copy for your records and return the original to your Association at P.O. Box 1817, Little Rock, AR 72203.

13. ENROLLMENT • CHANGE FORM

MetLife Dental Benefits Premium Plan for Participating Members

Arkansas State Employees Association & MetLife

NEW – Dental Benefits Premium Plan for Participating Members

Dental Advantages

1. Waiting period waived*

2. Annual Maximum $3,000

3. Orthodontics included**

To enroll, please complete and return the enrollment form for ASEA in the enclosed return envelope.

MetaLife Group Dental Benefits

With more than 50 years of experience providing dental benefits, MetLife is committed to offering dental benefit plans of superior value and service at attractive group rates. This commitment has helped MetLife become the largest administrator of dental benefit plans among all single commercial carriers providing dental plans administration for over 22 million people.

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IMPORTANT COVERAGE INFORMATION

Who is Eligible?

You are eligible to enroll if you are a member of the Arkansas State Employees Association (ASEA). You may also enroll your spouse, and/or children.

What is the Deductible?

The deductible is the amount you must pay for covered services and attorney fees before MetLife will pay any costs. After you have met the deductible, you do not have to pay it again for the following calendar year. The deductible only applies to Basic and Major (Type B & C) services, not preventative services. Under the plan, the annual deductible is $500 (individual), $150 (family).

Arkansas State Employees Association & MetLife

NEW – Dental Benefits Premium Plan for Participating Members

MetLife Dental Benefits

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The maximum amount this insurance will pay for all Eligible Dental Expenses in any calendar year is $2,000 per person for all Type A, B and C covered services.

**What is the Calendar Year Maximum?**

- **Type D Orthodontia** ($1,000 Lifetime Maximum to Age 19
- **Basic Restorative**
- **Preventive** – (Periodontal scaling and root planing; once per quadrant every 24 months)
- **Crowns/Inlays/Onlays** (Replacement: once every 10 years)
- **Endodontics** (Root Canal treatment limited to once per tooth per lifetime)
- **Bridges and Dentures**
- **Surgical Extractions**
- **Space Maintainers** (For dependent children up to 18th birthday, once per area per lifetime)
- **Fillings** – (Bitewing X-rays: one set per 12 months for adults; two sets per 12 months for children)
- **Prophylaxis** (cleanings) (Two per 12 months)
- **Topical Fluoride Applications** (One fluoride treatment per 12 months for dependent children up to 16th birthday)

Pregnant (one every 13 months)

-Missed appointments;
- Services which are neither performed nor prescribed by a Dentist except for those services of
- Services for which the submitted documentation indicates a poor prognosis;
- Services for which the employer of the person receiving such services is not required to pay; or
- Services of R&C **
- Services which are not Dentally Necessary, those which do not meet generally accepted dental standards; and (ii) would qualify as a Covered Service.

**Exclusions**

Wells will pay Dental Insurance benefits for covered dental services.

-Prescription drugs;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Installation of any device, apparatus, appliance or prosthesis into the mouth of a dependent child;
- Services for which the policy is not applicable, do not apply, or do not apply to a specific person;
- Services for which the plan does not cover.

**Predis确定 Benefit**

For all dental services performed in connection with orthodontic treatment of a dependent child, Dental Insurance will pay a benefit in accordance with the plan provision governing orthodontic treatment.

- **Preventive**
- **Crowns/Inlays/Onlays** (Replacement: once every 10 years)
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