

THE IEEE MEMBER GROUP DENTAL INSURANCE PLAN ENROLLMENT FORM

TO ENROLL:

Send this completed form with your premium check to:

ADMINISTRATOR

IEEE GROUP INSURANCE PROGRAM
P.O. Box 14533
Des Moines, IA 50306

QUESTIONS?

Call : 1-800-493-IEEE(4333)
E-Mail: ieee.service@getamba.com

Underwritten by:

Metropolitan Life Insurance Company
New York, NY

PLEASE PRINT IN INK OR TYPE - DO NOT USE CORRECTION FLUID OR GEL PEN - INITIAL AND DATE ANY CHANGES

ENROLLEE — Please print or type. Complete all areas, sign and date

Name: _____

Add 1: _____

Add 2: _____

City, St., Zip: _____

Social Security # _____

Date of Birth _____ Sex M F
(Mo./Day/Yr.)

Phone Numbers:

(_____) _____
Home(_____) _____
Work

E-Mail _____

(For internal use only for important announcements, time sensitive bulletins or member notifications. Neither IEEE nor the Plan Administrator will sell or rent your email address under any circumstances.)

Eligibility Date _____
(FOR OFFICE USE ONLY)**MEMBERSHIP AFFILIATION**

Are you now a member of The Institute of Electrical and Electronics Engineers, Incorporated?

Yes No Membership # _____

Membership in IEEE is required for participation in the plan. Affiliate members are not eligible.

COVERAGE OPTIONS

Please select the type of coverage you would like. Enclose a check for the rate selected and mail it with this Enrollment Form to the Association Member Benefits Advisors, LLC. Even if you select Automatic Check Withdrawal, you are required to send a check for your first month's premium along with a blank voided check.

Low Option Plan

- Member Only
 Member +1 Dependent
 Member + Family

High Option Plan

- Member Only
 Member +1 Dependent
 Member + Family

**IF APPLYING FOR DEPENDENT COVERAGE
(SPOUSE/DOMESTIC PARTNER OR CHILD), COMPLETE THE FOLLOWING:**

Number of dependents (including spouse/domestic partner) _____

Name of Spouse/Domestic Partner (Last, First, MI) _____ Social Security Number _____ Date of Birth _____ Sex (M/F) _____

Name(s) of Child(ren) (Last, First, MI)	Social Security Number	Date of Birth	Sex (M/F)	Is child a full-time student?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

BILLING OPTIONS

Indicate how you wish to be billed:

- Automatic Monthly Check Withdrawal
- Quarterly Direct Bill

(If you select Automatic Monthly Check Withdrawal, please complete the Automatic Monthly Check Withdrawal request below.)

PLEASE READ AND SIGN

I have read and understand the conditions and exclusions of the program. I hereby enroll in The Group Dental Insurance Plan for IEEE Members. I understand that the plan enrolled for shall become effective on the date specified by The Metropolitan Life Insurance Company in the City of New York only if this Enrollment Form is accepted and the first payment is paid by the Effective Date. I represent that to the best of my knowledge and belief all statements and answers recorded above are true and complete.

Important Notice – Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime. (Fraud provisions vary by state.)

X _____ **X** _____
Member's Signature Date

AUTOMATIC CHECK WITHDRAWAL REQUEST: By selecting Automatic Check Withdrawal, your premium will automatically be withdrawn from your checking account. Please provide the information requested below. Remember to include your first premium and a blank voided check with your application.

Checking Account

Routing #: _____ **Account #:** _____

I request that you pay and charge my account debits drawn from my account by the Plan Administrator to its order. This authorization will stay in effect until I revoke it in writing. Until you receive such notice, I agree that you shall be fully protected in honoring any such debits. I also agree that you may, at any time, end this agreement by giving 30 days advanced written notice to me and to the Plan Administrator. You are to treat such debit as if it were signed by me. If you dishonor such debit with or without cause, I will not hold you liable even if it results in loss of my insurance.

Signature of Premium Payer: _____ **Date:** _____



FRAUD WARNINGS

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.

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West

Virginia: Any person who knowingly 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.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fine or a denial of insurance benefits

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who files an application containing any false or misleading information is subject to criminal and civil penalties.

New York (only applies to Accident and Health Benefits): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly presents a materially false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or file more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**CALIFORNIA HEALTHCARE LANGUAGE ASSISTANCE PROGRAM
NOTICE TO INSURED**

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card, if any, or 1-800-942-0854. For more help call the CA Dept. of Insurance at 1-800-927-4357.

To receive a copy of the attached MetLife document translated into Spanish or Chinese, please mark the box by the requested language statement below, and mail the document with this form to:

Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512

Please indicate to whom and where the translated document is to be sent.

Servicio de Idiomas Sin Costo. Puede obtener la ayuda de un intérprete. Se le pueden leer documentos y enviar algunos en español. Para recibir ayuda, llámenos al número que aparece en su tarjeta de identificación, si tiene una, o al 1-800-942-0854. Para recibir ayuda adicional llame al Departamento de Seguros de California al 1-800-927-4357.

Para recibir una copia del documento adjunto de MetLife traducido al español, marque la casilla correspondiente a esta oración, y envíe por correo el documento junto con este formulario a:

Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512

Por favor, indique a quién y a dónde debe enviarse el documento traducido.

NOMBRE _____
DIRECCIÓN _____

免費語言服務。 您可獲得免費口譯服務。您可要求翻譯員向你口譯文件，或可要求向你發回文件的中文譯本。如需協助，請致電您的ID卡上所示號碼（如有），或 1-800-942-0854。如需更多協助，請致電加州保險部熱線1-800-927-4357。為收取隨附MetLife文件的中文譯本，請勾選此陳述前的方框，並將文件連同此表一併郵寄至：

Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512

請指明經翻譯文件收件人的姓名及地址。

姓名 _____
地址 _____

Անվճար թարգմանչապան ծառայություններ: Ձեզ կտրամադրվի հայերենի թարգմանիչ, որի օգնությամբ կարող եք հայերենով կարդալ փաստաթղթերը: Հարցերի դեպքում զանգահարեք մեզ Ձեր ID քարտի վրա նշված հեռախոսահամարով կամ 1-800-942-0854: Առավել մանրամասն տեղեկատվության համար զանգահարեք Կալիֆորնիայի Ապահովագրական Դեպարտամենտ 1-800-927-4357 հեռախոսահամարով:

សេវាករំប្រដោយឥតគិតថ្លៃ ។ អ្នកអាចទទួលបានអ្នកបកប្រែម្នាក់ និងឱ្យគេអានឯកសារនានាឱ្យអ្នកស្តាប់ជាភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើង តាមលេខដែលមានចុះនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នកប្រសិនបើមាន ឬ តាមលេខ 1-800-942-0854 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងនៃរដ្ឋកាលីហ្វ័រញ៉ា (CA Dept. of Insurance) តាមលេខ 1-800-927-4357 ។

Kev pab txhais lus tsis kom them nqi. Koj thov tau kom nrhiav neeg txhais lus thiab nyeem ntaub ntawv hais ua lus Hmoob rau koj mloog. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj sau hauv koj daim npav ID, yog muaj, lossis 1-800-942-0854. Yog xav kom pab lwm yam hu rau lub CA Hauv Paus Iv-saws-las ntawm 1-800-927-4357.

無料の通訳サービス。 通訳を通して日本語で文書を読み上げることができます。サービスの利用をご希望の方は、お手持ちのIDカードに記載されている番号、または 1-800-942-0854 へお電話ください。さらなる支援が必要な場合は、カリフォルニア州保険庁 1-800-927-4357 までお問い合わせください。

무료 통역 서비스. 통역자가 문서를 한국어로 읽어드릴 수 있습니다. 도움이 필요하시면, 귀하의 ID 카드에 있는 번호나 1-800-942-0854 로 전화하십시오. 다른 도움이 필요하시면, 전화번호 1-800-927-4357 로 캘리포니아 보험국에 연락하여 주십시오.

Бесплатные услуги устного перевода. Вы можете воспользоваться услугами переводчика, который прочитает вам документы на русском языке. Чтобы получить помощь, позвоните нам по номеру, указанному на вашей идентификационной карточке, если у вас она есть, либо по номеру 1-800-942-0854. Если вам нужна помощь в других вопросах, позвоните в горячую линию Департамента страхования (CA Dept. of Insurance) 1-800-927-4357.

Libreng serbisyo sa pagsasalín. Maaari kang kumuha ng tagasalín para basahin sa iyo ang mga dokumento sa wikang Tagalog. Para ikaw ay matulungan, tawagan kami sa numerong nakalista sa iyong ID card, kung mayroon man, o sa numerong 1-800-942-0854. Para sa karagdagang tulong tawagan ang CA Dept. of Insurance sa numerong 1-800-927-4357.

Dịch vụ thông dịch miễn phí. Quý vị có thể tìm một thông dịch viên và nhờ đọc các tài liệu này cho quý vị bằng tiếng Việt. Để được giúp đỡ, gọi cho chúng tôi tại số nêu trên thẻ ID của quý vị, nếu có, hoặc 1-800-942-0854. Để được giúp đỡ thêm gọi cho Ban Bảo Hiểm CA tại số 1-800-927-4357.

لا تتوفر خدمات ترجمة بتكلفة. يمكنك الاتصال بمترجم والحصول على خدمة قراءة المستندات باللغة العربية. للمساعدة، اتصل بنا على الرقم الموجود على بطاقة التعريف الخاصة بك، أو اتصل بالرقم 1-800-942-0854. ولمزيد من المساعدة، اتصل بقسم التأمينات التابع لـ CA على الرقم 1-800-927-4357. **سرویس های ترجمه رایگان.** شما می توانید مترجم و اسنادی را به زبان فارسی برای مطالعه دریافت کنید. برای راهنمایی، از طریق شماره درج شده در کارت شناسایی خود (در صورت وجود) یا شماره 1-800-942-0854 با ما تماس بگیرید. برای راهنمایی بیشتر با بخش بیمه کالیفرنیا 1-800-927-4357 تماس بگیرید. **بلا معاوضه مترجم دی خدمات مل سکدی اے۔** تسی ایک مترجم دی خدمات حاصل کرسکدے او جو توڈے واسطے دستاویزات پنجابی وچ پڈ سکدا اے۔ مدد واسطے ایڈی ڈی کارڈ، گربوتو، دے وچ نمبر یا 1-800-942-0854 پہ کال کرو۔ آگے مزید مدد واسطے اے نمبر 1-800-927-4357 پہ سی اے ڈیپارٹمنٹ برائے انشورنس نال گال کرو۔



Our Privacy Notice

We know that you buy our products and services because you trust us. This notice explains how we protect your privacy and treat your personal information. It applies to current and former customers. "Personal information" as used here means anything we know about you personally.

Plan Sponsors and Group Insurance Contract Holders

This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, group insurance or annuity contract, or as an executive benefit. In this notice, "you" refers to these individuals.

Protecting Your Information

We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

Collecting Your Information

We typically collect your name, address, age, and other relevant information. We may also collect information about any business you have with us, our affiliates, or other companies. Our affiliates include life, car, and home insurers. They also include a legal plans company and a securities broker-dealer. In the future, we may also have affiliates in other businesses.

How We Get Your Information

We get your personal information mostly from you. We may also use outside sources to help ensure our records are correct and complete. These sources may include consumer reporting agencies, employers, other financial institutions, adult relatives, and others. These sources may give us reports or share what they know with others. We don't control the accuracy of information outside sources give us. If you want to make any changes to information we receive from others about you, you must contact those sources.

We may ask for medical information. The Authorization that you sign when you request insurance permits these sources to tell us about you. We may also, at our expense:

- Ask for a medical exam
- Ask for blood and urine tests
- Ask health care providers to give us health data, including information about alcohol or drug abuse

We may also ask a consumer reporting agency for a "consumer report" about you (or anyone else to be insured). Consumer reports may tell us about a lot of things, including information about:

- Reputation
- Driving record
- Finances
- Work and work history
- Hobbies and dangerous activities

The information may be kept by the consumer reporting agency and later given to others as permitted by law. The agency will give you a copy of the report it provides to us, if you ask the agency and can provide adequate identification. If you write to us and we have asked for a consumer report about you, we will tell you so and give you the name, address and phone number of the consumer reporting agency.

Another source of information is MIB Group, Inc. ("MIB"). It is a non-profit association of life insurance companies. We and our reinsurers may give MIB health or other information about you. If you apply for life or health coverage from another member of MIB, or claim benefits from another member company, MIB will give that company any information that it has about you. If you contact MIB, it will tell you what it knows about you. You have the right to ask MIB to correct its information about you. You may do so by writing to MIB, Inc., 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734, by calling MIB at (866) 692-6901 (TTY (866) 346-3642 for the hearing impaired), or by contacting MIB at www.mib.com.

Using Your Information

We collect your personal information to help us decide if you're eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

- administer your products and services
- perform business research
- market new products to you
- comply with applicable laws
- process claims and other transactions
- confirm or correct your information
- help us run our business

Sharing Your Information With Others

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. We may share your personal information without your consent if permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

- doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
- telling another company what we know about you if we are selling or merging any part of our business
- giving information to a governmental agency so it can decide if you are eligible for public benefits
- giving your information to someone with a legal interest in your assets (for example, a creditor with a lien on your account)
- giving your information to your health care provider
- having a peer review organization evaluate your information, if you have health coverage with us
- those listed in our “Using Your Information” section above

HIPAA

We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. The Health Insurance Portability and Accountability Act (“HIPAA”) protects your information if you request or purchase dental, vision, long-term care and/or medical insurance from us. HIPAA limits our ability to use and disclose the information that we obtain as a result of your request or purchase of insurance. Information about your rights under HIPAA will be provided to you with any dental, vision, long-term care or medical coverage issued to you.

You may obtain a copy of our HIPAA Privacy Notice by visiting our website at www.MetLife.com. For additional information about your rights under HIPAA; or to have a HIPAA Privacy Notice mailed to you, contact us at HIPAAprivacyAmericasUS@metlife.com, or call us at telephone number (212) 578-0299.

Accessing and Correcting Your Information

You may ask us for a copy of the personal information we have about you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you privileged information relating to a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing, and we will include your statement whenever we give your disputed information to anyone outside MetLife.

Questions

We want you to understand how we protect your privacy. If you have any questions or want more information about this notice, please contact us. When you write, include your name, address, and policy or account number.

Send privacy questions to:

MetLife Privacy Office
P. O. Box 489
Warwick, RI 02887-9954
privacy@metlife.com

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of these MetLife companies:

Metropolitan Life Insurance Company
Metropolitan Tower Life Insurance Company
SafeGuard Health Plans, Inc.
Delaware American Life Insurance Company

MetLife Health Plans, Inc.
General American Life Insurance Company
SafeHealth Life Insurance Company

The IEEE Member Group Dental Insurance Plan

FOR IEEE MEMBERS AND THEIR FAMILIES

QUALITY DENTAL CARE FOR YOUR ENTIRE FAMILY

Dental coverage is an important health benefit — especially if you have a family. As an IEEE member, you can now get excellent dental treatment at discounted costs for yourself and your family. Whether you need treatment for current problems or to prevent serious diseases of the teeth or gums, this IEEE Member Group Dental Plan enables you to obtain professional dental coverage at an affordable price.

DENTAL CARE TO BRIGHTEN YOUR SMILE ... PRICES TO BRIGHTEN YOUR DAY

Dental services are provided by a nationwide network of independent, participating dentists. You save money every time you go to the dentist.

COMMON QUESTIONS... IMPORTANT ANSWERS

Who is a participating dentist?

A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for services provided to plan members. Negotiated fees typically range from 30% to 45% less than the average charges in the same community.*

*Based on internal analysis by MetLife. Savings from enrolling in a dental benefits plan will depend on various factors, including how often members visit participating dentists and the cost for services rendered. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any deductibles, copayments, cost sharing and benefit maximums. Negotiated fees are subject to change.

How do I find a participating dentist?

There are thousands of general dentists and specialists to choose from nationwide — so you are sure to find one who meets your needs.

Both insureds and non-insureds can view a list of participating dentists by going to www.metlife.com/dental. From there, select “Find a participating dentist” then select the network “PDP Plus” and enter your zip code. Or if you would like to have a list mailed to you please call 1-800-942-0854. Plan insureds may also go to www.metlife.com/mybenefits. Your company name will be Institute Of Electrical & Electronics Engineers, Inc.

What services are covered by my plan?

All services defined under your group dental benefits plan are covered. Please review the enclosed plan benefits to learn more.

May I choose a non-participating dentist?

Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist, your out-of-pocket costs may be higher. He or she hasn't agreed to accept negotiated fees. So you may be responsible for any difference in cost between the dentist's fee and your plan's benefit payment.

Can my dentist apply for participation in the network?

Yes. If your current dentist does not participate in the network and you would like to encourage him or her to apply, ask your dentist to visit www.metdental.com, or call 1-866-PDP-NTWK for an application.* The website and phone number are for use by dental professionals only.

*Due to contractual requirements, MetLife is prevented from soliciting certain providers.

How are claims processed?

Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive e-mail alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/dental or www.metlife.com/mybenefits. Please note, if you use www.metlife.com/mybenefits, you must be an insured and enter your company name as Institute Of Electrical & Electronics Engineers, Inc. To request a claim form by mail call 1-800-942-0854 or 1-800-GET-MET8.

IMPORTANT ENROLLMENT INFORMATION

Can I find out what my out-of-pocket expenses will be before receiving a service?

Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of \$300. Simply have your dentist submit a request online at www.metdental.com or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

How can I learn about what dentists in my area charge for different procedures?

Insureds of the IEEE Member Group Dental Insurance Plan can sign in to MyBenefits. There, you can access the Dental Procedure Fee Tool. You can use the tool to look up average in- and out-of-network fees for dental services in your area.* You'll find fees for services such as exams, cleanings, fillings, crowns, and more. Just log in at www.metlife.com/mybenefits. Your company name will be Institute Of Electrical & Electronics Engineers, Inc.

*The Dental Procedure Fee Tool application is provided by VerifPoint, an independent vendor. This tool does not provide the payment information used by MetLife when processing your claims. Prior to receiving services, pretreatment estimates through your dentist will provide the most accurate fee and payment information.

Can MetLife help me find a dentist outside of the U.S. if I am traveling?

Yes. Through the international dental travel assistance services program,* you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.** Please remember to hold on to all receipts to submit a dental claim.

*AXA Assistance USA, Inc. provides Dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations.

**Refer to your dental benefits plan summary for your out-of-network dental coverage.

MetLife Vision Access Program

Once enrolled in the MetLife Dental Plan, you will have access to the MetLife Vision Access Program. With this program you will have access to discounts on vision services at participating providers. More information is available on this service at www.metlife.com/mybenefits.

Effective Date

You and your eligible dependents may enroll for coverage. Eligible dependents include a lawful spouse, and dependent children, up to age 26.

Your acceptance into this plan is not subject to underwriting approval. Coverage will be effective the first day of the month coinciding with or next following the date your request for insurance is received, provided the required premium is paid.

Waiting Periods

There are no waiting periods for Services under the plan.

Cancellation/Termination of Benefits:

Coverage is provided under a group insurance policy (Policy Form GCR13-14) issued by Metropolitan Life Insurance Company. Subject to the terms of the group policy, rates are effective for one year from your plan's effective date. Once coverage is issued, the terms of the group policy permit Metropolitan Life Insurance Company to change rates during the year in certain circumstances. Coverage terminates when you cease to be a member of IEEE, when your dental contributions cease, upon termination of the group policy by the Policyholder, or insurance ends for your class. The group policy may also terminate if participation requirements are not met, if the Policyholder fails to perform any obligations under the policy, or at MetLife's option. Coverage for dependents ends if your insurance ends, on the date you die, the group policy ends, the date dependents' insurance ends under the group policy, insurance for your dependents ends for your class, the person ceases to be a dependent or premium is not paid for the dependent when due. There is a 30-day limit for the following services that are in progress: Completion of a prosthetic device, crown or root canal therapy after individual termination of coverage.

Like most group dental insurance policies, MetLife group policies contain certain exclusions, waiting periods, reductions and terms for keeping them in force. Please contact the Plan Administrator for details.

PLAN DETAILS AND RATES

	MetLife Low Option		MetLife High Option	
<i>Network: PDP Plus</i>	In-Network	Out-of-Network	In-Network	Out-of-Network
<i>Basis of Reimbursement</i>	Negotiated PDP fee	Maximum Allowable Charge (MAC)	Negotiated PDP fee	Maximum Allowable Charge (MAC)
<i>Type A - Preventive</i>	100%	100%	100%	100%
<i>Type B - Basic</i>	70%	70%	80%	80%
<i>Type C - Major</i>	Not covered	Not covered	50%	50%
<i>Type D - Orthodontia (Child)</i>	Not covered	Not covered	50%	50%
<i>Individual Deductible (Annual)</i>	\$50.00	\$50.00	\$50.00	\$50.00
<i>Family Deductible (Annual)</i>	\$150.00	\$150.00	\$150.00	\$150.00
<i>Deductible Applies To</i>	Type B & C	Type B & C	Type B & C	Type B & C
<i>Waiting Period</i>	No Waiting Period		No Waiting Period	
<i>Calendar Year Maximum (Per covered individual)</i>	\$1,000.00	\$1,000.00	\$2,000.00	\$2,000.00
<i>Orthodontia Limit (children to age 19)</i>	Not covered	Not covered	\$1,250.00	\$1,250.00
<i>Child</i>	To age 26		To age 26	

MONTHLY PREMIUM RATE SCHEDULE

Low Plan

	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Member	\$25.81	\$27.92	\$31.34	\$33.45	\$34.50	\$36.61
Member + One	\$53.53	\$58.51	\$69.33	\$74.60	\$76.32	\$82.20
Member + Family	\$90.40	\$101.17	\$110.63	\$120.42	\$128.91	\$138.37

High Plan

	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Member	\$53.22	\$59.31	\$72.08	\$77.37	\$81.51	\$87.90
Member + One	\$108.96	\$126.54	\$145.38	\$156.06	\$166.42	\$181.18
Member + Family	\$167.09	\$198.94	\$226.13	\$247.60	\$262.63	\$283.74

1. "In-Network Benefits" means benefits under this plan for covered dental services that are provided by a MetLife PDP Dentist "Out-of-Network Benefits" means benefits under this plan for covered dental services that are not provided by a MetLife PDP Dentist.
2. PDP Fee refers to the fees that MetLife PDP dentists have agreed to accept as payment in full.
3. Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:
 - The Dentist's actual charge (The 'Actual Charge')
 - The Dentist's usual charge for the same or similar services (The 'Usual Charge') or
 - The usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). For your plan the Customary charge is based on the 70th percentile. Services must be necessary in terms of generally accepted dental standards.

AREA SCHEDULE

To determine the appropriate premium rates for the dental plan, look up the member's state of residence on this chart, and then look up the member's 3-digit zip code, if applicable. Use the Area number that applies to your state/zip to determine the premium rate from the Premium Rate Schedule.

State	Area	First 3 Digits of Zip Code (if applicable)
Alabama	1	350-354, 362-364, 367-369
	2	355-361, 365-366
Alaska	6	995 - 999
Arizona	2	850-857
	3	859-865
Arkansas	2	716-729
California	2	923-925
	3	900, 905-922, 926-938, 952-953, 955-961
	4	901-904, 939, 945-946, 948, 950-951
	5	940-944, 947, 949, 954
Colorado	3	800-816
Connecticut	4	060-069
Delaware	4	197, 199
	5	198
D.C.	3	200, 202-205
Florida	2	320-322, 325-329, 334-338, 342-349
	3	323-324, 333, 339-341
	4	330-332
Georgia	2	306-310, 312, 319
	3	300-305, 311, 313-318, 398
Hawaii	3	967-968
Idaho	2	832-838
Illinois	1	624, 628-629
	2	609-623, 625-627
	3	600-608
Indiana	1	471, 475
	2	460-462, 465-470, 472-474, 476-479
	3	463-464
Iowa	1	508-510, 512-516
	2	500-507, 520-528
	3	511
Kansas	2	660-662, 664-679
Kentucky	1	400-404, 406-409, 411-419, 425-427
	2	405, 410, 420-424
Louisiana	2	700-701, 703-708, 710-714
Maine	3	042-044, 046-047, 049
	4	039-041, 045, 048
Maryland	1	215
	2	206, 210-214, 216-219
	3	207-209
Massachusetts	3	010, 012-013
	4	011, 014-027
Michigan	2	486
	3	480-485, 487-499
Minnesota	3	550-551, 553-567
Mississippi	2	386-397
Missouri	1	645
	2	630-644, 646-651, 653-659
	3	652

State	Area	First 3 Digits of Zip Code (if applicable)
Montana	3	590-599
Nebraska	1	680-684, 689-690
	2	685-688, 691-693
Nevada	2	889-891
	4	893-898
New Hampshire	4	030, 032, 034-038
	5	031, 033
New Jersey	2	071-072
	3	070, 073, 077, 080-087
	4	074-076, 078-079, 088-089
New Mexico	3	870-875, 877-884
New York	2	104, 124-129, 133-136, 142
	3	103, 109-110, 115, 117-123, 130-132, 137-141, 143-149
	4	063, 105-108, 111-114, 116
	5	
	6	100-102
North Carolina	3	270-281, 283-289
	4	282
North Dakota	3	580-588
Ohio	2	430-435, 437-459
	3	436
Oklahoma	2	731, 735-749
	3	730, 734
Oregon	3	970-979
Pennsylvania	1	150-156, 159-161, 163-164, 171-172, 185, 187
	2	157-158, 162, 165-168, 170, 173-176, 180-184, 186, 188, 190-192
	3	169, 177-179, 189, 193-196
	1	006-007, 009
Puerto Rico	1	006-007, 009
Rhode Island	3	028-029
South Carolina	3	290-299
South Dakota	2	570, 572-577
	3	571
Tennessee	2	370-385
Texas	1	782
	2	754-759, 764-769, 773-774, 776-781, 783-785, 788-789, 794-799
	3	750-753, 760-763, 770-772, 775, 786-787, 790-793, 885
Utah	1	840-847
Vermont	4	050-054, 056-059
Virginia	2	230-246
	3	201, 220-229
Virgin Islands	3	008
Washington	3	990-992, 994
	4	985-989, 993
	5	980-984
West Virginia	2	247-268
Wisconsin	3	530-532, 534-535, 537-549
Wyoming	2	820-831, 834

List of Covered Services and Limitations*

Type A – Preventive	How Many/How Often
Prophylaxis – Cleanings Oral Examination Topical Fluoride Applications Bitewing X-Rays (Adult/Child) Emergency Palliative Treatment – High Option Plan	<ul style="list-style-type: none"> • 1 cleaning in 6 consecutive months. • 1 oral exam in 6 consecutive months. • 1 fluoride treatment in 12 consecutive months for dependent child to age 26. • Adult/Child once per calendar year.
Type B – Basic Restorative	How Many/How Often
Full Mouth X-Rays Space Maintainers Sealants Periodontal Maintenance Fillings Emergency Palliative Treatment – Low Option Plan	<ul style="list-style-type: none"> • Full mouth panoramic x-rays: once per 60 months. • One space maintainer per lifetime per area for premature loss of primary teeth for dependent children to age 26. • One application of sealant material for each non-restored permanent 1st & 2nd molar tooth of a dependent child to age 16, once every 60 months. • Periodontal maintenance where periodontal treatment (including scaling, root planning, and periodontal surgery such as gingivectomy, gingivoplasty, gingival curettage and osseous surgery) has been performed. Periodontal maintenance is limited to 2 times in any year less the number of teeth cleanings received during such 12-month period. • Initial placement, replacement 24 months.
Type C – Major Restorative	How Many/How Often
Repair of Cast Restorations and Dentures Endodontics – Root Canal General Anesthesia Oral Surgery (Including Extractions) Periodontal Surgery Periodontal Scaling & Root Planing Dentures and Bridges Crowns/Inlays/Onlays Consultations Harmful Habits Appliance	<ul style="list-style-type: none"> • Root Canal treatment is limited to once per tooth in a 24 month period. • When dentally necessary in connection with oral surgery, extractions or other covered dental Services. • Covered except as listed in the exclusions. • Once per quadrant every 36 months. • Once per quadrant in 24 month period. • Initial installation; Replacement once per 10 years. • Replacement 10 years. • 2 per 12 months.
Type D – Orthodontia	How Many/How Often
Available under the High Option Plan only	<ul style="list-style-type: none"> • Dependent children are covered up to age 26. • All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia. • Initial payment due upon installation of the Orthodontic appliance; repetitive payments for the Orthodontic adjustments will be made quarterly at the end of the quarter based on the Orthodontic Lifetime Maximum. • Orthodontic benefits end at cancellation of coverage

***Alternate Benefits:** Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement, and the associated procedure charge, on the least costly treatment alternative. If you and your dentist have agreed on a treatment which is more costly than the treatment upon which the plan benefit is based, your actual out-of-pocket expense will be: the procedure charge for the treatment upon which the plan benefit is based, plus the full difference in cost between the scheduled PDP fee or, if non PDP, the actual charge, for the service actually rendered and the scheduled PDP fee or R&C fee (if non PDP) for the service upon which the plan benefit is based. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plans reimbursement for those services, and your out-of-pocket expense. Procedure charge schedules are subject to change each plan year. You can obtain an updated procedure charge schedule for your area via fax by calling 1-800-942-0854 and using the MetLife Dental Automated Information Service.

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents many services within each category, but is not a complete description of the Plan. Please see your Plan description for complete details. In the event of a conflict with this summary, the terms of the certificate will govern.

Like most group dental insurance policies, MetLife group policies contain certain exclusions, limitations and waiting periods and terms for keeping them in force. Please contact MetLife for details.

We will not pay Dental Insurance benefits for charges incurred for:

1. Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which We deem experimental in nature.
2. Services for which You would not be required to pay in the absence of Dental Insurance.
3. Services or supplies received by You or Your Dependent before the Dental Insurance starts for that person.
4. Services which are primarily cosmetic (For residents of Texas, see notice page section in your certificate).
5. Services or appliances which restore or alter occlusion or vertical dimension.
6. Restoration of tooth structure damaged by attrition, abrasion or erosion.
7. Restorations or appliances used for the purpose of periodontal splinting.
8. Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
9. Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.
10. Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work.
11. Missed appointments.
12. Services covered under any workers' compensation or occupational disease law; covered under any employer liability law; for which the employer of the person receiving such services is not required to pay; or received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital.
13. Services covered under other coverage provided by the Policyholder.
14. Temporary or provisional restorations.
15. Temporary or provisional appliances.
16. Prescription drugs.
17. Services for which the submitted documentation indicates a poor prognosis.
18. Services, to the extent such services, or benefits for such services, are available under a Government Plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Dental Insurance under the Group Policy be paid first.
19. The following when charged by the Dentist on a separate basis: claim form completion; infection control such as gloves, masks, and sterilization of supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
20. Caries susceptibility tests.
21. Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
22. Other fixed Denture prosthetic services not described elsewhere in this certificate.
23. Precision attachments, except when the precision attachment is related to implant prosthetics.
24. Initial installation or replacement of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
25. Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
26. Addition of teeth to fixed and permanent Denture to replace teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
27. Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it.
28. Implants included, but not limited to any related surgery, placement, restorations, maintenance, and removal.
29. Repair of Implants.
30. Implants supported prosthetics to replace teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
31. Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of Minnesota.¹
32. Repair or replacement of an orthodontic device.¹
33. Duplicate prosthetic devices or appliances.
34. Replacement of a lost or stolen appliance, Cast Restoration, or Denture.
35. Intra and extra oral photographic images.

¹Some of these exclusions may not apply. Please see your plan design and certificate

Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government. The term does not include: any plan, program or coverage provided by a government as an employer; or Medicare.

EASY TO ENROLL ... AND EASY TO USE

1. Refer to the Benefits Overview for information and costs as you fill out the enrollment form.
2. Make a check payable for the total amount of the cost due payable to:
Administrator, IEEE Member Group Insurance Program.
3. Mail the completed enrollment form together with your check in the postage-paid envelope provided to:
IEEE Member Group Insurance Program
P.O. Box 14533
Des Moines, IA 50306

30-DAY FREE LOOK

When you become enrolled, you will be sent a Certificate of Insurance. If you are not completely satisfied with the terms of your Dental plan materials, you may return it, without claim, within 30 days and your amount paid will be promptly refunded. Your coverage will then be invalidated.

Please Note: This Is Only An Outline.

This brochure is a brief summary of benefits only and is subject to the terms, conditions, exclusions and limitations of Group Policy No. TS 05333781, Form No. GPN99.

Coverage may vary or may not be available in all states. It is, therefore important you READ THE CERTIFICATE OF INSURANCE CAREFULLY.

The IEEE Member Group Dental Insurance Plan is Underwritten by:

MetLife

Metropolitan Life Insurance Company, New York, NY 10166

The IEEE Member Group Dental Insurance Plan is Administered by:



Association Member Benefits Advisors, LLC (AMBA)

IEEE Group Insurance Program

P.O. Box 14533

Des Moines, IA 50306

AR Insurance License #100114462

CA Insurance License #0196562

In CA d/b/a Association Member
Benefits & Insurance Agency

Group Policy TS 05333781

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QUESTIONS?



1-800-493-IEEE (4333)



IEEE.service@getamba.com



IEEEinsurance.com

Requesting a pre-treatment estimate



MetLife suggests you get a pre-treatment estimate before you have certain complex dental services performed, such as crowns, bridges, dentures or periodontal work (typically those that will cost over \$300), so you can appropriately budget for the service or discuss what potential alternative treatment options may be available, if necessary.

Requesting a pre-treatment estimate is like submitting a claim before the dental procedure or service has taken place. The process is simple, and it gives you important information about what services are covered and at what level benefits may be payable. Your dentist can find out what your plan may pay and what your out-of-pocket expense may be while you are still in the office.¹

To receive a benefit estimate, simply have your dentist submit a request for a pre-treatment estimate online at www.metdental.com or have him/her call 1-877-MET-DDS9 (638-3379) and follow the simple prompts for a pre-treatment estimate submission. You and your dentist will receive a benefit estimate (online or by fax) for most procedures so you can discuss treatment and payment options.

Advantages of Obtaining Pre-treatment Estimates Online:

Fast	Receive benefit estimates quickly which can help to eliminate coverage and cost surprises
Convenient	Avoid the wait time of mail delivery to receive your estimate
Accurate	Reduce errors since the information is confirmed at the time the estimate request is submitted online

We make available to your dentist general information regarding eligible benefits under your dental plan. If you have questions during your next visit, your dentist may be able to provide you with information, either by going online to www.metdental.com and selecting “Eligibility and Plan Design”, or calling **1-877-MET-DDS9** and requesting a “FastFax” of your dental plan information. Please note that this website and phone number are specifically for dentists and cannot be accessed by plan participants.

As a plan participant, you may call **1-800-942-0854** and follow the automatic prompts to have a FastFax copy sent directly to you. FastFaxes can provide you information about your plan design, eligibility for services, and other features of your plan.

1. Actual payments may vary from the pre-treatment estimate depending upon annual maximums, plan frequency limits, deductibles and other provisions at time of payment.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details.