



Here's the MetLife Dental Insurance Plan information you requested.

Dear AFA Member,

Thank you for requesting more information about the MetLife Dental Insurance Plan for AFA members. We're pleased to send the enclosed information for your review today.

With MetLife, you have access to flexible dental insurance coverage that can help protect you and your family against the rising costs of dental care. You also have a choice between these two options to meet your needs and budget:

- **Basic plan:** Provides basic coverage for cleanings, exams and fillings.
- **Comprehensive plan:** Provides basic coverage and also includes major restorative services such as root canals, crowns, bridges, dentures, orthodontia and more.

Both options feature:

- Competitive group rates.
- Freedom of choice to visit any dentist¹ — with no hassles for referrals to a specialist.
- Easy access to pre-treatment estimates.
- Efficient claims processing.
- Educational tools and resources to help you make more informed decisions.

Please see the enclosed Benefits Overview for more details about these benefits and other features of the plan.

Then to enroll, simply complete and return the enclosed Enrollment Form. Send no money now. Once your enrollment is accepted, we will then send you a bill.

I look forward to your participation in this valuable AFA member benefit.

Sincerely,

Janeé Williams
Manager, Member Benefits
Air Force Association

Sincerely,

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toA&ih/ssj&
hnh&pwwh

P.S. Get valuable and affordable dental protection for you and your family today through the MetLife Dental Insurance Plan for AFA members. Complete and return the enclosed enrollment form right away!

Please refer to the enclosures for more information including costs, exclusions, limitations, benefit reductions and terms of coverage. Like most group insurance policies, insurance policies offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your AFA Insurance Plan Administrator for costs and complete details. Insurance coverage is issued by Metropolitan Life Insurance Company, New York, NY 10166.

¹Your out-of-network costs may be greater when you visit a dentist who does not participate in the MetLife network.

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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, fines 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 files 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.

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DECLARATIONS AND SIGNATURE

By signing below, I acknowledge:

1. I have read this enrollment form and declare that all information I have given is true and complete to the best of my knowledge and belief.
2. I understand that if I do not enroll for dental coverage, a waiting period may be required before I can enroll for such coverage.
3. I have read the applicable Fraud Warning(s) provided in this enrollment form.

	<hr/>		
	Signature of Member	Print Name	Date Signed (MM/DD/YYYY)

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DEC

SUBMISSION INSTRUCTIONS

After completion, **sign and date the form where indicated**. Keep a copy for your records and return the original to: AFA Insurance Plan Administrator, ATTN: Enrollment, P.O. Box 14464, Des Moines, IA 50306. *Do not send payment at this time.*



MetLife Dental Insurance Plan for AFA Members Benefits Overview

Choice of two plan options

Whether you're looking for basic preventive care or more major restorative services, MetLife offers you access to both. Both options cover Type A Preventive and Type B Basic Restorative services as follows:

- Prophylaxis and oral examinations once every six months.
- Topical Fluoride treatment once in a 12-month period for dependent children up to 19th birthday.
- Bitewing X-rays one set per calendar year.
- Sealants one application every 60 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to 19th birthday.
- Palliative care periodontal maintenance four times in any calendar year less the number of teeth cleanings received during the 12-month period.
- One space maintainer per lifetime for premature loss of primary teeth for dependent children to age 19.
- Full mouth and panorex X-rays once per 60 consecutive months.

In addition, the Comprehensive Plan covers Type C Major Restorative (crowns/inlays/onlays, root canal treatment, implants and more) and Type D Orthodontia services. Please refer to the Certificate of Insurance for complete details about these services. Below details how the plan pays for each option:

Plan Option 1 Benefit Highlights:		
Comprehensive Plan Description Your AFAVBA Plan Pays		
Coverage Type	In-Network	Out-of-Network
Type A – Cleanings, oral examinations	100% of MAC*	100% of MAC*
Type B – Fillings	80% of MAC*	80% of MAC*
Type C – Bridges and dentures	50% of MAC*	50% of MAC*
Type D – Orthodontia	50% of MAC*	50% of MAC*

Deductible**	In-Network	Out-of-Network
Individual	\$50	\$50
Family	\$150	\$150

Annual Maximum Benefit:	In-Network	Out-of-Network
Per Person	\$2,000	\$2,000

Orthodontia Lifetime Maximum:	In-Network***	Out-of-Network***
Per Person	\$1,000	\$1,000

Waiting Period: 6 month Waiting Period for all Type C Services.

*MAC means the lesser of: the amount charged by the Dentist; or the maximum amount which the In-Network Dentist has agreed to accept as payment in full for the dental service, subject to any co-payments, deductibles, cost sharing and benefit maximums.

**Applies only to Type B & C Services

***For a child under 19 or 23 if a full time student, if the orthodontic appliance is initially installed while Dental insurance is in effect for such Child.

Dependent ages for WA & TX may vary, please refer to Certificate of Insurance.

Plan Option 2 Benefit Highlights:		
Basic Plan Description Your AFAVBA Plan Pays		
Coverage Type	In-Network	Out-of-Network
Type A – Cleanings, oral examinations	100% of MAC*	100% of MAC*
Type B – Fillings	60% of MAC*	60% of MAC*
N/A	N/A	N/A
N/A	N/A	N/A

Deductible***	In-Network	Out-of-Network
Individual	\$75	\$75
Family	\$225	\$225

Annual Maximum Benefit:	In-Network	Out-of-Network
Per Person	\$750	\$750

ORTHODONTIA NOT AVAILABLE	N/A	N/A

*MAC means the lesser of: the amount charged by the Dentist; or the maximum amount which the In-Network Dentist has agreed to accept as payment in full for the dental service, subject to any co-payments, deductibles, cost sharing and benefit maximums.

***Applies only to Type B Services

Dependent ages for WA & TX may vary, please refer to Certificate of Insurance.

The service categories shown above represent an overview of your Plan of Benefits but are not a complete description of the Plan. An insurance certificate describing all benefits and limitations will be made available following your plan's effective date, and will govern if any discrepancies exist between this overview and the certificate of insurance and group insurance policy.

Freedom to Choose Your Dentist

With the MetLife plan options, you are free to see the dentist of your choice. However, if you choose a dentist who does not participate in the MetLife PDP Plus Network, your out-of-pocket expense may be more since you will be responsible to pay for any difference between the dentist's fee and your plan's payment. If you receive services from a participating dentist, you are only responsible for the difference between the negotiated in-network fee and your plan's payment.

MetLife participating dentists typically charge negotiated fees from 30-45% below the average fees charged by dentists in your area for the same or substantially similar services, helping you save money.+

For a list of participating dentists, visit www.metlife.com/dental or call 1-800-291-8480. If your current dentist is not a participant and you would like him/her to consider it, please have your dentist visit www.metdental.com or call 1-877-MET-DDS9* for an application.

Monthly Rates: The following monthly rates are effective through June 30, 2019, since the renewal occurs annually. Please refer to the enclosed Region Locator to determine your monthly premium.

Plan 1 – Comprehensive Plan					Plan 2 – Basic Plan				
Eligibility Options	Region 1	Region 2	Region 3	Region 4	Eligibility Options	Region 1	Region 2	Region 3	Region 4
Member Only	\$57.68	\$63.37	\$72.57	\$80.02	Member Only	\$25.92	\$28.35	\$32.25	\$35.41
Member + One	\$113.82	\$125.28	\$143.85	\$158.86	Member + One	\$50.00	\$54.88	\$62.81	\$69.20
Member + Family	\$165.06	\$181.80	\$208.89	\$230.83	Member + Family	\$73.44	\$80.76	\$92.57	\$102.15

Easy to Enroll: Everything you need to enroll is included herein. Simply complete and return the enclosed Enrollment Form. Send no money now. Once you're approved for coverage, you'll 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. Otherwise, to put your coverage in force, pay the bill that is sent with your Certificate.

Questions:

Call 1-800-291-8480

Email: afa.service@mercercor.com

Effective Date: Your coverage will be effective on the first day of the month following receipt of your completed enrollment and premium payment.

Cancellation/Termination of Benefits: Coverage is provided under a group insurance policy (Policy form GPNP99 ASSN) issued by MetLife. Coverage terminates when your membership ceases, when your dental contributions cease, upon termination of the group policy by the Policyholder or MetLife or insurance ends for your class. The group policy may also terminate for nonpayment of premium or if the Policyholder fails to perform any obligations under the policy. 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, or insurance ends for your class, the person ceases to be a dependent or premium is not paid for the dependent when due. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

Like most group benefit programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your MetLife group representative for costs and complete details.

Insurance coverage is issued by Metropolitan Life Insurance Company, New York, NY 10166. Group Policy Number: 74570-2-G

+Based on internal analysis by MetLife. Savings from enrolling in a dental plan will depend on various factors, including how often participants visit the dentist and the costs for services rendered.

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

Exclusions for Plan 1 Comprehensive Plan: This plan does not cover the following services, treatments and supplies: Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards; 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; Services for which You would not be required to pay in the absence of Dental Insurance; Services or supplies received by You or Your Dependent before the Dental Insurance starts for that person; Services not performed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for: scaling and polishing of teeth; or fluoride treatments; Services which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a newborn child; Services or appliances which restore or alter occlusion or vertical dimension; Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease; Restorations or appliances used for the purpose of periodontal splinting; Counseling or instruction about

oral hygiene, plaque control, nutrition and tobacco; Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss; Decoration or inscription of any tooth, device, appliance, crown, or other dental work; Missed appointments; Services covered under any workers' compensation or occupational disease law; Services covered under any employer liability law; Services for which the member or the person receiving such services is not required to pay; Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital; Services covered under other coverage provided by the Policyholder; Temporary or provisional restorations or appliances; Prescription drugs; The following when charged by the Dentist on a separate basis: claim form completion; infection control such as gloves, mask, and sterilization or supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide; Dental service arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food; Services for which the submitted documentation indicates a poor prognosis; Caries susceptibility tests; Diagnosis and treatment of temporomandibular joint (TMJ) disorders; Initial installation of a 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; Precision attachments associated with fixed and removable prostheses; Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it; Duplicate prosthetic devices or appliance; Replacement of a lost or stolen appliance or crown, inlay/onlay, or Denture.

Exclusions for Plan 2 Basic Plan: This plan does not cover the following services, treatments and supplies: Type C (Major) & Type D (Orthodontia); Harmful habits appliance; 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; Services for which You would not be required to pay in the absence of Dental Insurance; Services or supplies received by You or Your Dependent before the Dental Insurance starts for that person; Services not performed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for: scaling and polishing of teeth; or fluoride treatments; Services which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a newborn child; Services or appliances which restore or alter occlusion or vertical dimension; Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease; Restorations or appliances used for the purpose of periodontal splinting; Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco; Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss; Decoration or inscription of any tooth, device, appliance, crown, or other dental work; Missed appointments; Services covered under any workers' compensation or occupational disease law; Services covered under any employer liability law; Services for which the member or the person receiving such services is not required to pay; Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital; Services covered under other coverage provided by the Policyholder; Temporary or provisional restorations or appliances; Prescription drugs; The following when charged by the Dentist on a separate basis: claim form completion; infection control such as gloves, mask, and sterilization or supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide; Dental service arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food; Services for which the submitted documentation indicates a poor prognosis; Caries susceptibility tests; Diagnosis and treatment of temporomandibular joint (TMJ) disorders.

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 that is costlier than the treatment upon which the plan benefit is based, you will be responsible for any additional payment. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment 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 plan's reimbursement for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

Administered by:



Mercer Consumer,
a service of Mercer Health & Benefits Administration LLC
P.O. Box 14464
Des Moines, IA 50306-8993

AR Insurance License #100102691
CA Insurance License #0G39709
In CA d/b/a Mercer Health & Benefits Insurance Services LLC



Air Force Association Veteran Benefits Association Region Locator

How to Use This Chart:

To determine the appropriate premium rate, locate your state of residence on this chart, then the first three digits of your zip code and notate the corresponding Region number. Use this Region to determine your premiums from the Dental Plan Summary.

The MetLife Dental Plan is subject to state approval and is currently not available to Members residing in Maine or Puerto Rico.

State	Region	3 Digit Zip Codes
Alabama (AL)	1	350 – 352, 354 – 369
Alaska (AK)	4	995 – 999
Arkansas (AR)	1	716 – 720, 722 – 726, 728, 729
	2	721, 727
Arizona (AZ)	1	857
	2	850, 852, 853, 855, 856, 859, 860, 863 – 865
California (CA)	2	917 – 925, 936 – 938, 953
	3	900 – 908, 912 – 916, 926 – 928, 930, 932 – 934, 952, 955 – 961
	4	910, 911, 931, 935, 939 – 951, 954
Colorado (CO)	2	800 – 802, 804 – 807, 809 – 815
	3	803, 808
	4	816
Connecticut (CT)	3	060, 063, 064, 066, 067
	4	061, 062, 065, 068, 069
Delaware (DE)	4	197 – 199
District of Columbia (DC)	2	200, 202 – 205
Florida (FL)	1	320 – 329, 333 – 339, 342, 344, 346, 347, 349
	2	330 – 332, 341
Georgia (GA)	1	304, 307 – 310, 312
	2	300 – 303, 305, 306, 311, 313 – 319, 398
Hawaii (HI)	2	967, 968
Illinois (IL)	1	604, 605, 609 – 620, 622 – 629
		600 – 603, 606 – 608
Indiana (IN)	1	460 – 465, 469, 471 – 478
	2	466 – 468, 470, 479
Iowa (IA)	1	500 – 502, 504 – 510, 512 – 516, 520 – 528
	2	503
	3	511
Idaho (ID)	1	832, 833, 834, 835, 838
Kansas (KS)	1	661, 667, 668, 669, 671, 673 – 679
	2	660, 662, 664 – 666, 670, 672
Kentucky (KY)	1	400 – 418, 421 – 427
	2	420
Louisiana (LA)	1	700, 701, 703, 704 – 708, 710 – 714
Maryland (MD)	1	206, 210 – 212, 214 – 219
	2	207 – 209
Massachusetts (MA)	2	010, 012, 013
	3	011, 014 – 027
Michigan (MI)	1	486, 487
	2	484, 485, 488 – 499
	3	480 – 483

Minnesota (MN)	1	561, 562, 564 – 567
	2	550, 551, 553 – 556, 559 – 560, 563
	3	557, 558
Missouri (MO)	1	630 – 633, 635 – 641, 644 – 657
	2	634, 658
Mississippi (MS)	1	386 – 395
	2	396, 397
Montana (MT)	2	590 – 597, 599
	3	598
Nebraska (NE)	1	680, 681, 683 – 693
New Hampshire (NH)	4	030 – 038
North Carolina (NC)	2	270, 278, 279, 283 – 286
	3	271 – 277, 280 – 282, 287 – 289
North Dakota (ND)	2	580 – 588
New Jersey (NJ)	2	070 – 073, 077, 080 – 084, 086, 087
	3	074 – 076, 078, 079, 085, 088, 089
Nevada (NV)	2	889 – 891
	3	893, 898
	4	894, 895, 897
New Mexico (NM)	2	870 – 875, 877 – 884
New York (NY)	1	120 – 126, 140 – 143, 147 – 149
	2	103, 104, 109 – 119, 127 – 139, 144 – 146
	3	100 – 102, 105 – 108
Ohio (OH)	1	430 – 450, 452 – 456, 458, 459
	2	451
	3	457
Oklahoma (OK)	1	730, 731, 733, 734, 736 – 741, 743 – 749
	2	735
Oregon (OR)	3	970 – 979
Pennsylvania (PA)	1	150 – 168, 170 – 174, 180, 182 – 188, 190 – 192
	2	169, 175 – 179, 181, 189, 193 – 196
Rhode Island (RI)	3	028, 029
South Carolina (SC)	2	290 – 299
South Dakota (SD)	2	570 – 577
Tennessee (TN)	1	370 – 372, 374 – 375, 377 – 379, 380 – 385
	2	373, 376
Texas (TX)	1	750 – 753, 755 – 764, 766–777, 779 – 799
	2	754, 765, 778, 885
Utah (UT)	1	840 – 847
Virginia (VA)	1	224, 225, 227, 228, 230 – 233, 236, 238 – 244, 246
	2	201 220 – 223, 226, 229, 234, 235, 237, 245
Vermont (VT)	2	008
	3	050 – 054, 056 – 059
Washington (WA)	3	990 – 992, 994
	4	980 – 989, 993
Wisconsin (WI)	1	530 – 532, 534, 535, 538 – 549
	2	537
West Virginia (WV)	1	247, 248, 250 – 253, 255 – 258, 260, 262 – 268
	2	249, 259, 261
	3	254
Wyoming (WY)	1	820 – 831