Dental Plan
MetLife
www.metlife.com/mchcp
844-222-9106

Claims Address:
MetLife Dental Claims
PO Box 14588
Lexington, KY 40512

Second-Level Appeals Address:
MetLife Group Claims Review
PO Box 14589
Lexington, KY 40512

Vision Plan
National Vision Administrators, L.L.C. (NVA)
www.e-nva.com
Username: mchcp
Password: vision1
877-300-6641

Claims Address:
Attn: Claims
PO Box 2187
Clifton, NJ 07015

Appeals Address:
Attn: Complaints, Grievances and Appeals
PO Box 2187
Clifton, NJ 07015

Open Enrollment
Oct. 1 – 31, 2022
During Open Enrollment, active employees may elect coverage and/or change coverage levels to be effective Jan. 1.

If you are a retired, terminated vested, long-term disability or survivor subscriber, you cannot add dependents, nor can you enroll in dental and/or vision coverage during Open Enrollment if you are not already enrolled in these plans.

If you do not change coverage during Open Enrollment and you are currently enrolled in a dental or vision plan, your coverage will continue at the same level.

Proof of Eligibility
MCHCP requires proof of eligibility for all dependents added to your coverage, such as a birth certificate for a child or marriage license for a spouse. If you enroll dependents during Open Enrollment, proof of eligibility must be received by Nov. 20, or your eligible dependents will not be added for coverage effective Jan. 1.

Who to Contact
MetLife or National Vision Administrators (NVA) for:
• Locating a provider
• Claims questions
• ID cards

MCHCP for:
• General benefit questions
• Eligibility questions
• Enrollment questions
• Address changes or forms
• MCHCPid requests

Helpful Tips
Provider Directories
Participating providers may change during the year. Contact the plan or the provider to verify participation. Visit MetLife or NVA’s website for a list of network providers.

Benefit Information
This guide provides a summary of your benefits. More detailed information is available at www.mchcp.org.
DENTAL PLAN
MetLife

OVERVIEW

MetLife offers dental benefits through their nationwide network, Preferred Dentist Program (PDP) Plus. These benefits include preventive services, basic restorative services and major restorative services.

You select a dentist of your choice. It is recommended you choose a MetLife network provider for best use of the dental plan. If you decide to go to a non-network provider, your out-of-pocket costs will likely be much higher.

When receiving services from a network provider, Metlife pays the provider directly. When receiving services from a non-network provider, members may need to pay the provider and file the claim. The non-network dentist hasn’t agreed to accept MetLife network fees, and it may bill you the difference between MetLife’s allowable and the full cost of the service.

The maximum benefit, per individual is $2,000. (Preventive services do not count toward the maximum.) The annual deductible per individual is $50.

The table below is an overview of benefits. More benefit information is available at www.mchcp.org.

Dental Services (The maximum benefit per individual is $2,000. Preventive services do not count toward the maximum. The annual deductible per individual is $50.)

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Brief Description</th>
<th>You will owe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive (Type A)</td>
<td>Teeth cleaning and oral exam (one every six months), biting x-rays, topical fluoride (up to age 14).</td>
<td>Network — You owe nothing. There is no deductible. Non-Network — You owe the difference between network allowable and the bill.</td>
</tr>
<tr>
<td>Basic Restorative (Type B)</td>
<td>Fillings, simple extractions, x-rays</td>
<td>Network — You owe 20% coinsurance after deductible is met. Non-Network — You owe 20% coinsurance after deductible is met and the difference between network allowable and the bill.</td>
</tr>
<tr>
<td>Major Restorative (Type C)</td>
<td>Oral surgery, implants, bridges and dentures, root canal</td>
<td>Network — You owe 50% coinsurance after deductible is met. Non-Network — You owe 50% coinsurance after deductible is met and the difference between network allowable and the bill.</td>
</tr>
</tbody>
</table>

Dental Premiums

<table>
<thead>
<tr>
<th></th>
<th>Subscriber Only</th>
<th>Subscriber and Spouse</th>
<th>Subscriber and Child(ren)</th>
<th>Subscriber and Family</th>
<th>COBRA Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Employee</td>
<td>$24.32</td>
<td>$48.42</td>
<td>$50.26</td>
<td>$84.24</td>
<td>Not Available</td>
</tr>
<tr>
<td>COBRA Subscriber</td>
<td>$24.80</td>
<td>$49.39</td>
<td>$51.26</td>
<td>$85.91</td>
<td>$26.46</td>
</tr>
<tr>
<td>Retirees</td>
<td>$24.32</td>
<td>$48.42</td>
<td>$50.26</td>
<td>$84.24</td>
<td>Not Available</td>
</tr>
</tbody>
</table>
OVERVIEW

National Vision Administrators, L.L.C. (NVA) offers vision benefits through a nationwide network. Basic and premium plans are offered with specific copayments for services from network providers. Both plans offer allowances for services from non-network providers. The vision plan does not replace medical coverage for eye disease or injury.

You select a provider of your choice. It is recommended you choose an NVA network provider for best use of the vision plan. If you decide to go to a non-network provider, your out-of-pocket costs will likely be much higher.

When receiving services from a network provider, NVA pays the provider directly. When receiving services from a non-network provider, members pay the provider and file the claim. Reimbursement checks for non-network claims may take up to 30 days to process.

The table below is an overview of benefits. More benefit information is available at www.mchcp.org.

Vision Services

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Brief Description</th>
<th>Basic Plan — Network</th>
<th>Premium Plan — Network</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exams</td>
<td>One per year; two per year up to age 18</td>
<td>$10 copayment</td>
<td>$10 copayment</td>
<td>NVA pays up to $45.</td>
</tr>
<tr>
<td>Lenses</td>
<td>Single-vision, bifocal, trifocal, lenticular (See website for other types of lenses and cost sharing)</td>
<td>$25 copayment</td>
<td>$25 copayment</td>
<td>Maximum amount NVA pays varies based on type of lenses.</td>
</tr>
<tr>
<td>Frames</td>
<td>Once every two years (and once every year up to age 18)</td>
<td>Up to $125 retail allowance and 20% discount off remaining balance</td>
<td>Up to $175 retail allowance and 20% discount off remaining balance</td>
<td>NVA pays up to $70.</td>
</tr>
<tr>
<td>Contact Lenses — Elective (You prefer contacts to glasses.)</td>
<td>Once every calendar year in place of eyeglass lenses</td>
<td>Up to $125 retail allowance and 15% discount off conventional or 10% discount off disposable remaining balance</td>
<td>Up to $175 retail allowance and 15% discount off conventional or 10% discount off disposable remaining balance</td>
<td>NVA pays up to $105.</td>
</tr>
<tr>
<td>Contact Fitting and Evaluation</td>
<td>For daily contact lenses, extended contact lenses and specialty contact lenses</td>
<td>$20 to $50 copayment, depending on type of lenses</td>
<td>$20 to $50 copayment, depending on type of lenses</td>
<td>NVA pays up to $20 to $30, depending on type of lenses.</td>
</tr>
</tbody>
</table>

Vision Premiums

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Subscriber Only</th>
<th>Subscriber and Spouse</th>
<th>Subscriber and Child(ren)</th>
<th>Subscriber and Family</th>
<th>COBRA Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Basic</td>
<td>Premium</td>
<td>Basic</td>
<td>Premium</td>
<td>Basic</td>
</tr>
<tr>
<td>Active Employee</td>
<td>$3.54</td>
<td>$4.48</td>
<td>$7.10</td>
<td>$8.94</td>
<td>$10.22</td>
</tr>
<tr>
<td>COBRA Subscriber</td>
<td>$3.61</td>
<td>$4.56</td>
<td>$7.23</td>
<td>$9.11</td>
<td>$10.42</td>
</tr>
<tr>
<td>Retirees</td>
<td>$3.70</td>
<td>$4.67</td>
<td>$7.41</td>
<td>$9.33</td>
<td>$10.68</td>
</tr>
</tbody>
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