



RETIREE BENEFIT OPTIONS

Dental and Vision
for Mississippi's Public Retirees



When entering retirement from a public employer, most people are faced with the problem of losing their employer-sponsored benefits. COBRA continuation is an option, but coverage can only be retained for 18 months following retirement.

Retiree Benefit Options, Inc. has resolved this issue by providing some of these benefits - Dental and Vision coverage - specifically to retirees. These plans have no limits on the length of coverage. Not only can they be kept beyond 18 months, they can even continue beyond age 65.

If you currently have Dental coverage through your employer as an active employee or under COBRA continuation, you will have no waiting periods when you enroll in RBO's Dental plan with no lapse in coverage. If you do not currently have Dental coverage, you will incur a 6-month waiting period on Major Dental services only. There are no waiting periods for Diagnostic & Preventive or Basic services. RBO's Vision plan has no waiting periods, regardless of current coverage.

This booklet contains benefit summaries and frequently asked questions about the plans as well as an application for coverage. You may choose to enroll in either or both of these plans. Coverage is available for your dependents as well.

At this time, Retiree Benefit Options only accepts premiums to be paid by Automatic Bank Draft. You will find the bank draft authorization at the bottom of the application. Along with your application, please be sure to enclose a check made payable to Retiree Benefit Options in the amount of your first month's total premium. You must also include a voided check to set up the bank draft. Drafts will begin with your second month of coverage.

Your "effective date" of coverage (top right corner of the application) should be the first day of a month following the date any other Dental or Vision plan will expire in order to avoid a lapse in coverage and prevent waiting periods.

Should you have any questions regarding these plans, please call 601-982-1811 or email rbo@msrbo.com.

We look forward to serving you!

Note: Monthly premiums in this brochure are guaranteed through 12/31/2024



Retiree Dental

Group 216888



Monthly Rates

Retiree Only (EE)	\$41.95
EE + 1 Dependent	\$84.66
EE + Family	\$131.67
Rates guaranteed through 12/31/24	



We're here to help

Find a Dental provider at
www.metlife.com

For general questions call
1-800-GET-MET8
(1-800-438-6388)

For any changes to your policy call
Retiree Benefit Options
601-982-1811

Plan Summary

Coverage Type	In-Network Negotiated Fee Schedule*	Out-of-Network R&C 80th Percentile**
Type A: Preventive (cleanings, exams, X-rays)	100%	100%
Type B: Restorative (fillings, extractions)	80%	80%
Type C: Major Restorative (bridges, dentures, implants)	50%	50%
Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit		
Per Person	\$1,250	\$1,250
Child(ren)'s eligibility for dental coverage is from birth up to age 26. Late enrollment waiting period: Retirees who wish to enroll after electing no coverage will have a six month waiting period on Type C Services.		

Sample Procedure Listing

Type A — Preventative

Cleanings and Oral Exams

- 1 per 6 months

Fluoride for children under 19

- 2 per calendar year

Bitewing X-rays

- 1 set per year

Full mouth X-rays

- 1 per 60 months

Periodontal Maintenance

- Not to exceed 2 per calendar year including prophylaxis

Consultations

- Two in 12 months

Type — C Major Restorative

Endodontics

- Root canal 1 per tooth per lifetime

Oral Surgery

Crown, Denture, and Bridge Repairs/Recementations

- Repair 1 per 12 Months
- Recementation 1 per 12 months

Implants

- Replacements 1 in 5 years

Bridges and Dentures

- Initial placement to replace one or more natural teeth, which are lost while covered by the plan
- Dentures & bridgework replacement: one every 5 years
- Replacement of an existing temporary full denture in the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed

Crowns/Inlays/Onlays

- Replacement once every 5 years

General Anesthesia

- When dentally necessary in connection with oral surgery, extractions or other covered dental services

Periodontics

- Periodontal scaling and root planing once per quadrant, every 24 months
- Periodontal surgery once per quadrant, every 36 months

Type B — Basic Restorative

Fillings

- Replacement once every 24 months

Simple Extractions

Space Maintainers

- One per lifetime for dependent child < 14

Sealants

- One application of sealant material every 60 months for non-restored, non-decayed 1st and 2nd molar of a dependent child < 16

*Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

**R&C fee refers to Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge most dentists in the same geographic area for the same or similar services as determined by MetLife.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP99 or contact MetLife.

Why is dental insurance important?

A good dental plan makes it easier for you to protect your smile and save. With the Preferred Dentist Program, you get coverage for cleanings, exams, X-rays and more. Keeping up with your dental cleanings and other preventive care now can help you avoid costly dental problems and treatments in the future.

Dental Plan Frequently Asked Questions

Who is a participating dentist?

A participating dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees typically range from 15%-45% below the average fees charged in a dentist's community for the same or substantially similar services.

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 that meets your needs. You can receive a list of participating dentists online at www.metlife.com/mybenefits or call 1-800-438-6388. The network for RBO's MetLife Dental Plan is PDP Plus.

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.

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 email alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/mybenefits.

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

Yes. You can ask for a pretreatment estimate. Your general dentist 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 any services in excess of \$300.

Can my spouse and children be covered by the plan?

Yes. You (the retiree) must be the primary insured, but you can also choose to cover your spouse and unmarried dependent children under age 26.

If I choose not to sign up now, will I be able to enroll at a later date?

You will be eligible for coverage later, however if you incur a lapse in coverage between your current plan and this plan, you will be subject to a 6 month waiting period for any major (Type C—Major Restorative) work.

Do I need an ID card?

No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.



Retiree Vision



Plan Summary

	<u>In-Network</u>	<u>Out-of-Network</u>
Comprehensive Eye Exam	Covered in Full	Up to \$45
Frames:	\$210 allowance	Up to \$70
Walmart, Sam's Club, Costco	\$115 allowance	
Standard Lenses (Per Pair):		
Single Vision	Covered in Full	Up to \$30
Lined Bifocal	Covered in Full	Up to \$50
Lined Trifocal	Covered in Full	Up to \$65
Lenticular	Covered in Full	Up to \$100
Contact Lenses (Per Pair):		
Medically Necessary	Covered in Full	Up to \$210
Elective	Up to \$210	Up to \$105
Contact Lens Fitting Exam		
Necessary Lenses	Covered in Full	Up to \$210
Elective Lenses	\$210 allowance	Up to \$105

* All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice.

** Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an

Standard lens enhancements*

- Ultraviolet (UV) coating, Polycarbonate (child up to age 18): Covered in full.
- Progressive Standard, Progressive Premium/Custom, Polycarbonate (adult), Scratch-resistant coatings, Tints, Anti-reflective and Photochromic: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at www.metlife.com/mybenefits

In-network value added features

- ♦ Additional lens enhancements:
In addition to standard lens enhancements, enjoy and average 20-25% savings on all other lens enhancements.
- ♦ Savings on glasses and sunglasses:
Get 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.
- ♦ Laser vision correction:**
Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK, and Custom LASIK. This offer is only available at MetLife participating locations.

With your Vision Preferred Provider Organization Plan, you can:

- Go to an licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in-network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like WalMart, Sam's Club, Costco and Visionworks.

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

Monthly Rates

Retiree Only	\$9.14
Retiree + Family	\$22.94

Co-Payments:

\$10 Comprehensive Eye Exam
\$10 Eyewear
\$39 Retinal Imaging (max)
\$60 Contact Lens Fitting Exam (max)

In-network benefits

There are no claims for you to file when you to an in-network vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of the service. This is a VSP plan.

Plan Frequency

Comprehensive Exam	12 Months
Contact Lens Fitting Exam	12 Months
Lenses	12 Months
Frames	24 Months
Contact Lenses	12 Months



We're here to help

Find a Vision provider at
www.metlife.com/vision

For general questions go to
www.metlife.com/mybenefits
or call 1-855-MET-EYE1
(1-855-638-3931)

For any changes to your policy call
Retiree Benefit Options
601-982-1811

Why vision insurance makes sense

Stay well. Stay healthy. Save more.

With MetLife Vision, you could enjoy discounts on vision wear and services. You also get support to live healthier. Through an exam, eye doctors are often the first to detect signs of serious health problems.

Vision Plan Frequently Asked Questions

What is the difference between an In-Network provider and Out-of-Network provider?

Your vision benefits are offered through a PPO (Preferred Provider Organization) plan. We have “in-network” providers (those for whom we have a PPO contract) and “out-of-network” providers (no PPO contract). This means that you can obtain products or services through any provider you choose, though you’ll generally pay less with in-network providers. When visiting an in-network provider, you are responsible for paying any applicable co-pay and for items that are not covered, or that exceed your benefit limitations. When visiting out-of-network providers, you pay for all services in full, and then file a claim with MetLife Vision for reimbursement according to your out-of-network benefits schedule.

How can I find a participating MetLife Vision provider?

You can locate a participating MetLife Vision provider 24 hours a day, seven days a week by selecting Find a Vision Provider or by calling MetLife Vision at 1-855-MET-EYE1 (1-855-638-3931). The interactive voice response system is available to you 24/7. The network for RBO’s MetLife Vision plan is MetLife Vision PPO. This is a VSP plan.

Does the MetLife Vision provider network include optometrists as well as ophthalmologists?

Yes. The MetLife Vision provider network includes highly skilled and professionally certified optometrists and ophthalmologists. Whether your participating MetLife Vision provider is an optometrist or ophthalmologist, you will receive a comprehensive vision exam and you can purchase glasses and contacts in their office.

Would I be able to get an eye examination from one provider and my materials from another?

Yes. With MetLife Vision, you will be able to get an eye examination from one provider and your glasses or contact lenses from another. You will need to check with your provider to see what their policy is for filling another provider’s prescription. However, your plan only covers glasses or contact lenses once per frequency.

Do I need an ID card in order to use MetLife Vision benefits or discounts?

No. You do not need an ID card in order to get services through this vision plan.

Do I need to file a claim?

If you visit a participating MetLife vision provider, they will confirm your eligibility, calculate any out-of-pocket costs, and submit a claim on your behalf at the time of service.

If you visit an out-of-network provider, you are responsible for paying the provider in full for the services and eyewear received at the time of your appointment, including taxes. Then you must submit a completed MetLife Vision claim form and itemized receipt to: MetLife Vision Claims at PO Box 385018, Birmingham, AL 35238-5018

Can I utilize in-store specials, promotions or coupons along with my MetLife Vision plan benefit?

Your benefits provide discounted rates from in-network providers, and cannot be used in conjunction with coupons, promotions, sales or other types of discounts. An exception: if you use the services of an in-network provider but choose to take advantage of a sale, coupon or other in-store special, the provider may require that you pay in full and then submit your receipt to MetLife Vision for reimbursement at the out-of-network rates. If you have questions about the use of discounts, call Customer Service before you seek services as rules may vary from state to state and be subject to state laws.

Are Wal-Mart, Sam’s Club and Costco considered In-network providers?

Yes. While these retailers are not part of the MetLife Vision PPO network, RBO Vision members will receive In-network benefits through a special contract between MetLife and VSP.

Retiree Benefit Options

Application for Dental/Vision Coverage

Effective Date: _____

Please print in black ink.

Retiree's Name Last First MI			Sex	Social Security Number	
Mailing Address (Street or PO Box)			City	State	Zip
Birthdate (MM/DD/YYYY)		Phone		Date of Retirement (MM/DD/YYYY)	
Agency/School retired from			Personal Email		

Have you had Dental insurance within 60 days of the effective date of this policy?

☐ Yes ☐ No

Coverage selected:

If yes, current Dental insurance company: _____

Dental	<input type="checkbox"/> Retiree Only	\$41.95	Vision	<input type="checkbox"/> Retiree Only	\$9.14
	<input type="checkbox"/> Retiree + One	\$84.66		<input type="checkbox"/> Family	\$22.94
	<input type="checkbox"/> Family	\$131.67			

TOTAL MONTHLY PREMIUM: _____

Dependent Coverage (Please complete if dependent coverage elected, and check which coverage)

Spouse Name Last First MI				Sex	Birthdate (MM/DD/YYYY)		<input type="checkbox"/> Dental
							<input type="checkbox"/> Vision
Child Name Last First MI				Sex	Birthdate (MM/DD/YYYY)	Disabled? Y / N	<input type="checkbox"/> Dental
							<input type="checkbox"/> Vision
Child Name Last First MI				Sex	Birthdate (MM/DD/YYYY)	Disabled? Y / N	<input type="checkbox"/> Dental
							<input type="checkbox"/> Vision

Signature _____ Date _____

Include TWO checks: One made payable to RBO for the first month's total premium and a VOID check to establish Bank Draft

ACH Debit Authorization Agreement

Company Name: Retiree Benefit Options, Inc.

Address: 403A Towne Center Blvd, Ridgeland, MS 39157

I authorize the above named Originating Company to initiate debit entries or adjustments for any debit entries to my (our) banking account listed below.

Name(s) on Account: _____

Address: _____ SSN: _____

Bank Name: _____ Account Type: ☐ Checking ☐ Savings

Bank Address (City, State, Zip): _____

Account #: _____ Routing/ABA#: _____

This Authority is to remain in full force until the company has received written notification from me (or either of us) of its termination in such a manner as to afford the company and bank a reasonable opportunity to act on it.

Authorized Signature: _____ Date: _____

(Signature must be the same as on signature card on account.)

Retiree Benefit Options, Inc. - 403A Towne Center Blvd, Ste 101 - Ridgeland, MS 39157

Phone: 601-982-1811 - Email: rbo@msrbo.com



RETIREE BENEFIT OPTIONS



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