Benefits
Overview
Research Foundation for Mental Hygiene

Here are the benefits in which you’re eligible to participate.

- Dental Insurance

Take advantage of the valuable benefits available to you through your employer and enroll today.
Why dental insurance makes sense

What does dental insurance protect?

Dental problems can be unpredictable and expensive. For example, did you know that a crown can cost up to $1,462? Dental insurance not only helps you pay for your dental care, it can help prevent problems.

When your preventive care is covered, you're more likely to go for cleanings and checkups — this can help you avoid problems before they become too costly or complicated.

More to smile about

- See whatever dentist you want. Even if your dentist isn't in the network, you can go to him or her — just remember you usually save more when you stay in network.
- You have a wide choice of participating dentists. Plus, dentists in the network are carefully selected.
- Take advantage of negotiated fees that are typically 30–45% less than average charges in the same area.
- Your dentist usually handles claims — which means less paperwork for you.
- Find out what you'll pay ahead of time. Your dentist can request a pre-treatment estimate for any service that is more than $300. This helps you manage your costs and care.

Understanding your PPO plan is as easy as 1, 2, 3:

1. Understand the types of procedures

   Different plans pay different percentages for these procedures. And, while they may change depending on your plan, the definitions below usually describe the standard service types.
   - Preventive Care — cleanings, X-rays and exams
   - Basic Care — fillings and extractions
   - Major Care — bridges, crowns and dentures

2. Know the percentages

   Look on your Plan Summary — next to each of these categories is a percentage. That's the percentage MetLife will pay for covered services, and you'll be responsible for the rest.

3. Look at out-of-pocket costs

   - Next, check to see if the plan has an Annual Deductible — that's the amount you'll have to pay each year before your benefits kick in.
   - Also, check the Annual Maximum Benefit — that's the most MetLife will pay in a year. There's also a difference between the Individual Maximum (for each family member) and the Family Annual Maximum (which applies to the total that is paid for everyone in your family).

Now that you know the benefits of having dental coverage, learn more and enroll today!

1. Based on MetLife data for a crown (D2740) in ZIP code 19151. This cost reflects the 80th percentile Reasonable and Customary (R&C) fee. R&C fees are calculated 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 usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife. This example is used for informational purposes only. Fees in your area may be different.

2. Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.

3. Certain providers may participate with MetLife through an agreement that MetLife has with a vendor. Providers available through a vendor are subject to the vendor's credentialing process and requirements, not MetLife's. If you should have any questions, contact MetLife Customer Service.

4. Negotiated Fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

5. MetLife strongly recommends that you have your dentist submit a pretreatment estimate to MetLife if the cost is expected to exceed $300. When your dentist suggests treatment, have him or her send a claim form, along with the proposed treatment plans and supporting documentation to MetLife. An explanation of benefits (EOB) will be sent to you and the dentist detailing an estimate of what services MetLife will cover and at what payment level. Actual payments may vary from the pretreatment estimate depending upon annual maximums, deductibles, plan frequency limits and other plan 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.

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166
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Navigating life together
Understanding Your Dental Plan

MetLife dental plans featuring the Preferred Dentist Program are designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network.

The goal is to deliver affordable protection for a healthier smile and a healthier you. You also get great service and educational support to help you stay on top of your care.

**Freedom of choice to go to any dentist.**

You have the flexibility to visit any dentist — your dentist — and receive coverage under the plan. Just remember that non-participating dentists haven’t agreed to accept negotiated fees. That means you usually save more dental dollars when you go to a participating dentist.

If you prefer to stay in the network, there are thousands of general dentists and specialists to choose from nationwide — so you are sure to find one who meets your needs. Plus, all participating dentists go through a rigorous selection and review process. This way you don’t need to worry about quality. You also don’t need any referrals.

To check out the general dentists and specialists in the PDP Plus network, visit www.metlife.com/dental.

**Additional savings when you visit participating dentists.**

Your out-of-pocket costs are usually lower when you visit in-network dentists. That’s because they have agreed to accept negotiated fees that are typically 30% to 45% less than average dental charges in the same community. This may help lower your final costs and stretch your plan maximum.

**Service where and when you want it.**

MyBenefits, your secure self-service website, is available 24/7. You can use the site to get estimates on care or check coverage and claim status. Plus, if you are on the go and need to find an in-network provider, view a claim or see your ID card, there’s an app for that. Search "MetLife" at the iTunes App Store or Google Play to download the app.

**Educational tools and resources.**

The right dental care is an essential part of good overall health. That’s why you and your dentist get resources to help make informed decisions about your oral health. You’ll find a range of topics on our online dental education website, www.oralfitnesslibrary.com. Read up on the link between dental and overall health, kids’ dental health and more. You can also put your oral health to the test by taking an online risk assessment.
The information below explains certain terms to make it easier for you to understand and use your benefits.

1. **Coverage Types.** Dental procedures are grouped into the following categories: Preventive (Type A), Basic Restorative (Type B), Major Restorative (Type C), and Orthodontia (Type D). Your group’s plan determines how each procedure is categorized (Type A, B, C, D). Generally, benefits for Type A procedures pay at the highest benefits level because they prevent and diagnose dental disease.

2. **Co-insurance.** The co-insurance percentage helps determine what your out-of-pocket costs will be for each coverage type. Each Type – A, B, C, and D – has a pre-set percentage that represents what your plan will reimburse for the services in each category. Your total out-of-pocket responsibility is subject to any deductibles, benefit maximums, plan provisions, if you receive out-of-network services, and your plan’s basis for reimbursement. Please see your Dental Plan Benefits Summary for more information. **Copay.** This is the fixed amount that you have to pay for covered services. Copayment amounts are listed in the Procedure Charge Schedule that you received with your Dental Benefits Plan Summary. Your total out-of-pocket responsibility is subject to any deductibles, benefit maximums, plan provisions, if you receive out-of-network services, and your plan’s basis for reimbursement. Please see your Dental Plan Benefits Summary and Procedure Charge Schedule for more information.

3. **Deductible.** This is the amount you must pay out-of-pocket before benefit payments will be made by the plan. For most plans, the deductible amounts for in-network services are less than the amount for out-of-network services. Many plans do not require that a deductible be met for Type A services.

4. **Annual Maximum Benefit.** This is the total amount the plan will pay in the plan year. Once this amount is reached, no further benefits will be paid.

5. **Orthodontia Lifetime Maximum.** Not all plans cover Orthodontia Treatment. If your plan covers Orthodontia there is a Lifetime Maximum that is applicable only to Orthodontia. This does not affect your Annual Maximum Benefit for Types A, B, and C coverages. The Lifetime Maximum is the total amount the plan will pay for orthodontic services for each covered person (subject to any plan age limitations). Once this amount is reached, no further benefits will be paid.
Putting it all together – maximizing the value of your dental benefits.

- Make the most of your benefits — visit a participating dentist to reduce your out-of-pocket costs.
- Keep a healthy dental regimen by getting routine exams and cleanings – the cost of preventive services (Type A) is usually less than the cost for fillings, root canals, extractions, etc. – and can help to prevent the need for these higher-cost treatments.
- It is recommended that you request a pre-treatment estimate for services that cost more than $300. The estimate will give you an idea of what your out-of-pocket costs will be. To receive a benefit estimate, have your dentist submit a request online at www.metdental.com or by calling 1-877-MET-DDS9 (phone number and website for dental professionals only).
- Visit the dental education website at www.oralfitnesslibrary.com for important tools and resources to help you become more informed about dental care.

Remember, dental coverage can be an important part of protecting your health and finances. By using the educational tools and benefits made available to you through this plan, you’ll be better prepared to protect your oral health and your budget.

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1 Negotiated fees refers to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. The R&C fee referenced in the table in the Out-of-Network column refers to the Reasonable and Customary 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 usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.
2 Savings from enrolling in a MetLife dental plan featuring the Preferred Dentist Program will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.
3 Certain providers may participate with MetLife through an agreement that MetLife has with a vendor. Providers available through a vendor are subject to the vendor’s credentialing process and requirements, not MetLife's. If you should have any questions, contact MetLife Customer Service.
4 With the exception of scheduled or unscheduled systems maintenance or interruptions, the MyBenefits website is typically available 24 hours a day, 7 days a week.
5 To use the MetLife mobile app, employees can choose to register at metlife.com/mybenefits from a computer or directly through the app. Certain features of MetLife US Mobile App are not available for some MetLife Dental Plans.

Like most group benefits 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.
## Dental

Metropolitan Life Insurance Company

### Network: PDP Plus

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>In-Network % of Negotiated Fee</th>
<th>Out-of-Network % of Negotiated Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type A: Preventive</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>(cleanings, exams, X-rays)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type B: Basic Restorative</td>
<td>70%</td>
<td>70%</td>
</tr>
<tr>
<td>(fillings, extractions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type C: Major Restorative</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>(bridges, dentures)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type D: Orthodontia</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

### Deductible

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50</td>
<td>$50</td>
<td>$150</td>
</tr>
</tbody>
</table>

### Annual Maximum Benefit

<table>
<thead>
<tr>
<th></th>
<th>Per Person</th>
<th>Per Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,500</td>
<td>$1,500</td>
<td>$1,500</td>
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</tbody>
</table>

### Orthodontia Lifetime Maximum

<table>
<thead>
<tr>
<th></th>
<th>Per Person</th>
<th>Per Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,500</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

#### Child(ren)’s eligibility for dental coverage is from birth up to age 26.

#### Late enrollment waiting period: There is a one year waiting period for all services following date of request.

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

*Applies to Type A, B and C Services for out of network and to Type B & C Services for in-network.
<table>
<thead>
<tr>
<th>Type A - Preventive</th>
<th>How Many/How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prophylaxis (cleanings)</td>
<td>Two per calendar year</td>
</tr>
<tr>
<td>Oral Examinations</td>
<td>Two exams per calendar year</td>
</tr>
<tr>
<td>Topical Fluoride Applications</td>
<td>One fluoride treatment per 12 months for dependent children up to 19th birthday</td>
</tr>
<tr>
<td>X-rays</td>
<td>Full mouth X-rays: one per 36 months</td>
</tr>
<tr>
<td></td>
<td>Bitewing X-rays: one set per calendar year for adults; one set every 6 months for children</td>
</tr>
<tr>
<td>Space Maintainers</td>
<td>Space Maintainers for dependent children up to 19th birthday</td>
</tr>
<tr>
<td>Sealants</td>
<td>One application of sealant material every 60 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to 14th birthday</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type B - Basic Restorative</th>
<th>How Many/How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fillings</td>
<td></td>
</tr>
<tr>
<td>Simple Extractions</td>
<td></td>
</tr>
<tr>
<td>Crown, Denture, and Bridge Repair/Recementations</td>
<td></td>
</tr>
<tr>
<td>Endodontics</td>
<td>Root canal treatment limited to once per tooth per 24 months</td>
</tr>
<tr>
<td>General Anesthesia</td>
<td>When dentally necessary in connection with oral surgery, extractions or other covered dental services</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td></td>
</tr>
<tr>
<td>Periodontics</td>
<td>Periodontal scaling and root planing once per quadrant, every 24 months</td>
</tr>
<tr>
<td></td>
<td>Periodontal surgery once per quadrant, every 36 months</td>
</tr>
<tr>
<td></td>
<td>Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type C - Major Restorative</th>
<th>How Many/How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridges and Dentures</td>
<td>Initial placement to replace one or more natural teeth, which are lost while covered by the Plan for 12 months</td>
</tr>
<tr>
<td></td>
<td>Dentures and bridgework replacement: one every 60 months</td>
</tr>
<tr>
<td></td>
<td>Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed</td>
</tr>
<tr>
<td>Crowns/Inlays/Onlays</td>
<td>Replacement once every 5 calendar years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type D - Orthodontia</th>
<th>How Many/How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>You, Your Spouse, and Your Children, up to age 26, are covered while Dental Insurance is in effect.</td>
<td></td>
</tr>
<tr>
<td>All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia</td>
<td></td>
</tr>
<tr>
<td>Payments are on a repetitive basis</td>
<td></td>
</tr>
<tr>
<td>20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the Plan Summary.</td>
<td></td>
</tr>
<tr>
<td>Orthodontic benefits end at cancellation of coverage</td>
<td></td>
</tr>
</tbody>
</table>
The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.
Frequently Asked Questions

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 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.*

*Based on internal analysis by MetLife. Negotiated Fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits 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 that meets your needs. You can receive a list of these participating dentists online at www.metlife.com/mybenefits or call 1-800-942-0854 to have a list faxed or mailed to you.

What services are covered under this plan?
All services defined under the group dental benefits plan are covered.

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/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/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 email alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/mybenefits or request one by calling 1-800-942-0854.

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.

Can MetLife help me find a dentist outside of the U.S. if I am traveling?
Yes. Through international dental travel assistance services 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.

*Travel Assistance services are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Virginia Surety Company, Inc. AXA Assistance and Virginia Surety are not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.

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

How does MetLife coordinate benefits with other insurance plans?
Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is

ADF# D1145.16
covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan, subject to applicable law. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan, subject to applicable law.

**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.
Exclusions

This plan does not cover the following services, treatments and supplies:

- 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 which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services which are neither performed nor prescribed 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 or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- 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, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- 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 Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- 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.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
- Caries susceptibility tests;
- Initial installation during the first 12 months 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;
- Other fixed Denture prosthetic services not described elsewhere in the certificate;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Initial installation during the first 12 months 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;
- Addition of teeth during the first 12 months 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;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Implants including, but not limited to any related surgery, placement, restorations, maintenance, and removal;
- Repair of implants;
• Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
• Diagnosis and treatment of temporomandibular joint (TMJ) disorders.
• Repair or replacement of an orthodontic device;
• Duplicate prosthetic devices or appliances;
• Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
• Intra and extraoral photographic images

Alternate Benefits: Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. 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 plan’s 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. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

Cancellation/Termination of Benefits: Coverage is provided under a group insurance policy (Policy form GPNP99) issued by MetLife. Coverage terminates when your membership ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. 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 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.
Like most insurance policies, insurance policies 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.

Certain of the benefits mentioned in this communication may be sponsored by your employer as part of an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). Those policies/products which are not part of an employer-sponsored plan are offered by MetLife or an affiliate and are not subject to ERISA. With respect to employer-sponsored benefits, you should obtain additional information regarding terms and eligibility from your employer. The MetLife Auto & Home® Group Insurance Program is not part of your employer-sponsored plan and is not subject to ERISA.

The companies listed in this communication operate independently and are not responsible for each other’s financial obligations.
<table>
<thead>
<tr>
<th><strong>Facts:</strong></th>
<th><strong>What the MetLife Companies Do With Your Personal Information?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Sponsors and Group Insurance Contract Holders</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Why?</strong></td>
<td>Financial companies choose how they share your personal information. The law gives consumers the right to limit some but not all sharing. The law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.</td>
</tr>
</tbody>
</table>
| **What?** | The types of personal information we collect and share depend on the product or service you have with us. This information can include:  
• Social Security number and employment information  
• income and assets  
• driving record  
• credit information and other consumer report information  
• medical information and insurance history  
• information about any business you have with us, our affiliates, or other companies |
| **How Does MetLife Get Your Information?** | We collect personal information from you as well as through third parties. We also use outside sources to help ensure our records are correct and complete. Third parties include consumer reporting agencies, employers, other financial institutions and adult relatives. Information collected may be kept by the consumer reporting agency and later given to others as permitted by law. We don't control the accuracy of information outside sources give us. If you want to make changes to information we receive about you, you must contact those sources. If we have asked for a consumer report about you, and you write or call us, we will give you the name, address, and phone number of the consumer reporting agency. The agency will give you a copy of the report, if you ask the agency and provide proper identification. Consumer reports may tell us about a lot of things, including:  
• reputation  
• work history  
• driving record  
• finances  
• hobbies and dangerous activities  
In some limited circumstances, we may ask an agency for an investigative report about you. They will ask others about you. We will ask them to contact you as well. |
| **How Does MetLife Use Your Information?** | We collect personal information to help decide if you’re eligible for our products or services. We may also use it to help deter fraud or money laundering. How we use this information depends on what products and services you have or want from us. We may also use it to:  
• administer your products and services  
• confirm or correct your information  
• process claims and other transactions  
• perform business research  
• market new products to you  
• help run our business  
• comply with applicable laws |
| **How Does MetLife Protect 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 service providers must also protect it, and use it only to meet our business needs. We take steps to protect our systems from unauthorized access. We comply with all laws that apply to us. |
| **Reasons MetLife Shares Your Information** | All financial companies need to share personal information to run their everyday business. We may share your personal information with others with your consent, by agreement, or as permitted or required by law. We may also share your personal information without your consent if permitted or required by law. For example, we may share your information with our sales agents and businesses hired to carry out services for us. We may share your information with our regulators or with law enforcement. If you have MetLife products because of your relationship with an employer, association or other sponsoring organization, we may share information with it and its agents as permitted by law. In the section below, we list the reasons financial companies can share their customers’ personal information; the reasons MetLife chooses to share; and whether you can limit this sharing. |
### Reasons We Can Share Your Personal Information

<table>
<thead>
<tr>
<th>Reason</th>
<th>Does MetLife share?</th>
<th>Can you limit this sharing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>For our everyday business purposes – such as to process your transactions, learn if you qualify for coverage, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>For our marketing purposes – with service providers we use to offer our products and services to you</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>For joint marketing with other financial companies</td>
<td>No</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>For our affiliates’ everyday business purposes – Information about your transactions and experiences</td>
<td>No</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>For our affiliates’ everyday business purposes – Information about your creditworthiness</td>
<td>No</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>For our affiliates to market to you</td>
<td>No</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>For non-affiliates to market to you</td>
<td>No</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

### How Does MetLife Handle Your Health Information?

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. We will provide information about your rights under HIPAA with any dental, vision, long-term care or medical coverage issued to you. You can obtain a copy of our HIPAA Privacy Notice by visiting our website at www.MetLife.com. Select “Privacy Policy” at the bottom of the home page. 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 (212) 578-0299.

### Definitions:

- **Affiliates**: Companies related by common ownership or control. Affiliates can be financial or nonfinancial 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 have affiliates in other businesses.

- **Non-affiliates**: Companies not related by common ownership or control. Non-affiliates can be financial or nonfinancial companies. MetLife does not share personal information with non-affiliates for their marketing purposes.

### How Can I Access and Correct Information?

You may ask us for a copy of the personal information we have on you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing and provide the account or policy number associated with the information you wish 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. We will include your statement whenever we give your disputed information to anyone outside MetLife.

### Who is Providing This Notice?

- Metropolitan Life Insurance Company
- Delaware American Life Insurance Company
- Safeguard Health Plans, Inc.
- MetLife Health Plans, Inc.
- General American Life Insurance Company
- SafeHealth Life Insurance Company
- Metropolitan Life Insurance Company as administrator for the Prudential Insurance Company of America; Business Men’s Assurance Company of America; Employer’s Reinsurance Corporation; and Teachers Insurance and Annuity Association of America

### How Will I Know if This Notice is Changed?

We may revise this privacy notice at any time. If we make material changes, we will notify you as required by law.

### Questions?

Send privacy questions or requests for more information to: MetLife Privacy Office, P.O. Box 489, Warwick, RI 02887-9954; Call (877) 638-7684 or go to www.metlife.com

*Information we collect in connection with HIPAA-covered products will only be shared as allowed by HIPAA.*

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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

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DIRECCIÓN

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PO Box 14587
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Lexington, KY 40512
Benefit Identification (ID) Cards

Below are your benefit ID cards. You are not required to show your card as proof of coverage, but we've provided them for your convenience. You can also view your ID card on the MetLife mobile app. Search "MetLife" at iTunes App Store or Google Play to download the app.

1. Certain features of the MetLife Mobile App are not available for all MetLife Dental Plans.
2. Before using the MetLife Mobile App, you must register at metlife.com/mybenefits from a computer. Registration cannot be done from your mobile device.

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.