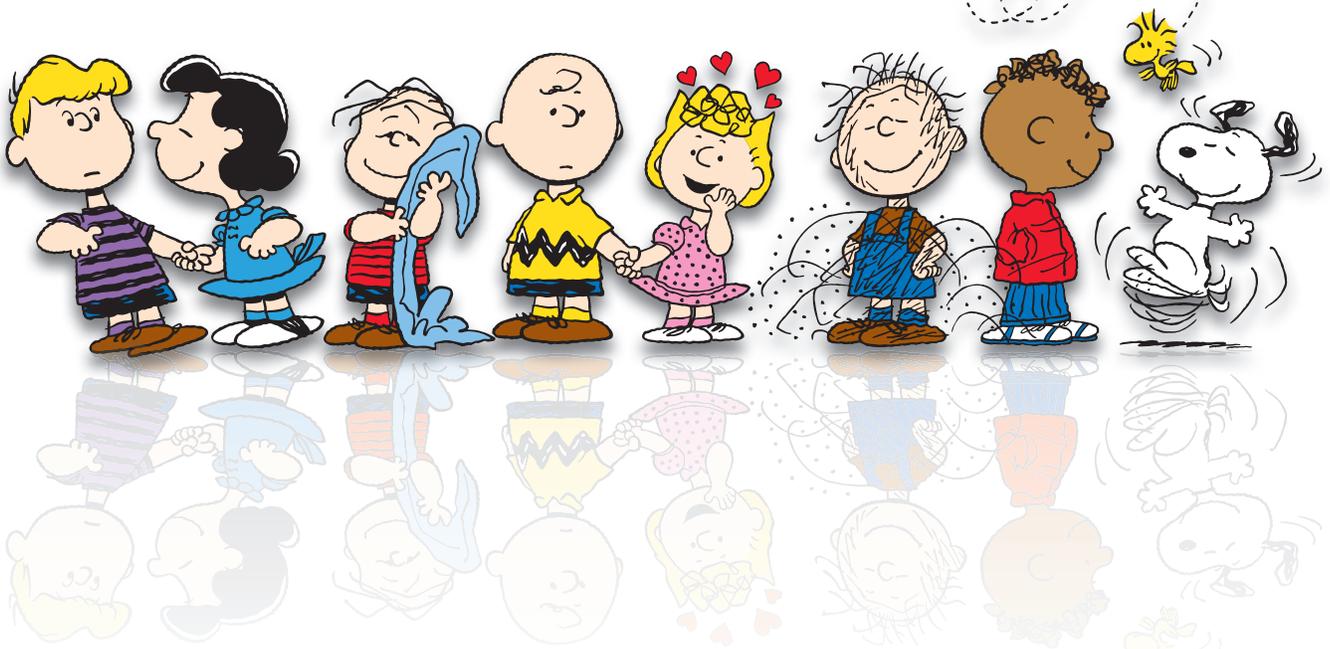


**MetLife**

IT'S TIME TO ENROLL FOR YOUR

# BENEFITS



**Miami-Dade County**

# Miami-Dade County



- Disability Insurance
- Vision Benefits

Take advantage of the valuable benefits available to you through your employer and enroll today!



**MetLife**

# Disability Insurance

## Product Overview

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### Why disability insurance makes sense

#### Protect your paycheck.

Disability Insurance helps to replace a portion of your income when you can't work due to a serious illness or injury. Many people think about protecting their belongings or providing for their family. But your most important asset is your ability to earn an income.

#### If you don't think you need Disability Insurance, consider this:

- 44% of employees surveyed by MetLife are very concerned about having enough money to pay bills during a sudden income loss.<sup>1</sup>
- Just over 1 in 4 of today's 20 year-olds will become disabled before reaching age 67.<sup>2</sup>
- You may not think you'll break your leg, have a complicated pregnancy or get cancer, but if it happened, how long could you manage on your savings?

#### MetLife believes a good rule of thumb is to protect 60-80% of your after-tax income.

- Should you become disabled you would need to cover your essential living expenses, such as housing, food, transportation and health care.
- While you may have some Disability Insurance, it may not be enough to meet all of your expenses and financial obligations.
- Getting Disability Insurance may be easier and more affordable than you think.

#### How Disability Insurance can help.

There are two different types of Disability Insurance: Short Term Disability

- Replaces a portion of your income for the early period of disability — in general, 13 to 26 weeks.
- Benefits are usually paid weekly.

Long Term Disability

- Complements Short Term Disability for extended disabilities — often 5 years or until age 65.
- Benefits are generally paid monthly.

#### If you don't have Disability Insurance, you may have to consider:

- Using your savings: Depending on how much you have, you could run out quickly.
- Selling property or assets: Because of changing market values, you may have to sell assets at a loss.
- Living on spouse's income: One income may not be enough.

Now that you know how **Disability Insurance** can help protect your financial security, take a few minutes to learn more and apply today!

<sup>1</sup> The 12th Annual MetLife Study of Employee Benefits Trends, 2014.

<sup>2</sup> Social Security Basic Facts, April 2014, <http://www.ssa.gov/news/press/basicfact.html>.

Disability coverage is provided under a group insurance policy (Form GPNP99) issued to your employer by MetLife. This Disability coverage terminates when your employment ceases, when you cease to be an eligible employee, when your disability contributions cease (if applicable) or upon termination of the group contract by your employer. Like most group insurance policies, MetLife's group policies contain certain exclusions, elimination periods, reductions, limitations and terms for keeping them in force. State variations may apply. Ask your representative about costs and complete details.

# Miami-Dade County Disability Plan Benefits 2017

*Explore the coverage that helps you protect your income and your lifestyle.*

## **What is the difference between Short Term and Long Term Disability insurance?**

**Short Term Disability (STD)** insurance can help you replace a portion of your income during the initial weeks of a Disability and pays a weekly benefit..

**Long Term Disability (LTD)** insurance helps replace a portion of your income for an extended period of time and pays a monthly benefit..

## **Eligibility Requirements**

### **Short Term Disability:**

All active full-time employees working at least 60 hours bi-weekly are eligible to participate.

### **Long Term Disability:**

All active full-time employees working at least 60 hours bi-weekly are eligible to participate.

## **How is “Disability” defined under the Plan?**

Generally, you are considered disabled and eligible for short term and long term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with your requirements of treatment and for STD you are unable to earn more than 80% of your predisability earnings at your own occupation and for LTD you are unable to earn more than 80% of your predisability earnings at your own occupation for any employer in your Local economy.

Following the Own Occupation period for LTD, you are considered disabled if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with your requirements of treatment and you are unable to earn 80% of your predisability earnings at any gainful occupation for which you are reasonably qualified taking into account your training, education and experience. For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance/Summary Plan Description provided by your Employer or contact your MetLife benefits administrator with any questions.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance provided by your Employer or contact your MetLife benefits administrator with any questions.

## **What is the benefit amount?**

### **Short Term Disability:**

The Short Term Disability benefit replaces a portion of your predisability earnings, less other income that was actually paid to you during the same Disability from other sources<sup>1</sup> (e.g., state disability benefits, no-fault auto laws, sick pay, vacation pay, etc.). The Benefit amount is 60% of your predisability weekly earnings; subject to the plan's maximum weekly benefit of \$500 (Low Option); or \$1,000 (High Option).

### **Long Term Disability:**

The Long Term Disability benefit replaces a portion of your predisability monthly earnings, less other income you may receive from other sources<sup>1</sup> during the same Disability (e.g., Social Security, Workers' Compensation, vacation pay, etc.). The Benefit amount is 60% of your predisability monthly earnings for the \$2,000 monthly plan (Low Option) and for the \$4,000 monthly plan (High Option). The Benefit amount is 66.67% of your predisability monthly earnings for the \$7,000 monthly plan (Premier Option).

## **What is the maximum monthly benefit?**

The amount of the Long Term Disability benefit may not exceed the maximum monthly benefit established under the plan, regardless of your annual salary amount. The maximums under these plans are \$2,000 (Low Option); \$4,000 (High Option); or \$7,000 (Premier Option). If your monthly salary exceeds the following: \$3,333 (Low Option); \$6,667 (High Option); or \$10,500 (Premier Option), your LTD benefit will be limited to this maximum.

## **When do benefits begin and how long do they continue?**

### **Short Term Disability:**

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. The elimination periods are/is as follows:

**For Injury:** (for both the Low and High Options) – the greater of 14 days or the expiration of all sick leave, sick pool or annual leave. Annual leave will automatically be used unless the employee submits a written request to The County to waive its use.

**For Sickness (includes pregnancy):** (for both the Low and High Options) – the greater of 14 days or the expiration of all sick leave, sick pool or annual leave. Annual leave will automatically be used unless the employee submits a written request to The County to waive its use.

Benefits continue for as long as you are disabled up to a maximum duration of 26 weeks of Disability.

**PLEASE NOTE: IF YOU ENROLL IN THE PREMIER OPTION FOR LONG TERM DISABILITY YOU WILL NOT BE ELIGIBLE TO ENROLL IN EITHER STD OPTION OR EITHER LTD OPTION.**

### **Long Term Disability:**

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit.

Your elimination period for Long Term Disability is: (for the Low and High Options) – the greater of 180 days or the expiration of all sick leave, sick pool, or annual leave. Annual leave will automatically be used unless the employee submits a written request to The County to waive its use.

Your elimination period for Long Term Disability is: (for the Premier Option) – the greater of 90 days or the expiration of all sick leave, sick pool, or annual leave. Annual leave will automatically be used unless the employee submits a written request to The County to waive its use.

Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance provided by your Employer.

## **Additional Disability Plan Benefits:**

### **Coverage with Your Best Interests in Mind...**

When you are ill or injured for a long time, MetLife believes you need more than a supplement to your income. That's why we offer return-to-work services, and financial incentives and assistance to help you get the maximum benefits from your coverage. (Please note – this assistance is only offered if you are approved for LTD benefits).

### **Services to Help You Get Back to Work Can Include:**

#### ***Nurse Consultant or Case Manager Services:***

Specialists who personally contact you, your physician and your employer to coordinate an early return-to-work plan when appropriate.

#### ***Vocational Analysis:***

Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your employer.

#### ***Job Modifications/Accommodations:***

Adjustments (e.g., redesign of work station tools) that enable you to return to work.

#### ***Retraining:***

Development programs to help you return to your previous job or educate you for a new one.

**Financial Incentives:**

Allow you to receive Disability benefits or partial benefits while attempting to return to work.

**Answers to Some Important Questions...**

**Q. Can I still receive benefits if I return to work part time?**

**A.** Yes. As long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted Disability benefits.

Your plan offers financial and Rehabilitation incentives designed to help you to return to work when appropriate, even on a part-time basis when you participate in an approved Rehabilitation Program. While disabled, you may receive up to 100% of your predisability earnings when combining benefits, Rehabilitation Incentives, other income sources such as Social Security Disability Benefits and state disability benefits, and part-time earnings.

**Under Short Term Disability coverage and Long Term Disability coverage** you can get a 10% increase in your weekly benefit with the Rehabilitation Incentive. If you work or participate in a rehabilitation program while disabled, following the 4th weekly benefit payment, the Family Care Incentive provides reimbursement up to \$400 per month for eligible expenses, such as child care. You may be eligible for the Moving Expense Incentive if you incur expenses in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

**Q. Are there any exclusions for pre-existing conditions?**

**A.** Yes. **For Long Term Disability only** the first 12 months your plan may not cover a sickness or accidental injury that arose in the 3 months prior to your participation in the plan. Thereafter, provided you remain disabled, the sickness or accidental injury may be covered. A complete description of the pre-existing condition exclusion is included in the Certificate of Insurance provided by your Employer.

**Q. Are there any exclusions to my coverage?**

**A.** Yes. Under **Short Term Disability**, your plan does not cover any Disability which results from or is caused or contributed to by:

- Elective treatment or procedures, such as cosmetic surgery, sex-change surgery, reversal of sterilization, liposuction, visual correction surgery, in-vitro fertilization, embryo transfer procedure, artificial insemination or other specific procedures.

However, pregnancies and complications from any of these procedures will be treated as a sickness.

Under **Short Term and Long Term Disability** coverage, your plan does not cover any Disability which results from or is caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide;
- Commission of or attempt to commit a felony.

Additionally, no payment will be made for a Disability caused or contributed to by any injury or sickness for which you are entitled to benefits under Workers' Compensation or a similar law.

**Q. Are there any limitations to my coverage?**

A. For **Long Term Disability**, limited benefits apply for specific conditions:

If you are disabled due to alcohol, drug or substance abuse or addiction, we will limit your disability benefits to one occurrence for a lifetime maximum of Disability for 12 months (Low and High Options) or 24 months (Premier Option). During Your Disability, we require you to participate in an alcohol, drug or substance abuse or addiction recovery program recommended by a physician.

Benefits will end at the earliest of:

- The date you receive 12 months (Low and High Options) or 24 months (Premier Option) of disability benefit payments;
- The date you cease or refuse to participate in the recovery program referred above; or
- The date you complete such recovery program.

If you are disabled due to mental or nervous disorders or diseases, we will limit your Disability benefits to one occurrence for a lifetime maximum equal to the lesser of:

- 12 months (Low and High Option) or 24 months (Premier Option); or
- The Maximum Benefit Period.

Your Disability benefits will be limited as stated above for mental or nervous disorder or disease except for:

- schizophrenia;
- dementia; or
- organic brain disease.

Other limitations or exclusions to your coverage may apply. Please review your Certificate of Insurance provided by your Employer.

The "Plan Benefits" provides only a brief overview of the LTD and STD plans. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Long Term Disability ("LTD") and Short Term Disability ("STD") coverages are provided under a group insurance policy (Form GPNP99) issued to your employer by MetLife. These LTD and STD coverages terminates when your employment ceases, when you cease to be an eligible employee, when your LTD and STD contributions cease (if applicable) or upon termination of the group contract by your employer. Like most group insurance policies, MetLife's group policies contain certain exclusions, elimination periods, reductions, limitations and terms for keeping them in force. State variations may apply.

## Miami-Dade County Disability Plan Contribution Worksheet

This worksheet allows you to approximate your bi-weekly contributions for Short Term Disability (STD) and Long Term Disability (LTD) coverage effective January 1, 2015. Contribution amounts are based on gross weekly income for STD and gross monthly income for LTD. Actual contributions will be calculated by the payroll system.

### STD Example: Both Options

### Short Term Disability Contribution:

<b>A. Annual Earnings =</b>	\$ 30,000	<b>A. Annual Earnings =</b>	\$
<b>B. Weekly Earnings =</b> <i>(A divided by 52)</i>	\$ 576.92	<b>B. Weekly Earnings =</b> <i>(A divided by 52)</i>	\$
<b>C. Weekly Benefit =</b> <i>(B x 60% )</i>	\$ 346.15	<b>C. Weekly Benefit =</b> <i>(B x 60% )</i>	\$
<b>D. Value Per \$100 =</b> <i>(C divided by 100)</i>	3.462	<b>D. Value Per \$100 =</b> <i>(C divided by 100)</i>	
<b>E. Estimated Bi-weekly Contribution</b> <i>(D multiplied by 1.20)</i>	\$ 4.15	<b>E. Estimated Bi-weekly Contribution =</b> <i>(D multiplied by the applicable rate)</i>	\$

### LTD Example: Low Option

### Long Term Disability Contribution:

<b>A. Annual Earnings =</b>	\$ 30,000	<b>A. Annual Earnings =</b>	\$
<b>B. Monthly Earnings =</b> <i>(A divided by 12)</i>	\$ 2,500	<b>B. Monthly Earnings =</b> <i>(A divided by 12)</i>	\$
<b>C. Value Per \$100 =</b> <i>(B divided by 100)</i>	25.00	<b>C. Value Per \$100 =</b> <i>(B divided by 100)</i>	
<b>D. Estimated Bi-weekly Contribution</b> <i>(C multiplied by 0.192)</i>	\$ 4.80	<b>D. Estimated Bi-weekly Contribution =</b> <i>(C multiplied by the applicable rate)</i>	\$

### LTD Example: High Option

### Long Term Disability Contribution:

<b>A. Annual Earnings =</b>	\$ 30,000	<b>A. Annual Earnings =</b>	\$
<b>B. Monthly Earnings =</b> <i>(A divided by 12)</i>	\$ 2,500	<b>B. Monthly Earnings =</b> <i>(A divided by 12)</i>	\$
<b>C. Value Per \$100 =</b> <i>(B divided by 100)</i>	25.00	<b>C. Value Per \$100 =</b> <i>(B divided by 100)</i>	
<b>D. Estimated Bi-weekly Contribution</b> <i>(C multiplied by 0.230)</i>	\$ 5.75	<b>D. Estimated Bi-weekly Contribution =</b> <i>(C multiplied by the applicable rate)</i>	\$

**LTD Example: Premier Plan\*****Long Term Disability Contribution:**

<b>A. Annual Earnings =</b>	\$ 30,000	<b>A. Annual Earnings =</b>	\$
<b>B. Monthly Earnings =</b> <i>(A divided by 12)</i>	\$ 2,500	<b>B. Monthly Earnings =</b> <i>(A divided by 12)</i>	\$
<b>C. Value Per \$100 =</b> <i>(B divided by 100)</i>	25.00	<b>C. Value Per \$100 =</b> <i>(B divided by 100)</i>	
<b>D. Estimated Bi-weekly Contribution</b> <i>(C multiplied by 0.32)</i>	\$ 8.00	<b>D. Estimated Bi-weekly Contribution =</b> <i>(C multiplied by the applicable rate)</i>	\$

\*NOTE: IF YOU CHOOSE TO ENROLL IN THE LTD PREMIER PLAN YOU CANNOT ENROLL IN EITHER OF THE STD OPTIONS (LOW OR HIGH PLANS) OR THE OTHER TWO LTD OPTIONS (LOW OR HIGH OPTIONS).

MetLife GCERT2000 Highlights  
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Metropolitan Life Insurance Company  
NY, NY

# MetLife Vision

## Product Overview

### Why vision insurance makes sense

**Stay well. Stay healthy. Save more.**

#### Vision insurance for healthy savings.

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.<sup>1</sup>

#### It's simple.

- You save on exams, glasses, contact lenses, laser vision correction and more.<sup>2</sup>
- There are no out-of-pocket costs on polycarbonate (shatter-resistant) lenses for children up to age 18 or for ultraviolet (UV) coating.
- Take advantage of fixed copays for scratch-resistant and anti-reflective coatings, progressive lenses and more.
- The plan is easy to use. When you go to a participating vision specialist there are no claims to file. You don't even need an ID card.

#### A big network means more options.

- You can go to any licensed vision care specialist or choose from a large network of ophthalmologists, optometrists and opticians at private practices or retail locations like Costco<sup>®</sup> Optical, America's Best, Cohen's Fashion Optical, Eyeglass World, For Eyes Optical, Pearle Vision,<sup>3</sup> Shopko, Visionworks and more.
- For additional convenience, a special service arrangement with WalMart and Sam's Club makes it easy for you to use your benefits even though they are out of network.

#### Get the style you want.

- Choose from classic styles to the latest designer frames — and select what's right for you and your budget.
- Some of the great brands to choose from include Anne Klein, bebe<sup>®</sup>, Calvin Klein, Flexon, Lacoste, Nike, Nine West and more.

#### Sample Savings:

Vision Service <sup>4</sup>	Your Cost Without MetLife's Vision Plan	Your Cost With MetLife's Vision Plan	You Save <sup>5</sup>
Eye Exam	\$140	\$10 (copay)	\$130
Glasses	N/A	\$25 (copay)	N/A
Frame	\$140	\$8	\$132
Lenses (Bifocal)	\$139	\$0	\$139
UV Coating	\$23	\$0	\$23
Anti-Reflective Coating	\$106	\$69	\$37
Annual Premium <sup>6</sup>	N/A	\$84	N/A
Total Cost of Services	\$548	\$196	\$352

Now that you know how **Vision Insurance** can help you save, take a few minutes to enroll today!

<sup>1</sup> Why Are Eye Exams Important? <http://www.allaboutvision.com/eye-exam/importance.htm>, Accessed April 2016.

<sup>2</sup> Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Laser vision care discounts are only available from in-network contracted facilities.

<sup>3</sup> Not all Pearle Vision locations participate in the MetLife Vision program. Please visit [www.metlife.com/vision](http://www.metlife.com/vision) to confirm participating locations by using our Find A Provider online directory.

<sup>4</sup> Comparison is based on national averages and most commonly purchased brands.

<sup>5</sup> These are sample savings only. Your actual savings by enrolling in the MetLife Vision Plan will depend on various factors, including plan premiums, number of visits by your family per year and the cost of services rendered. Be sure to review the enclosed Schedule of Benefits for your plan's specific benefits and other important details.

<sup>6</sup> Based on employee-only rate for M130-10/25 standard plan design with employees nationwide.

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY (MetLife). Certain claims and network administration services are provided through Vision Service Plan (VSP). VSP is not affiliated with Metropolitan Life Insurance Company or its affiliates. In certain states, availability of MetLife's group vision benefits is subject to regulatory approval. 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.

**Metropolitan Life Insurance Company**

200 Park Avenue, New York, NY 10166

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## Understanding Your Vision Benefits

With **MetLife Vision** you get benefits for a wide range of covered services. The plan is simple and convenient to use— and you can take advantage of great savings and offers on the latest eyewear styles and brand names.

**Value and savings:** Your out-of-pocket costs are usually lower when you visit a participating vision care specialist. And you can typically save even more when you go to a participating private practice.

Vision Services <sup>1</sup>	Your cost without coverage	Your cost with MetLife Vision	You Save <sup>2</sup>
Eye exam	\$140	\$10 (copay)	<b>\$130</b>
Glasses	N/A	\$25 (copay)	<b>NA</b>
Frame	\$140	\$8	<b>\$132</b>
Lenses (Bifocal)	\$139	\$0	<b>\$139</b>
UV Coating	\$23	\$0	<b>\$23</b>
Anti-Reflective Coating	\$106	\$69	<b>\$37</b>
Annual Premium <sup>3</sup>	NA	\$84	<b>NA</b>
Total Cost of Services	\$548	\$196	<b>\$461</b>

**Convenience and choice of eye care professionals:** You can go to any licensed eye care professional. Or you can choose from any of the thousands of participating ophthalmologists, optometrists and opticians working out of private practices or top retail chains, like Costco® Optical, America's Best, Cohen's Fashion Optical, Eyeglass World, Pearle Vision, Shopko and Visionworks.

You can also take advantage of our service arrangement with Walmart and Sam's Club. They check your eligibility and process claims even though they are out-of-network.

**Enhanced benefits:**<sup>4</sup> As a commitment to your overall vision care, you get full coverage for ultraviolet protection and polycarbonate (shatter resistant) lenses for children up to age 18. You also save on popular lens enhancements like progressive or scratch resistant lenses -- we have negotiated maximum copays with participating locations, so they can't charge you above a certain amount.

## Understanding Your Vision Benefits (continued)

### Your plan also offers the following enhanced benefit(s):

**Second pair:** You have an additional eyewear benefit that gives your coverage for two pairs of glasses or glasses and contacts.

**Covered contact lenses:** Enjoy full coverage for contact lenses, including fitting and evaluation services, in addition to your standard eyewear benefit.

**Safety eye care:** Offers coverage for a supplemental safety eye exam and eyewear—so you get extra support to help protect your vision. The benefit is only available to you and does not cover your dependents.\*

**Computer vision care:** Covers exams specifically designed to detect eye health and vision issues caused by regular computer and digital device use. It also provides additional coverage for prescription eyewear specifically for computer use.\*

**Diabetic Eyecare Plus program:** Delivers additional support, including supplemental exams and tests, if you have type 1 or type 2 diabetes and have specific ophthalmological conditions.\*

**Vision therapy:** You get benefits to support certain vision disorders. If you qualify, you will get a treatment plan intended to correct or improve dysfunctions like, but not limited to lazy eye, eye focusing, and general eye movement ability.\*

**Low vision:** Provides additional benefits to those who are not legally blind, but whose eyesight cannot be corrected to 20/70 with the use of optical lenses. They include supplemental vision testing and aids.\*

\*You must go to a participating private practice to receive in-network benefits. Services provided at a participating retailer will be considered out-of-network.

**Great eyewear selections:**<sup>5</sup> You can choose the eyewear that is right for you and your budget. Plus, all participating locations offer a large selection of eyewear. From classic styles to the latest designer frames, you will find hundreds of options for you and your family. Choose from great brands, like Ann Klein, bebe®, Calvin Klein, Flexon, Lacoste, Nike, Nine West and more.

## Understanding Your Vision Benefits (continued)

The information below explains certain terms and information to make it easier for you to understand and use your benefits.

**1. In-Network:** When you visit vision care specialists participating in the MetLife Vision plan, either through a private practice or retail chain location. **Copay:** Refers to the amount in the Schedule of Benefits for covered services that you are required to pay your participating vision care specialist at the time of treatment.

**2. Frequency:** How often you can get an exam or eyewear.

**3. Eye Exam:** Comprehensive examination of visual functions and prescription of corrective eyewear if necessary. Including but not limited to:

- Eye Health Examination;
- Dilation; and
- Refraction and Prescription for Glasses

**4. Frame Allowance:** The amount MetLife provides toward the cost of your frame.

**5. Standard Corrective Lenses:** Standard lenses that are covered under the plan.

- **Single Vision:** Types of lenses that correct one vision problem, like near or far-sightedness.
- **Lined Bifocal:** Types of lenses that use two different distinct powers in each lens, usually for near and distance vision correction.
- **Lined Trifocal:** Types of lenses that have three regions to correct for distance, intermediate (arm's length), and near vision.
- **Lenticular:** Types of lenses that have an array of magnifying lenses, designed so that when viewed from slightly different angles, different images are magnified.

**6. Standard Lens Enhancements<sup>4</sup>:** Lens enhancements improve the appearance, durability and/or function of your glasses.

- **Ultraviolet Coating:** A treatment that is applied to lenses to filter out harmful rays of the sun. It is recommended that glasses block 100% of both UVA and UVB rays to minimize eye damage from the sun's rays.
- **Polycarbonate Lenses:** A lens material that is thinner, lighter, and more impact resistant than standard plastic. Polycarbonate lenses are the standard for children's eyewear.
- **Standard Progressive:** Bi-focal or multi-focal lenses with no visible lines where the lens power gradually changes from distance to near.
- **Scratch-Resistant Coating:** A film or coating that protects lenses from scratching.

Benefit	Frequency
<b>1 In-network benefits</b> There are no claims for you to file when you go to a participating vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.	
<b>2 Eye exam</b>	Once every XX months
• Eye health exams, diabetes, prescription and refraction for glasses: Covered in full after a \$XXX copay. • Retail imaging: Up to a \$39 copay on a routine retail screening performed by a private practice.	
<b>3 Frame</b>	Once every XX months
• Allowance: \$XXX after \$XX eyewear copay. • Co-pay: \$XXX allowance after \$XX eyewear copay. You will receive an additional 20% savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco. <sup>1</sup>	
<b>4 Standard corrective lenses</b>	Once every XX months
• Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after \$XX eyewear copay.	
<b>5 Standard lens enhancements<sup>1</sup></b>	Once every XX months
• Polycarbonate (child up to age 18) and Ultraviolet (UV) coating: Covered in full after \$XX eyewear copay. • Progressive, Polycarbonate (adult), Photochromic, Anti-reflective and Scratch-resistant coatings and Tints: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a> .	
<b>6 Contact lenses (instead of glasses)</b>	Once every XX months
• Contact fitting and evaluation: <sup>1</sup> Covered in full with maximum copay of \$XXX. • Elective lenses: \$XXX allowance. • Necessary lenses: Covered in full.	
<b>7 Out-of-network benefits</b> You pay for services and then submit a claim for reimbursement. The same benefit frequencies for in-network benefits apply. Once you enroll, visit <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a> for detailed out-of-network benefits information.	

## Understanding Your Vision Benefits (continued)

- **Standard Anti-Reflective Coating:** A lens treatment for your glasses that helps to reduce distracting glare and eye fatigue by reducing the amount of light reflecting off the lens surface and making the lenses appear clearer. Your eyes will also be more visible behind the lenses.
- **Photochromic:** Refers to lenses that automatically change from clear to dark in the presence of ultraviolet (UV) radiation.

### 7. Contact Lenses

- **Fitting and Evaluation:** The goal of a contact lens fitting is to find the most appropriate contact lens for optimal comfort and vision. Contacts come in a variety of types, styles, materials and sizes.
- **Fitting Fee:** The charge associated with the contact lens fitting. This fee is separate from the standard Eye Exam. The contact lens fitting fee is charged for:
  - The initial assessment of the power, diameter, material, and base curve (essentially parameters) of the lens best fitted for the patient.
  - Follow up exams necessary to ensure that the contact lenses are the right fit and prescription.
  - Final prescription for dispensing.
- **Elective Lenses:** If available on your plan, you may choose to wear contact lenses in lieu of glasses as your vision correction.
- **Necessary:** Necessary Contact Lenses are a Plan Benefit when specific benefit criteria are satisfied and when prescribed by the Covered Person's participating vision care specialist. Contact Lenses are provided in place of spectacle lens and frame benefits available.

**8. Out-Of-Network:** When you visit an out-of-network vision care specialist, you are responsible for the services provided. You will typically pay for the full cost of the treatment at the time of the visit, then submit a claim form for reimbursement from MetLife. **Allowance:** The amount MetLife provides toward the cost of your eye examination or eyewear.

<sup>1</sup> Comparison is based on national averages and most commonly purchased brands.

<sup>2</sup> Your actual savings by enrolling in the MetLife Vision Plan will depend on various factors, including plan premiums, number of visits by your family per year and the cost of services rendered. Be sure to review the enclosed Schedule of Benefits for your plan's specific benefits and other important details.

<sup>3</sup> Based on employee-only rate for M130-10/25 standard plan design with employees nationwide.

<sup>4</sup> 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. Please contact your local Costco to confirm the availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

<sup>5</sup> Some brands of spectacle frames may be unavailable for purchase as Plan Benefits, or may be subject to additional limitations.

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claim and network administration services are provided through Vision Service Plan (VSP). VSP is not affiliated with Metropolitan Life Insurance Company or its affiliates. In certain states, availability of MetLife's group vision benefits is subject to regulatory approval. 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.

# Group Vision Benefits Overview

This plan overview will outline your in-network and out-of-network vision benefits, help you find vision specialist and share MetLife contact information.



## With your Vision Preferred Provider Organization Plan, you can:

- Go to any 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 Costco<sup>®</sup> Optical and Visionworks.
- Take advantage of our service agreement with Walmart and Sam's Club—they check your eligibility and process claims even though they are out-of-network.

## In-network value added features:

Additional lens enhancements:<sup>1</sup>  
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:<sup>2</sup>  
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.

## In-network benefits

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

### Eye exam

Frequency

Once every **Plan Year**

- Eye health exam, dilation, prescription and refraction for glasses: Covered in full.
- Retinal imaging:<sup>1</sup> Covered in full Up to a **\$39** copay when performed by a private practice.

### Frame

Once every **Plan Year**

- Allowance: **\$160** after **\$10** eyewear copay
- Costco: **\$90** allowance after **\$10** eyewear copay

You will receive an additional **20%** savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco.<sup>1</sup>

### Standard corrective lenses

Once every **Plan Year**

- Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after **\$10** eyewear copay.

### Standard lens enhancements<sup>1</sup>

Once every **Plan Year**

- Polycarbonate (child up to age 26), **Ultraviolet(UV) coating**: Covered in full after **\$10** eyewear copay.
- Progressive, Polycarbonate (adult), Photochromic, Anti-reflective and Scratch-resistant coatings and Tints: 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](http://www.metlife.com/mybenefits).

### Contact lenses<sup>1</sup>(instead of eye glasses)

Once every **Plan Year**

- Contact fitting and evaluation:<sup>1</sup> Covered after **\$10** eyewear copay
- Elective lenses: **\$120** allowance.
- Necessary lenses: Covered in full after **\$10** eyewear copay.

## We're here to help

Find a Vision provider at  
[www.metlife.com/vision](http://www.metlife.com/vision)

Download a claim form at  
[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)

For general questions go to  
[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or  
call (1-877-638-2055)

## Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **in-network benefits** apply. Once you enroll, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) for detailed out-of-network benefits information.

• Eye exam: up to <b>\$40</b>	• Single vision lenses: up to <b>\$40</b>	• Lined trifocal lenses: up to <b>\$80</b>
• Frames: up to <b>\$50</b>	• Lined bifocal lenses: up to <b>\$60</b>	• Progressive lenses: up to <b>\$50</b>
• Contact lenses:	• Lenticular lenses: up to <b>\$100</b>	
- Elective up to <b>\$120</b>		
- Necessary up to <b>\$175</b>		

## Exclusions and Limitations of Benefits

This plan does not cover the following services, materials and treatments

### **SERVICES AND EYEWEAR**

- Services and/or materials not specifically included in the Vision Plan Benefits Overview (Schedule of Benefits).
- Any portion of a charge above the Maximum Benefit Allowance or reimbursement indicated in the Schedule of Benefits.
- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your dependent before the Vision Insurance starts.
- Missed appointments.
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Local, state, and/or federal taxes, except where MetLife is required by law to pay.
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.
- Services and materials obtained while outside the United States, except for emergency vision care.
- Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
- Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
- Plano lenses (lenses with refractive correction of less than  $\pm 0.50$  diopter).
- Two pairs of glasses instead of bifocals.
- Replacement of lenses, frames and/or contact lenses, furnished under this Plan which are lost, stolen, or damaged, except at the normal intervals when Plan Benefits are otherwise available.
- Contact lens insurance policies and service agreements.
- Refitting of contact lenses after the initial (90 day) fitting period.
- Contact lens modification, polishing, and cleaning.
- The following items are not covered under the covered contact lenses enhancement: Corneal Refractive Therapy (CRT) or Orthokeratology (a procedure using contact lenses to change the shape of the cornea in order to reduce myopia); replacement of lost or damaged lenses; insurance policies or service agreements; plano lenses (i.e., when patient's refractive error is less than a  $\pm 0.50$  diopter power); plano lenses to change eye color cosmetically; artistically painted lenses; additional office visits associated with contact lens pathology; contact lens modification, polishing or cleaning; and refitting after the initial (90 day) fitting period.

### **TREATMENTS**

- Orthoptics or vision training and any associated supplemental testing.
- Medical and surgical treatment of the eye(s).

### **MEDICATIONS**

- Prescription and non-prescription medications.

<sup>1</sup> 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. Please contact your local Costco to confirm your availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

<sup>2</sup> Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

**Important:** If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

## MC0056

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with Metropolitan Life Insurance Company or its affiliates. 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.

L0616469686[exp0817][All States]

Metropolitan Life Insurance Company, New York, NY

ADF# V1129.16

## Frequently Asked Questions

### **How do I use my benefits?**

Whether you choose to see an in-network provider or not, using your vision coverage is simple and convenient.

- Select Find a Vision Provider at [www.metlife.com/vision](http://www.metlife.com/vision) to find an eye care provider who is right for you.
- Review your plan coverage before your appointment.
- At your appointment, tell them you have MetLife Vision. No ID card is necessary.

There are no claim forms to complete when you see an in-network provider. If you visit an out-of-network provider, you will pay the provider in full for the services and eyewear received at the time of your appointment, including taxes. Then submit a completed MetLife Vision claim form and itemized receipt to: MetLife Vision Claims, PO Box 385018, Birmingham, AL 35238-5018.

### **Do I have to visit a participating vision care specialist to get coverage?**

No. You can visit any provider. However, your out-of-pocket costs are usually lower when you visit an in-network provider, and you have the opportunity to save even more.

### **Do my dependents have to visit the same doctor that I select?**

No. You and your dependents each have the freedom to choose any provider.

### **Do I need to file a claim?**

Not if you visit a network provider or visit a Walmart or Sam's Club location. If you stay in-network for care, the network provider will confirm your eligibility, submit the claim and calculate your out-of-pocket costs, if any, at the time of service. Additionally, MetLife has an agreement with Walmart that Walmart and Sam's Club locations will accept MetLife Vision plan, verify eligibility and submit claims.

If you visit an out-of-network provider, other than Walmart or Sam's Club, you pay the provider in full for the services and eyewear received at the time of your appointment, including taxes. Then you submit a completed MetLife Vision claim form and itemized receipt to: MetLife Vision Claims, PO Box 385018, Birmingham, AL 35238-5018.

Claim forms are available at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call Customer Service 1-855-MET-EYE1 (1-855-638-3931).

### **How do I locate a vision care specialist?**

With this plan, you have access to thousands of private practice optometrists, ophthalmologists and opticians – credentialed according to National Committee of Quality Assurance (NCQA) standards – as well as top retail optical providers, like Costco Optical, Visionworks, and more. You have the convenience to choose based upon your needs and preferences at the time of service. To locate a MetLife Vision network provider 24 hours a day, seven days a week, select Find a Vision Provider at [www.metlife.com/vision](http://www.metlife.com/vision) or call MetLife Vision at 1-855-MET-EYE1 (1-855-638-3931) for access to our 24/7 Interactive Voice Response system.

### **How can I check if a claim has been processed?**

If you used your benefits at an in-network provider, you do not need to check the status of a claim, as we will work with your provider directly. If you filed an out-of-network claim, simply visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits), our secure member website, to check your claim history.

## Frequently Asked Questions (continued)

### **Do I need an ID card in order to use my benefit or discount?**

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

### **I've used up my benefit, but would like to get another pair of eyeglasses. Are there any additional savings available?**

Yes. Your vision plan includes discounts on additional services from participating private practice providers, including 20% off complete pairs of prescription eyeglasses and sunglasses. Go to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) to view the full details of the additional discounts available.

### **Do I have to choose from a select set of eyewear or can I choose any eyewear and apply my benefits?**

You can choose the eyewear that is right for you and your budget. All network private practice and retail locations offer a broad spectrum of eyewear options. From classic styles to the latest designer frames, you will find hundreds of options for you and your family.

### **Are contact lenses covered under this plan?**

Yes. Either contact lenses or glasses are allowed within the benefit frequency defined in your Schedule of Benefits.

### **Can I order my contact lenses through the mail?**

MetLife does not have an in-network mail order program. If you purchase contact lenses through the mail it will be out-of-network and you will need to submit your claim and receipts to MetLife for your out-of-network reimbursement.

### **Is laser vision correction covered under this plan?**

MetLife Vision's Laser VisionCare Program provides members with discounts through contracted laser facilities. Discounts average 15% off or 5% off a promotional offer for laser vision surgery, including PRK, LASIK and Custom LASIK\*.

\*Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

### **Can I get an eye examination from one provider and my glasses or contact lenses from another?**

Yes. Your MetLife Vision benefits allow you 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 your policy is for filling another doctor's prescription. However, please note, under this plan, only one lens benefit (either glasses or contact lenses) is allowed per frequency.

### **Can I apply FSA funds to out-of-pocket costs after my vision benefit is applied?**

Yes. You can use your Flexible Spending Account (FSA) to pay for a variety of health-related out-of-pocket expenses, including those associated with ancillary benefits like this plan. Money from the FSA can be applied toward the eye exam copay, out-of-pocket costs for prescription glasses or contact lenses (including upgrades) and supplies such as contact lens solution. Employees can even use FSA funds for LASIK surgery.

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claim and network administration services are provided through Vision Service Plan (VSP). VSP is not affiliated with Metropolitan Life Insurance Company or its affiliates. In certain states, availability of MetLife's group vision benefits is subject to regulatory approval. 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.

# Required Regulatory Information

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.



## Our Privacy Notice

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

### Plan Sponsors and Group Insurance Contract Holders

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

### Protecting Your Information

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

### Collecting Your Information

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

### How We Get Your Information

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

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

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

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

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

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

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

### Using Your Information

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

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

## Sharing Your Information With Others

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

Other reasons we may share your information include:

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

## HIPAA

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

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

## Accessing and Correcting Your Information

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

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

## Questions

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

### Send privacy questions to:

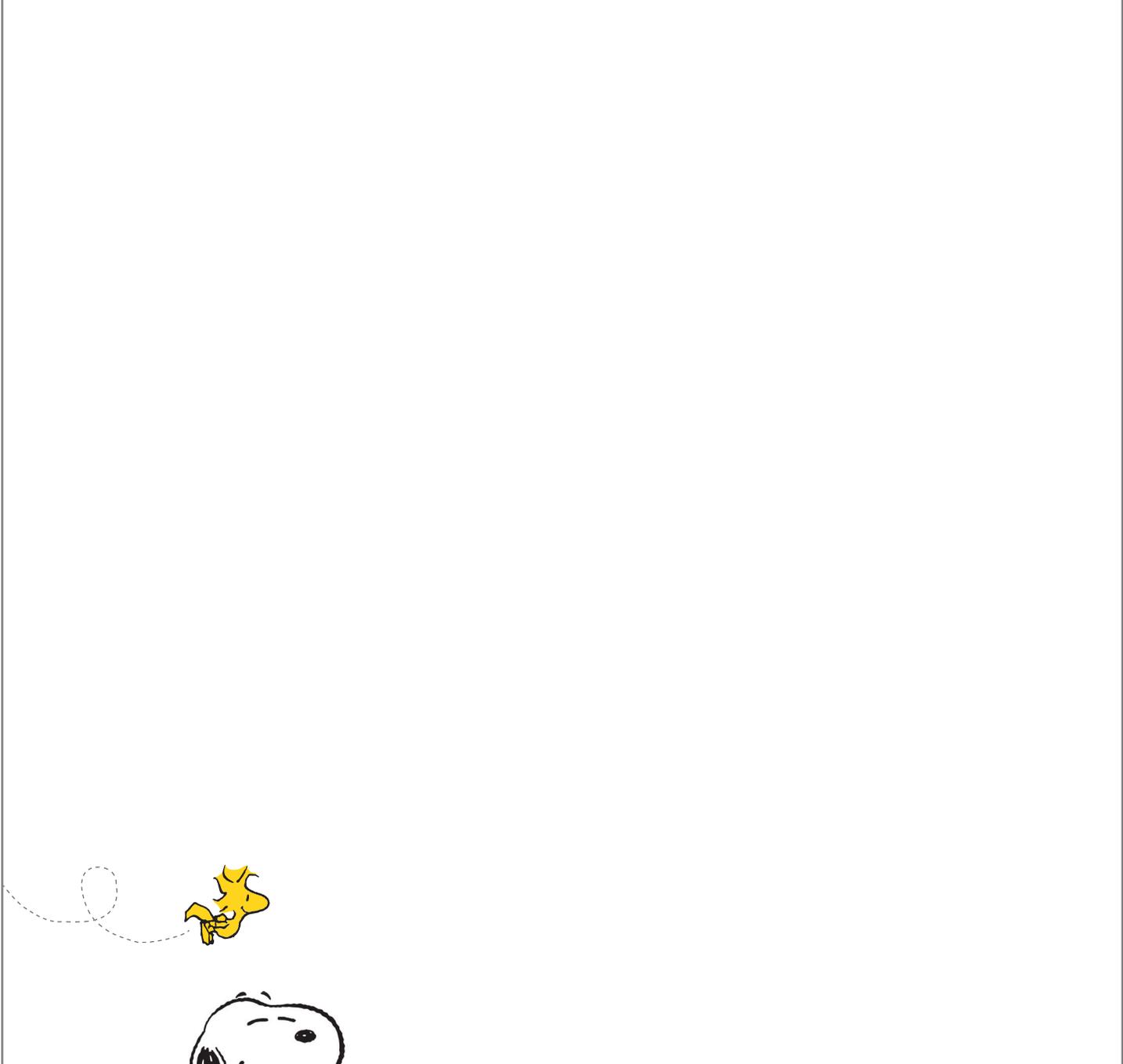
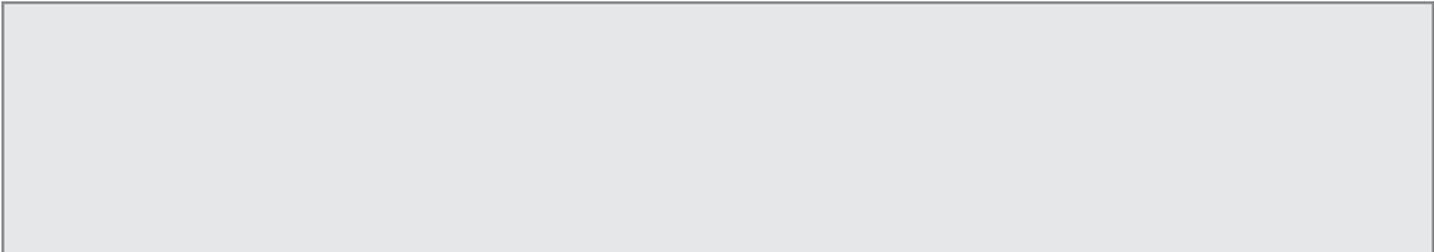
MetLife Privacy Office  
P. O. Box 489  
Warwick, RI 02887-9954  
[privacy@metlife.com](mailto:privacy@metlife.com)

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

**Metropolitan Life Insurance Company**  
**MetLife Insurance Company USA**  
**SafeGuard Health Plans, Inc.**

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





**MetLife**

“ Don't Forget to  
Take the Time  
to Review Your  
Benefits! ”



**MetLife**

Metropolitan Life Insurance Company  
200 Park Avenue  
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[www.metlife.com](http://www.metlife.com)