## **Vision Benefits**

See well. Stay healthy. Save more.

# MetLife



Maintaining good vision just got more affordable!



Vision is essential to many things we do. Yet, an estimated 11 million Americans have uncorrected vision problems and may not even know it.\*

MetLife's Vision program can help you and your family get the eye care you need and the eyewear you want. You'll enjoy a plan that's easy to use with:

- Value and savings
- Convenience and choice
- Enhanced benefits
- Great eyewear

With MetLife, you and your family get much more than vision coverage. You'll get service and support to help protect your eyesight—plus, access to great eyewear brands at more affordable prices. Get a clearer view on life *for less*. **Enroll today!** 

\*The Vision Council, "Vision Care: Focusing on the Workplace Benefit," Fall 2008.



## Table of Contents

Understanding Your Vision Benefits

Miami-Dade County's Vision Schedule of Benefits

We are Here to Help

Frequently Asked Questions

Dear Miami-Dade Employee:

Caring for your eyesight is an important step to living healthier. Through an exam, eye doctors are often the first to detect signs of serious health problems like diabetes and heart disease.<sup>1</sup> Plus, your eyes are your windows to the world, so you want to make sure you take care of them.

As a Miami-Dade Employee, you and your family get convenient access to the eye care you need and the lower costs you've been looking for with MetLife Vision. With the coverage, you'll enjoy:

- Value and savings on eye care and eyewear.
- **Convenience and choice** of eye care professionals from thousands of private practitioners and top optical chains, like Costco® Optical, Visionworks, and more.
- Enhanced benefits including standard coverage for polycarbonate (shatter resistant) lenses for children (up to age 26).
- **Great eyewear** selections from classic styles to the latest designer frames you pick what is right for you and your budget.

## Keep your eyes healthy and your vision clear with MetLife Vision. It's easy to get this valuable coverage.

- Review the Schedule of Benefits included in this booklet.
- Enjoy the convenience of payroll deductions.

For more information, visit www.metlife.com or call 1-877-638-2055.

You and your family deserve the best care to keep your eyes healthy year after year. Take advantage of this important coverage that your employer is offering.

Sincerely,

MetLife

<sup>1</sup> CDC-Vision Health Initiative; National Data. Accessed July 2014, http://www.cdc.gov/visionhealth/data/national.htm.

Metropolitan Life Insurance Company, New York, NY 10166

L0714384751[exp1015][All States][DC,PR,VI]

## **Understanding Your Vision Benefits**

Regular visits to your eye care professional do more than just protect your eyesight — they can help protect your overall health. Through a routine exam, eye doctors can spot serious health problems like diabetes, high blood pressure, heart disease, certain cancers and more.

That's where a good vision plan steps in to support you— it can help significantly lower your costs and make it easier to get the care you need. With the **MetLife Vision plan** 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> (Example 1)	Out of Pocket Costs without Insurance	Out of Pocket Costs with MetLife Vision
Eye exam	\$140	No copay
Glasses	N/A	\$10 copay
Frame	\$130	\$0
Lenses (Single Vision)	\$84	
Ultraviolet coating	\$23	\$0
Polycarbonate lenses	\$52	\$0
Annual premiums <sup>2</sup>	N/A	\$50
Total Cost of Services	\$429	\$60

Total Savings With MetLife Vision \$369

Vision Services <sup>1</sup> (Example 2)	Out of Pocket Costs without Insurance	Out of Pocket Costs with MetLife Vision
Eye exam	\$140	No copay
Glasses	N/A	\$10 copay
Frame	\$140	\$0
Lenses (Bifocal)	\$139	\$0
Ultraviolet coating	\$23	\$0
Progressive lenses	\$138	\$0
Anti-Reflecting coating	\$106	\$69
Annual premiums <sup>2</sup>	N/A	\$50
Total Cost of Services	\$686	\$129

Total Savings With MetLife Vision \$557

**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, 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.

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

<sup>&</sup>lt;sup>2</sup> Based on employee-only rate for Miami Dade's plan design.

## Understanding Your Vision Benefits (continued)

**Enhanced benefits.**<sup>3</sup> As a commitment to your overall vision care, you get full coverage for ultraviolet protection and polycarbonate (shatter resistant) lenses for children under age 26. 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.

**Great eyewear selections.**<sup>4</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 bebe<sup>®</sup>, Calvin Klein, Nike, Tommy Bahama<sup>®</sup> and Disney.

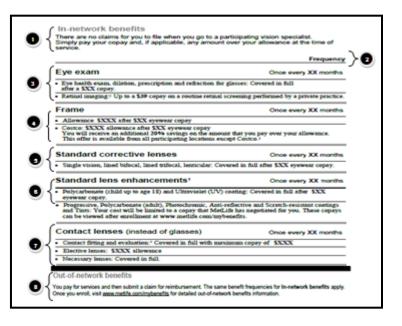
## Great news! Now when you purchase any of the brands below, you get an extra \$20 to spend on your frames.

bebe – Calvin Klein – ck Calvin Klein – Flexon – Marchon – Michael Kors – Nike - Nine West – Tommy Bahama – Valentino – X Games and more!

## 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.



<sup>&</sup>lt;sup>3</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.
<sup>4</sup> Some brands of spectacle frames may be unavailable for purchase as Plan Benefits, or may be subject to additional limitations.

## Understanding Your Vision Benefits (continued)

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

- Eye Health Examination
- Dilation
- 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 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.** 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.
- 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 these services. 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. The amount MetLife provides toward the cost of your eye examination or eyewear.

## Group Vision Benefits Overview

This plan overview will outline your in-network and out-of-network vision benefits, help you find a 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 long onbancoment

Additional lens enhancements:<sup>1</sup> Average 20-25% savings on all other lens enhancements.

Savings on glasses and sunglasses:<sup>1</sup> Get 20% off the cost for additional pairs of prescription glasses and nonprescription 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.

<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 the 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.

## **In-network benefits**

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.

Frequency

## Eye exam

- 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 perfomed by a private practice provider.

## Frame

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

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

## **Standard corrective lenses**

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

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

- Polycarbonate (child up to age 26), Ultraviolet(UV) coating, Progressive Standard, Progressive Premium and Photochromic: Covered in full after \$10 eyewear copay
- Anti-reflective, 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.

## **Contact lenses**<sup>1</sup>

- Contact fitting and evaluation: Covered after eyewear copy
- Elective lenses: **\$120** allowance
- Necessary lenses: Covered after eyewear copay

## We're here to help

To find a participating vision specialist: <u>www.metlife.com/mybenefits</u> or call 1-877-638-2055

Get a claim form: <u>www.metlife.com/mybenefits</u>

General questions: <u>www.metlife.com/mybenefits</u> or call 1-855-638-2055

#### Once every Plan Year

Once every Plan Year

### Once every Plan Year

Once every Plan Year

Once every Plan Year

## **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 <u>www.metlife.com/mybenefits</u> 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 \$100	
- Elective up to <b>\$120</b>		
- Necessary up to \$175		

## 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 Workers' 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.
- •Services, to the extent such services, or benefits for such services, are available under a Government Plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Vision Insurance under the Group Policy be paid first. Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government. The term does not include any plan, program, or coverage provided by a government as an employer or Medicare.
- •Plano lenses (lenses with refractive correction of less than ± .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 (within the 12 month benefit period from date of purchase.)
- •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 +/-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 medication

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

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Vision Service Plan. 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, New York, NY 10166

## We are Here to Help

With MetLife, you get support and educational tools to help you achieve your vision health goals.

### We are at your service.

Managing your benefits is easy. You can use MyBenefits, your secure self-service website, to help you manage your vision benefits. You can take advantage of a number of self-service features:

- View personalized benefit information, including eligibility and claims history
- Find a participating provider, including maps, office hours, and contact information
- Download/print your personalized member vision card
- View past services

As a first time user, go to MyBenefits at <u>www.metlife.com/mybenefits</u> and follow the easy registration instructions.

## Find a participating eye care professional.

You usually save more when you stay in network for services. So it is good to know that with this plan you have access to thousands of participating private practice and retail ophthalmologists, optometrists and opticians. Choose from convenient locations like Costco® Optical, Visionworks, and more.

To locate a MetLife vision care specialist 24 hours a day, seven days a week, go to www.metlife.com/mybenefits and click on find a Vision Provider or call MetLife Vision at 1-877-638-2055 for access to our 24/7 Interactive Voice Response system.

Your eye doctor's office can also use the information below to check your plan benefits:

- Private practices Check eligibility through eyefinity.com or call 800.615.1883
- Retail chain locations Check eligibility through 2020source or call 866.773.3260

## Prior to enrollment.

Visit www.metlife.com to locate a MetLife vision care specialist near you. Just click on find a Vision Provider.

## Using your benefits is easy.

Whether you choose to stay in network or not, using your vision coverage is simple and convenient.

- Visit www.metlife.com/mybenefits to find a participating vision care specialist who is right for you.
- Review your plan coverage before your appointment.
- At your appointment, tell them you have the MetLife Vision plan. No ID card is necessary.

That is it! MetLife will handle the rest – there are no claim forms to complete when you see an innetwork provider. That is how simple it is!

**If you visit an out-of-network vision care specialist**, you pay the office 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; PO Box 997565; Sacramento, CA 95899-7565.

Claim forms are available at www.metlife.com/mybenefits - click on MetLife Vision.

## Frequently Asked Questions

### How do I use my benefits?

Whether you choose to see a participating vision care specialist or not, using your vision coverage is simple and convenient.

- Visit www.metlife.com/mybenefits to find an eye doctor who is right for you.
- Review your plan coverage before your appointment.
- At your appointment, tell them you have the MetLife Vision plan. No ID card is necessary.
- The office can also use the information below to check your plan benefits:
  - Private practices Check eligibility through eyefinity.com or call 800.615.1883
  - Retail chain locations Check eligibility through 2020source or call 866.773.3260

That is it! MetLife will handle the rest – there are no claim forms to complete when you see a participating vision care specialist. **If you visit an out-of-network office**, you will pay in full for the services and eyewear received at the time of your appointment, including taxes. Then you will submit a completed MetLife Vision claim form and itemized receipt to: MetLife Vision; PO Box 997565; Sacramento, CA 95899-7565.

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

No. You can visit any licensed vision care specialist. However, your out-of-pocket costs are usually significantly lower when you stay in network.

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

No, you and your dependents each have the freedom to choose any vision care specialist.

### Do I need to file a claim?

Not if you visit a participating location. You do not need to file claims if you stay in-network for care. The office will confirm your eligibility, submit the claim and calculate your out-of-pocket costs, if any, at the time of service. **If you visit an out-of-network vision care specialist**, you pay in full for the services and eyewear received at the time of your appointment, including taxes, except Walmart and Sam's Club. Then you submit a completed MetLife Vision claim form and itemized receipt to: MetLife Vision; PO Box 997565; Sacramento, CA 95899-7565.

Claim forms are available at www.metlife.com/mybenefits — click on MetLife Vision.

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

With this plan, you have access to thousands of participating private practice and retail ophthalmologists, optometrists and opticians. Choose from convenient locations like Costco® Optical, Visionworks, and Rx Optical and more.

To locate a MetLife vision care specialist 24 hours a day, seven days a week, go to www.metlife.com/mybenefits and click on find a Vision Provider or call MetLife Vision at 1-877-638-2055 for access to our 24/7 Interactive Voice Response system. **Prior to enrollment,** you may visit www.metlife.com to locate a MetLife vision provider near you. Just click on find a Vision Provider.

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

If you used your benefits at a participating provider, you do not need to check the status of a claim, as we will work with the provider directly. If you filed an out-of-network claim, simply visit MyBenefits, your 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. However, printing a personalized member vision ID card is easy. Just log into MyBenefits, your secure self-service website.

## I've used up my benefit, but would like to get another pair of eyeglasses. Are there any additional savings available?<sup>1</sup>

Yes. When you visit a participating private practice, enjoy 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.Go to MyBenefits to view the full details on additional opportunities to save.

## 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 participating 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?

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 provides members with discounts through contracted laser facilities. Discounts average 15-20% off or 5% off a promotional offer for laser vision surgery, including PRK, LASIK and Custom LASIK.<sup>2</sup>

## 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 their 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 costs, 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). Employees can even use FSA funds for laser vision correction.

<sup>&</sup>lt;sup>1</sup>Additional discounts may not be available in certain states.

<sup>&</sup>lt;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.

## **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.

#### **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. 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. If you have dental, long-term care, or medical insurance from us, the Health Insurance Portability and Accountability Act ("HIPAA") may further limit how we may use and share your information.

#### 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 anything we learned as part of 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 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

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 General American Life Insurance Company SafeHealth Life Insurance Company MetLife Insurance Company of Connecticut SafeGuard Health Plans, Inc.

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. 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.

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 www.metlife.com

L0714384745[exp1015][All States][DC,PR,VI]

## CALIFORNIA HEALTHCARE LANGUAGE ASSISTANCE PROGRAM NOTICE TO INSUREDS

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

地址

Lexington, KY 40512

Please indicate to whom and where the translated document is to be sent.

Servicio de Idiomas Sin Costo. Puede obtener la ayuda de un intérprete. Se le pueden leer documentos y enviar algunos en español. Para recibir avuda, llámenos al número que aparece en su tarieta de identificación, si tiene una, o al 1-800-942-0854. Para recibir avuda adicional llame al Departamento de Seguros de California al 1-800-927-4357. Para recibir una copia del documento adjunto de MetLife traducido al español, margue la casilla correspondiente a esta oración, y envíe por correo el documento iunto con este formulario a: Metropolitan Life Insurance Company PO Box 14587 Lexington, KY 40512 Por favor, indique a quién y a dónde debe enviarse el documento traducido. NOMBRE DIRECCIÓN ❑ **免費語言服務**。您可獲得免費口譯服務。您可要求翻譯員向你口譯文件,或可要求向你發回文件的中文譯本。如需協助, 請致電您的ID卡上所示號碼(如有),或 1-800-942-0854。如需更多協助,請致電加州保險部熱線1-800-927-4357。 為收取隨附MetLife文件的中文譯本,請勾選此陳述前的方框,並將文件連同此表一併郵寄至: Metropolitan Life Insurance Company PO Box 14587 Lexington, KY 40512 請指明經翻譯文件收件人的姓名及地址。 姓名

ԱնվՃար թարգմանչական ծառայություններ։ Ձեզ կտրամադրվի հայերենի թարգմանիչ, որի օգնությամբ կարող եք հայերենով կարդալ փաստաթղթերը։ Հարցերի դեպքում զանգահարեք մեզ Ձեր ID քարտի վրա նշված հեռախոսահամարով կամ 1-800-942-0854։ Առավել մանրամասն տեղեկատվության համար զանգահարեք Կալիֆորնիայի Ապահովագրական Դեպարտամենտ 1-800-927-4357 հեռախոսահամարով։

សេវាបកប្រែដោយឥតគិតថ្លៃ ។ អ្នកអាចទទួលបានអ្នកបកប្រែម្នាក់ និងឱ្យគេអានឯកសារនានាឱ្យអ្នកស្តាប់ជាភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើង តាមលេខដែល

មានចុះនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នកប្រសិនបើមាន ឬ តាមលេខ 1-800-942-0854 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងនៃរដ្ឋកាលីហ្វ័រញ៉ា (CA

Dept. of Insurance) สายเญช 1-800-927-4357 ฯ

Kev pab txhais lus tsis kom them nqi. Koj thov tau kom nrhiav neeg txhais lus thiab nyeem ntaub ntawv hais ua lus Hmoob rau koj mloog. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj sau hauv koj daim npav ID, yog muaj, lossis 1-800-942-0854. Yog xav kom pab lwm yam hu rau lub CA Hauv Paus lv-saws-las ntawm 1-800-927-4357.

**無料の通訳サービス。**通訳を通して日本語で文書を読み上げてもらうことができます。サービスの利用をご希望の方は、お手持ちの ID カードに記載されている番号、または 1-800-942-0854 へお電話ください。さらなる支援が必要な場合は、カリフォルニア州保険庁 1-800-927-4357 までお問い合わせくだ さい。

**무료 통역 서비스.** 통역자가 문서를 한국어로 읽어드릴 수 있습니다. 도움이 필요하시면, 귀하의 ID 카드에 있는 번호나 1-800-942-0854 로 전화하십시오. 다른 도움이 필요하시면, 전화번호 1-800-927-4357 로 캘리포니아 보험국에 연락하여 주십시오.

Бесплатные услуги устного перевода. Вы можете воспользоваться услугами переводчика, который прочитает вам документы на русском языке. Чтобы получить помощь, позвоните нам по номеру, указанному на вашей идентификационной карточке, если у вас она есть, либо по номеру 1-800-942-0854. Если вам нужна помощь в других вопросах, позвоните в горячую линию Департамента страхования (CA Dept. of Insurance) 1-800-927-4357.

Libreng serbisyo sa pagsasalin. Maaari kang kumuha ng tagasalin para basahin sa iyo ang mga dokumento sa wikang Tagalog. Para ikaw ay matulungan, tawagan kami sa numerong nakalista sa iyong ID card, kung mayroon man, o sa numerong 1-800-942-0854. Para sa karagdagang tulong tawagan ang CA Dept. of Insurance sa numerong 1-800-927-4357.

**Dịch vụ thông dịch miễn phí.** Quý vị có thể tìm một thông dịch viên và nhờ đọc các tài liệu này cho quý vị bằng tiếng Việt. Để được giúp đỡ, gọi cho chúng tôi tại số nêu trên thẻ ID của quý vị, nếu có, hoặc 1-800-942-0854. Để được giúp đỡ thêm gọi cho Ban Bảo Hiểm CA tại số 1-800-927-4357.

لا تتوفر خدمات ترجمة بتكلفة. يمكنك الاتصال بمترجم والحصول على خدمة قراءة المستندات باللغة العربية. للمساعدة، اتصل بنا على الرقم الموجود على بطاقة التعريف الخاصة بك، أو اتصل بالرقم 2854-942-800-1. ولمزيد من المساعدة، اتصل بقسم التأمينات التابع لـ CA على الرقم 4357-280-800-1. سرويس هاى ترجمه رايگان. شما مى توانيد مترجم و اسنادى را به زبان فارسى براى مطالعه دريافت كنيد. براى راهنمايى،از طريق شماره درج شده در كارت شناسايى خود (در صورت وجود) يا شماره 2854-942-800-1 با ما تماس بگيريد. براى راهنمايى بيشتر با بخش بيمه كاليفرنيا 4357-920-800-1 تماس بگيريد.

**بلا معاوضه مترجم دی خدمات مل سکدی اے۔**تُسی ایک مترجم دی خدمات حاصل کرسکدے او جو توڈے واسطے دستاویزات پنجابی وچ پڈ سکدا اوے۔ مدد واسطے اپڑیں آئی ڈی کارڈ، گرہوتو، دے وچ نمبر یا 805-942-1800-11 یہ کال کرو۔ آگے مزید مدد واسطے اے نمبر 1437-929-1800 یہ سی اے ڈپیارٹمنٹ برائے انشورنس نال گال کرو۔

## CA LAP STANDALONE NOTICE

## Notes

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.

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. 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.



1407-1885 1900031850(0613) © 2014 METLIFE, INC. L0714384746[exp1015][All States][DC,PR,VI] PEANUTS © 2014 Peanuts Worldwide LLC

## **MetLife**

Metropolitan Life Insurance 200 Park Avenue New York, NY 10166 www.metlife.com