

MetLife

BENEFITS

OVERVIEW



Gerber Collision & Glass

Gerber Collision & Glass

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



- Dental Insurance

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



MetLife

Dental Benefits

Product Overview

Why dental insurance makes sense

What does dental insurance protect?

Dental problems can be unpredictable and expensive. For example, did you know that a crown can cost up to \$1,451?¹

Dental insurance not only helps you pay for your dental care, it can help prevent problems.

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

Dental insurance protects your peace of mind.

Why your PPO is so great:

More to smile about

- See whatever dentist you want. Even if your dentist isn't in the network, you can go to him or her — just remember you usually save more when you stay in network.²
- You have a wide choice of participating dentists. Plus, dentists in the network are carefully selected.³
- Take advantage of negotiated fees that are typically 15–45% less than average charges in the same area.⁴
- Your dentist usually handles claims — which means less paperwork for you.
- Find out what you'll pay ahead of time. Your dentist can request a pre-treatment estimate for any service that is more than \$300. This helps you manage your costs and care.⁵

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

1. Understand the types of procedures

Different plans pay different percentages for these procedures. And, while they may change depending on your plan, the definitions below usually describe the standard service types.

- Preventive Care — cleanings, X-rays and exams
- Basic Care — fillings and extractions
- Major Care — bridges, crowns and dentures

2. Know the percentages

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

3. Look at out-of-pocket costs

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

Now that you know the benefits of having
Dental Insurance, learn more and enroll today!

¹ Based on MetLife data for a crown (D2740) in ZIP code 19151. This cost reflects the 80th percentile Reasonable and Customary (R&C) fee. R&C fees are calculated based on the lowest of 1) the dentist's actual charge, 2) the dentist's usual charge for the same or similar services or 3) the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife. This example is used for informational purposes only. Fees in your area may be different.

² Savings from enrolling in the MetLife Preferred Dentist Program will depend on various factors, including how often participants visit the dentist and the costs for services rendered.

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

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

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

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

Metropolitan Life Insurance Company

200 Park Avenue, New York, NY 10166

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Understanding Your Dental Plan

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

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

Freedom of choice to go to any dentist.

You have the flexibility to visit any dentist — your dentist — and receive coverage under the plan. Just remember that non-participating dentists haven't agreed to charge negotiated fees¹. That means you usually save more dental dollars when you go to a participating dentist.

If you prefer to stay in the network, there are thousands of general dentists and specialists to choose from nationwide — so you are sure to find one who meets your needs. Plus, all participating dentists go through a rigorous selection and review process.² This way you don't need to worry about quality. You also don't need any referrals.

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

Additional savings when you visit participating dentists.

Your out-of-pocket costs are usually lower when you visit network dentists. That's because they have agreed to accept negotiated fees that are typically 15 to 45% less than average dental charges in the same community. This may help lower your final costs and stretch your plan maximum.

Service where and when you want it.

MyBenefits, your secure self-service website, is available 24/7.³ You can use the site to get estimates on care or check coverage and claim status. Plus, if you are on the go and need to find an in-network provider, view a claim or see your ID card, there's an app for that.⁴ Search "MetLife" at the iTunes App Store or Google Play to download the app.⁵

Educational tools and resources.

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

Understanding Your Dental Plan (continued)

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

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

| Network: XYZ Benefit Summary | | |
|---------------------------------------|-----------------------|---|
| Coverage Type | In Network | Out-of-Network |
| Type A – cleanings, oral examinations | XX% of Negotiated Fee | XX% of R&C Fee or XX% of Negotiated Fee |
| Type B – fillings | XX% of Negotiated Fee | XX% of R&C Fee or XX% of Negotiated Fee |
| Type C – bridges and dentures | XX% of Negotiated Fee | XX% of R&C Fee or XX% of Negotiated Fee |
| Type D – orthodontia | XX% of Negotiated Fee | XX% of R&C Fee or XX% of Negotiated Fee |
| Deductible | In-Network | Out-of-Network |
| Individual | \$XX,XX | \$XX,XX |
| Family | \$XX,XX | \$XX,XX |
| Annual Maximum Benefit | In-Network | Out-of-Network |
| Per Person | \$X,XXX | \$X,XXX |
| Orthodontia Lifetime Maximum | In-Network | Out-of-Network |
| Per Person | \$X,XXX | \$X,XXX |

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

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

4. Annual Maximum Benefit. This is the total amount the plan will pay in the plan year. Once this amount is reached, no further benefits will be paid. However, you may still be eligible to receive services at the negotiated fee rates when visiting a participating dentist.²

5. Orthodontia Lifetime Maximum. Not all plans cover Orthodontia Treatment. If your plan covers Orthodontia there is a Lifetime Maximum that is applicable only to Orthodontia. This does not affect your Annual Maximum Benefit for Types A, B, and C coverages. The Lifetime Maximum is the total amount the plan will pay for orthodontic services for each covered person (subject to any plan age limitations). Once this amount is reached, no further benefits will be paid. However, you may still be eligible to receive services at the negotiated fee amounts when visiting a participating dentist.

Understanding Your Dental Plan (continued)

Putting it all together – maximizing the value of your dental benefits.

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

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

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

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

3 With the exception of scheduled or unscheduled systems maintenance or interruptions, the MyBenefits website is typically available 24 hours a day, 7 days a week.

4 The features of the MetLife Dental Mobile App are not available for all MetLife Dental Plans.

5 Before using the MetLife Dental Mobile App, you must register at www.metlife.com/mybenefits from a computer. Registration cannot be done from your mobile device.

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

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Metropolitan Life Insurance Company, New York, NY 10166



MetLife Dental Bronze Plan Summary

Network: PDP Plus

| Coverage Type | In-Network % of Negotiated Fee [†] | Out-of-Network % of R&C Fee ^{**} |
|---|--|--|
| Type A: Preventive (cleanings, exams, X-rays) | 100% | 100% |
| Type B: Basic Restorative (fillings, extractions) | 80% | 80% |
| Type C: Major Restorative | 0% | 0% |
| Type D: Orthodontia | 0% | 0% |
| Deductible[†] | | |
| Individual | \$100 | \$100 |
| Family | \$300 | \$300 |
| Annual Maximum Benefit | | |
| Per Person | \$1,000 | \$1,000 |

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

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

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

[†] Applies only to Type B Services.

List of Primary Covered Services & Limitations

| Type A - Preventive | How Many/How Often |
|-------------------------------|--|
| Prophylaxis (cleanings) | <ul style="list-style-type: none"> Two per calendar year |
| Oral Examinations | <ul style="list-style-type: none"> Two exams per calendar year |
| Topical Fluoride Applications | <ul style="list-style-type: none"> One fluoride treatment per calendar year for dependent children up to 19th birthday |
| X-rays | <ul style="list-style-type: none"> Full mouth X-rays: one per 60 months Bitewing X-rays: one set per calendar year for adults; two sets per calendar year for children |
| Space Maintainers | <ul style="list-style-type: none"> Space Maintainers for dependent children up to 16th birthday |
| Sealants | <ul style="list-style-type: none"> One application of sealant material every 36 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to 14th birthday |
| Type B - Basic Restorative | How Many/How Often |
| Fillings | <ul style="list-style-type: none"> Replacement once every 24 months |
| Simple Extractions | |
| Endodontics | <ul style="list-style-type: none"> Root canal treatment limited to once per tooth lifetime |
| General Anesthesia | <ul style="list-style-type: none"> When dentally necessary in connection with oral surgery, extractions or other covered dental services |
| Oral Surgery | |
| Periodontics | <ul style="list-style-type: none"> Periodontal scaling and root planing once per quadrant, every 24 months Periodontal surgery once per quadrant, every 36 months Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year |

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.

Frequently Asked Questions

Who is a participating dentist?

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

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

How do I find a participating dentist?

There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at www.metlife.com/mybenefits or call 1-800-942-0854 to have a list faxed or mailed to you.

What services are covered under this plan?

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

May I choose a non-participating dentist?

Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist, your out-of-pocket costs may be higher. He/she hasn't agreed to accept negotiated fees. So you may be responsible for any difference in cost between the dentist's fee and your plan's benefit payment.

Can my dentist apply for participation in the network?

Yes. If your current dentist does not participate in the network and you would like to encourage him/her to apply, ask your dentist to visit www.metdental.com, or call 1-866-PDP-NTWK for an application.* The website and phone number are for use by dental professionals only.

*Due to contractual requirements, MetLife is prevented from soliciting certain providers.

How are claims processed?

Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/mybenefits or request one by calling 1-800-942-0854.

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

Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of \$300. Simply have your dentist submit a request online at www.metdental.com or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

Can MetLife help me find a dentist outside of the U.S. if I am traveling?

Yes. Through international dental travel assistance services^{*} you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.^{**} Please remember to hold on to all receipts to submit a dental claim.

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

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

How does MetLife coordinate benefits with other insurance plans?

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

Do I need an ID card?

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

Exclusions

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

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
 - Scaling and polishing of teeth; or
 - Fluoride treatments;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
 - Covered under any workers' compensation or occupational disease law;
 - Covered under any employer liability law;
 - For which the employer of the person receiving such services is not required to pay; or
 - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the Dentist on a separate basis:
 - Claim form completion;
 - Infection control such as gloves, masks, and sterilization of supplies; or
 - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
- Caries susceptibility tests;
- Other fixed Denture prosthetic services not described elsewhere in the certificate;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Initial installation of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Implants including, but not limited to any related surgery, placement, restorations, maintenance, and removal;
- Repair of implants;
- Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Fixed and removable appliances for correction of harmful habits;
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of Minnesota;
- Repair or replacement of an orthodontic device;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images

Alternate Benefits: Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services,

and your out-of-pocket expense. Procedure charge schedules are subject to change each plan year. You can obtain an updated procedure charge schedule for your area via fax by calling 1-800-942-0854 and using the MetLife Dental Automated Information Service. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

Cancellation/Termination of Benefits: Coverage is provided under a group insurance policy (Policy form GPNP99 / G.2130-S) issued by MetLife. Coverage terminates when your membership ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

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

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We're Here to Help

With MetLife, you and your family get much more than dental coverage. You get support and educational tools to help you achieve your oral health goals. Now that's something to smile about.

We're at your service.

With MyBenefits, managing your dental plan couldn't be easier. The secure member website lets you take charge. You can:

- Review your dental policy information.
- View a list of your covered dependents and their coverage descriptions.
- Find a participating dentist.
- Check the status of your claims.
- Visit the oral health library to view educational articles and tools.

As a first time user, simply go to www.metlife.com/mybenefits and follow the easy registration instructions.

Find a network dentist.

With thousands of general dentists and specialists to choose from nationwide, you are sure to find one who meets your needs. Just log in to www.metlife.com/mybenefits and follow these steps:

Click on "Find a Dentist"

Enter your city, state or ZIP code.

If your current dentist does not participate in the network, you can encourage him or her to apply. Ask your dentist to visit www.metdental.com or call 1-877-MET-DDS9 for an application.¹

Tips for easy dental claim filing.

Filing a dental claim is simple — just follow these tips:

- Bring a claim form with you to your appointment.
- You can get additional claim forms three easy ways:
 1. Online at www.metlife.com/mybenefits or www.metlife.com/dental,
 2. Call 1-800-942-0854 to have a form sent to you, or
 3. Contact your Human Resources representative.

Also, speak with your dentist about reimbursement arrangements before your appointment. Although most dentists will accept the claim reimbursement directly from MetLife, some may prefer to receive payment in-full before you leave your appointment. Since each dentist sets his or her own policy, you should discuss these arrangements before you receive any services.

We're Here to Help (continued)

International Dental Travel Assistance

This dental benefits plan includes international dental travel services which offer you and your covered dependents referrals for immediate dental care while traveling internationally.² These services are available 24/7 and give you access to international dental providers in more than 200 countries. With just one phone call, you will reach a multilingual assistance coordinator who will help you get the care you need. Coverage will be considered under your out-of-network benefits.³ Be sure to hold on to all receipts to submit a dental claim. Claim forms are available online at www.metlife.com/mybenefits or www.metlife.com/dental.

Help on the Go!

If you're on the go and need to find an in-network provider, view a claim or see your ID card, there's an app for that.

With the MetLife Dental Mobile App⁴, you can:

- ✓ **Find a dentist.**
- ✓ **View your claims.**
- ✓ **View your ID card.**

It's easy. Search "MetLife" at the iTunes App Store or Google Play to download the app. Then use your MyBenefits log-in information to access this feature.⁵

¹ Due to contractual requirements, MetLife is prevented from soliciting certain providers.

² International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Virginia Surety Company, Inc. AXA Assistance and Virginia Surety are not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations.

³ Refer to your dental benefits plan summary for your out-of-network dental coverage.

⁴ The features of the MetLife Dental Mobile App are not available for all MetLife Dental Plans.

⁵ Before using the MetLife Dental Mobile App, you must register at www.metlife.com/mybenefits from a computer. Registration cannot be done from your mobile device.

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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.

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. For additional information about your rights under HIPAA; or to have a HIPAA Privacy Notice mailed to you, contact us at HIPAAprivacyAmericasUS@metlife.com, or call us at 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

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

CALIFORNIA HEALTHCARE LANGUAGE ASSISTANCE PROGRAM NOTICE TO INSURED

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card, if any, or 1-800-942-0854. For more help call the CA Dept. of Insurance at 1-800-927-4357.

To receive a copy of the attached MetLife document translated into Spanish or Chinese, please mark the box by the requested language statement below, and mail the document with this form to:

Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512

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 ayuda, llámenos al número que aparece en su tarjeta de identificación, si tiene una, o al 1-800-942-0854. Para recibir ayuda 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, marque la casilla correspondiente a esta oración, y envíe por correo el documento junto 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 _____

地址 _____

Անվճար թարգմանչապան 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 Կալիֆոռնիայի Ապահովագրական Դեպարտամենտ 1-800-927-4357 հեռախոսահամարով:

សេវាបកប្រែដោយឥតគិតថ្លៃ ។ អ្នកអាចទទួលបានអ្នកបកប្រែម្នាក់ និងឱ្យគេអានឯកសារនានាឱ្យអ្នកស្តាប់ជាភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើង តាមលេខដែលមានចុះនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នកប្រសិនបើមាន ឬ តាមលេខ 1-800-942-0854 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងនៃរដ្ឋកាលីហ្វ័រញ៉ា (CA Dept. of Insurance) តាមលេខ 1-800-927-4357 ។

Кев паб txhais lus tsis kom them nqi. Koj thov tau kom nrhiv 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 Iv-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 pagsasalín. Maaari kang kumuha ng tagasalín 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 1-800-942-0854. ولمزيد من المساعدة، اتصل بقسم التأمينات التابع لـ CA على الرقم 1-800-927-4357. **سرویس های ترجمه رایگان.** شما می توانید مترجم و اسنادی را به زبان فارسی برای مطالعه دریافت کنید. برای راهنمایی، از طریق شماره درج شده در کارت شناسایی خود (در صورت وجود) یا شماره 1-800-942-0854 با ما تماس بگیرید. برای راهنمایی بیشتر با بخش بیمه کالیفرنیا 1-800-927-4357 تماس بگیرید. **بلا معاوضه مترجم دی خدمات مل سکدی اے۔** ٹسی ایک مترجم دی خدمات حاصل کرسکدے او جو توڈے واسطے دستاویزات پنجابی وچ پڈ سکدا اے۔ مدد واسطے ایڑیں آئی ڈی کارڈ، گروٹو، دے وچ نمبر یا 1-800-942-0854 پہ کال کرو۔ آگے مزید مدد واسطے اے نمبر 1-800-927-4357 پہ سی اے ڈیپارٹمنٹ برائے انشورنس نال گال کرو۔

Benefit Identification (ID) Cards

Below are your benefit ID cards. You are not required to show your card as proof of coverage, but we've provided them for your convenience. You can also view your ID card on the MetLife mobile app.¹ Search "MetLife" at iTunes App Store or Google Play to download the app.²

FRONT

MetLife

PDP PLUS NETWORK

| | |
|--------------------------|--------------|
| Employee Name | Employee ID |
| Gerber Collision & Glass | 189075 |
| Group Name | Group Number |

This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.

MetLife

PDP PLUS NETWORK

| | |
|--------------------------|--------------|
| Employee Name | Employee ID |
| Gerber Collision & Glass | 189075 |
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This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.

BACK

www.metlife.com/mybenefits

- Locate a participating dentist.
- Verify eligibility and plan design information.
- Review claim status and claim history for your entire family.
- View and print processed claims with one click.
- Obtain claims forms and educational information (including interactive risk assessment).
- Get instant answers to Frequently Asked Questions.
- Access trained customer service representatives.

1-800-942-0854

- Virtually 24 hours a day, 7 days a week call to confirm eligibility, order claim forms or request dentist directories.
- Monday-Friday, 8 a.m. to 11 p.m. EST, call to speak with a live customer service representative.
- MetLife Dental Claims, P.O. Box 981282, El Paso, TX 79998-1282.
- For International Dental Travel Assistance call 1-312-356-5970 (collect).

www.metlife.com/mybenefits

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

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



MetLife

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



MetLife

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