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

- Dental Insurance
- Disability Insurance
- Life Insurance
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 fees. That means you usually save more dental dollars when you go to a participating dentist.

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

To check out the general dentists and specialists in the PDP Plus network, visit [www.metlife.com/dental](http://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. You can use the site to get estimates on care or check coverage and claim status. Plus, if you are on the go and need to find an in-network provider, view a claim or see your ID card, there’s an app for that. Search “MetLife” at the iTunes App Store or Google Play to download the app.

**Educational tools and resources.**

The right dental care is an essential part of good overall health. That’s why you and your dentist get resources to help make informed decisions about your oral health. You’ll find a range of topics on our online dental education website, [www.oralfitnesslibrary.com](http://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.

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.

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.
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
<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>In-Network % of Negotiated Fee*</th>
<th>Out-of-Network % of R&amp;C Fee**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type A: Preventive (cleanings, exams, X-rays)</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Type B: Basic Restorative (fillings, extractions)</td>
<td>80%</td>
<td>70%</td>
</tr>
<tr>
<td>Type C: Major Restorative (bridges, dentures)</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Type D: Orthodontia</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deductible†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
</tr>
<tr>
<td>Family</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual Maximum Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Person</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Orthodontia Lifetime Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Person</td>
</tr>
</tbody>
</table>

**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 for covered services, 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 & C Services.
# List of Primary Covered Services & Limitations

<table>
<thead>
<tr>
<th>Type A - Preventive</th>
<th>How Many/How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prophylaxis (cleanings)</td>
<td>Once every 6 months</td>
</tr>
<tr>
<td>Oral Examinations</td>
<td>Once every 6 months</td>
</tr>
<tr>
<td>Topical Fluoride Applications</td>
<td>One fluoride treatment per year for dependent children up to 19th birthday</td>
</tr>
<tr>
<td>X-rays</td>
<td>Full mouth X-rays: one per 36 months</td>
</tr>
<tr>
<td></td>
<td>Bitewing X-rays: one set every 6 months for a child, one set every fiscal year for adults</td>
</tr>
<tr>
<td>Space Maintainers</td>
<td>Space Maintainers for dependent children up to 19th birthday</td>
</tr>
<tr>
<td>Sealants</td>
<td>One application of sealant material every 60 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to 16th birthday</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type C - Major Restorative</th>
<th>How Many/How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implants</td>
<td>Replacement once every 5 years, repair every 12 months</td>
</tr>
<tr>
<td>Bridges and Dentures</td>
<td>Initial placement to replace one or more natural teeth, which are lost while covered by the Plan</td>
</tr>
<tr>
<td></td>
<td>Dentures and bridgework replacement: one every 10 years</td>
</tr>
<tr>
<td></td>
<td>Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed</td>
</tr>
<tr>
<td>Crowns/Inlays/Onlays</td>
<td>Replacement once every 5 years.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type D - Orthodontia</th>
<th>How Many/How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Your Children, up to age 26, are covered while Dental Insurance is in effect</td>
</tr>
<tr>
<td></td>
<td>All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia</td>
</tr>
<tr>
<td></td>
<td>Payments are on a repetitive basis</td>
</tr>
<tr>
<td></td>
<td>20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit’s coinsurance level for Orthodontia as defined in the Plan Summary.</td>
</tr>
<tr>
<td></td>
<td>Orthodontic benefits end at cancellation of coverage</td>
</tr>
</tbody>
</table>

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

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

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.

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.

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.
†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.
††Due to contractual requirements, MetLife is prevented from soliciting certain providers.
*AXA Assistance USA, Inc. provides Dental referral services only. AXA Assistance is 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.
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;
- Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- 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 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;
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders.
- Repair or replacement of an orthodontic device;
• Duplicate prosthetic devices or appliances;
• Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
• Intra and extraoral photographic images

Alternate Benefits: Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan’s reimbursement for those services, and your out-of-pocket expense. Procedure charge schedules are subject to change each plan year. You can obtain an updated procedure charge schedule for your area via fax by calling 1-800-942-0854 and using the MetLife Dental Automated Information Service. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

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

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

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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.

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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Metropolitan Life Insurance Company, New York, NY 10166
Long Term Disability Insurance
Product Overview

Why long term disability insurance makes sense

Protect your paycheck

Long Term Disability insurance can replace a portion of your income should you become unable to work and earn a paycheck for an extended period of time due to an illness or injury. This plan can help protect you and your family from the impact of your lost income by replacing a portion of it during an extended disability.

A disability can become a reality. Be prepared if it does.

The risk of suffering a disabling illness or injury is greater than you may think. Just over 1 in 4 of today’s 20 year olds will likely become disabled before reaching age 67.1

While disabilities are typically unexpected, they don’t have to threaten your financial security. Protect your income and enroll in MetLife Long Term Disability insurance today.

Your coverage.

Long Term Disability coverage from MetLife may pay between 40 – 70% of your pre-disability income for an extended disability lasting one year or more. You receive benefits for as long as you remain disabled and unable to work, until retirement age. That means you have a steady income stream to help pay your bills during your disability.

You can also earn financial incentives by participating in MetLife approved rehabilitation programs. These programs are designed to help you recover financially and functionally.

What’s more, given its strict definitions of what qualifies as a disability, you may not be able to count on federal help.

Chances are you may not be able to count on Social Security Disability Insurance (SSDI) to help you. Approximately 67% of initial SSDI claims are actually denied.2 Social Security benefits are not available if you are expected to be out of work for less than a year.3

Your name is on the check.

Weekly payments are made directly to you. You decide how to spend the money – for medical expenses not covered by your medical plan, like copays, deductibles, out-of-network care, or for non-medical needs like household bills, childcare, or home modifications. If you have a spouse/domestic partner and/or children, most likely they rely on you to help keep the household running. But with 44% of employees surveyed very concerned about having enough money to pay bills during a sudden income loss,4 you need to make sure your family is financially prepared to handle essential living expenses.

If you are single, and don’t prepare ahead to cover your expenses, you may need to use your savings, sell your property, or borrow money from friends or family to meet your ongoing financial obligations while you recover.

Premiums will be automatically deducted from your paycheck making this coverage more convenient for you.

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


Like most group disability insurance policies, MetLife group policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your MetLife sales representative for complete costs and details.

Metropolitan Life Insurance Company
200 Park Avenue, New York, NY 10166
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L0716471496[exp0717][All States][DC, GU, MP, PR, VI]

ADF# DI1207.16
**Old Dominion University Research Foundation Disability Plan Benefits**

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

**What is Long Term Disability insurance?**

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

**Eligibility Requirements**

**Long Term Disability:**

All active full-time employees working at least 30 hours per week are eligible to participate.

Class 1 Employees: All Full-Time employees of the policyholder earning $30,000 a year and above, but not temporary or seasonal employees.

Class 2 Employees: All Full-Time employees of the policyholder earning less than $30,000 a year, but not temporary or seasonal employees.

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

**For Class 1 Employees:**

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

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

**For Class 2 Employees:**

Generally, you are considered disabled and eligible for long term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of the treatment and 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, you are considered disabled if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of treatment and you are unable to earn 60% 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 provided by your Employer with any questions.

**What is the benefit amount?**

**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 during the same Disability (e.g., Social Security, Workers’ Compensation, vacation pay etc.).

**Class 1 Employees:**

The Benefit amount is 60% of your predisability monthly earnings; subject to the plan’s maximum monthly benefit.

**Class 2 Employees:**

The Benefit amount is 60% of your predisability monthly earnings, subject to the plan’s maximum monthly benefit.
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.

**Class 1 Employees:**
The maximum under this plan is $7,500. If your salary exceeds $12,500, your LTD benefit will be limited to this maximum.

**Class 2 Employees:**
The maximum under this plan is $5,000. If your salary exceeds $8,333, your LTD benefit will be limited to this maximum.

When do benefits begin and how long do they continue?
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 90 days.

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 in obtaining Social Security Disability Benefits to help you get the maximum benefits from your coverage.

**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.

**The Services of Social Security Experts:**
Once you are approved for Disability benefits, MetLife can help you obtain Social Security Disability benefits. Our experts can guide you through the initial application and appeals processes and may also help you access assistance from attorneys or vendors to pursue Social Security benefits.
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.

the Rehabilitation Incentive you can get a 10% increase in your monthly benefit.

The Family Care Incentive provides reimbursement up to $400 per month for eligible expenses, such as child care, during the first 24 months of Disability.

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. Your plan may not cover a sickness or accidental injury that arose in the months prior to your participation in the plan. A complete description of the pre-existing condition exclusion is included in the Certificate of Insurance provided by your Employer with any questions.

Q.  Are there any exclusions to my coverage?
A.  Yes.  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.

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 mental or nervous disorders or diseases, neuromuscular, musculoskeletal or soft tissue disorder, chronic fatigue syndrome and related conditions, we will limit your Disability benefits to a combined lifetime maximum for any and all of the above equal to the lesser of:
- 24 months; 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 for specific details with any questions.
The "Plan Benefits" provides only a brief overview of the LTD plan. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance Description. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Long Term Disability ("LTD") coverage is provided under a group insurance policy (Form GPNP99) issued to your employer by MetLife. This LTD coverage terminates when your employment ceases, when you cease to be an eligible employee, when your LTD 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.

1 Under certain circumstances, MetLife may estimate the amount of income you may receive from other sources.
Life and AD&D Insurance

Product Overview

Why life insurance makes sense

What does term life insurance protect?

Let’s start with your peace of mind.

- Life insurance can cover your family’s needs if you’re not there, including food, bills and debt.
- It can help pay for your children’s education.
- It can help ensure your family stays in their home.
- And help take care of those who depend on you.
- In short, life insurance can help replace your paycheck if you aren’t there to earn it.

When life changes, so should your life insurance.

- New family members, a new job, a move or even a raise all mean that your life insurance needs have changed.
- Review your protection every year during your benefits enrollment.
- There’s even a possibility your financial needs may decrease over time.

Life insurance costs less than you may think.

- With term life insurance, you can protect your family for a small fraction of your annual salary — about 1%, according to MetLife estimates.¹
- Compare that to the fact you’re insuring years of income!

Life insurance is a smart financial move.

- Life insurance is a predictable financial option.
- Beneficiaries usually receive the proceeds of your policy income tax free.

Get an idea of how much life insurance might be right for you.

- A rule of thumb is 60% of your annual income times years to retirement. This incorporates an estimate of your salary, assuming some normal raises over time, and adds the value of your employee benefits, like healthcare. Then it subtracts the effect of taxes, and what it costs your family to have you around. Try our coverage estimator tool at MetLife.com/MyBenefits.

Get more insurance on your life by adding Accidental Death & Dismemberment (AD&D) insurance.

This extra protection can help provide financial security should a sudden accident take your life or cause you serious loss or harm. This coverage complements your life insurance coverage and helps protect you 24 hours a day, 365 days a year (please see your Plan Summary for details). This protection covers you for:

- Paralysis
- Fatal accident
- Brain Damage or coma
- Loss of limb, speech, hearing or sight

Some additional benefits that may be included in your AD&D insurance coverage include:

- Air bag benefit
- Child care center benefit
- Seat belt benefit
- Hospitalization benefit

Make sure you learn more and enroll today! Now that you know how Life and AD&D Insurance can help you protect those who depend on you, take a moment and get the coverage you need!

¹ Source: MetLife premium data. Your actual cost can vary based upon the amount of coverage and the rate. Rates for term insurance vary depending upon such things as gender, age, class, health and other underwriting factors.

Like most Group Life insurance policies, MetLife Group Life insurance policies have certain exclusions, limitations, reductions of benefits and terms for keeping them in force. A MetLife representative can provide you with costs and complete details.

Metropolitan Life Insurance Company
200 Park Avenue, New York, NY 10166
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Explore the coverage that makes it easy to give yourself and your loved ones more security today...and in the future.

Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance

Your employer provides you with Basic Term Life and Accidental Death and Dismemberment insurance coverage in the amount of 2 times your base annual earnings up to a maximum of $300,000.

Supplemental Term Life Insurance Coverage Options

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>For You</td>
<td>$10,000 increments up to a maximum of the lesser of 5 times your base annual earnings rounded to the next higher $10,000 or $500,000</td>
<td></td>
</tr>
<tr>
<td>For Your Spouse</td>
<td>$5,000 increments up to a maximum of the lesser of 100% of your basic and supplemental coverage amount or $250,000</td>
<td></td>
</tr>
<tr>
<td>For Your Dependent Children*</td>
<td>15 days to 6 months old: $1,000  6 months and older: $10,000</td>
<td></td>
</tr>
</tbody>
</table>

*Child(ren)'s Eligibility: Dependent children ages from 15 days to 26 years old, are eligible for coverage. In TX, regardless of student status, child(ren) are covered until age 25.

Monthly Costs* for Supplemental Term Life Insurance

You have the option to purchase Supplemental Term Life Insurance. Listed below are your monthly rates (based on your age as of your last birthday) as well as those for your spouse (based on your spouse’s age as of his/her last birthday). Rates to cover your child(ren) are also shown.

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly Cost Per $1,000 of Employee Coverage</th>
<th>Monthly Cost Per $1,000 of Spouse Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 25</td>
<td>$0.065</td>
<td>$0.065</td>
</tr>
<tr>
<td>25 - 29</td>
<td>$0.065</td>
<td>$0.065</td>
</tr>
<tr>
<td>30 – 34</td>
<td>$0.084</td>
<td>$0.084</td>
</tr>
<tr>
<td>35 – 39</td>
<td>$0.102</td>
<td>$0.102</td>
</tr>
<tr>
<td>40 – 44</td>
<td>$0.132</td>
<td>$0.132</td>
</tr>
<tr>
<td>45 – 49</td>
<td>$0.205</td>
<td>$0.205</td>
</tr>
<tr>
<td>50 – 54</td>
<td>$0.336</td>
<td>$0.336</td>
</tr>
<tr>
<td>55 – 59</td>
<td>$0.566</td>
<td>$0.566</td>
</tr>
<tr>
<td>60 – 64</td>
<td>$0.872</td>
<td>$0.872</td>
</tr>
<tr>
<td>65 – 69</td>
<td>$1.648</td>
<td>$1.648</td>
</tr>
<tr>
<td>70 +</td>
<td>$2.670</td>
<td>$2.670</td>
</tr>
<tr>
<td>Cost for your Child(ren)†</td>
<td>$1.100 per employee</td>
<td></td>
</tr>
</tbody>
</table>

† Covers all eligible children

*Note: rates are subject to the policy’s right to change premium rates, and the employer’s right to change employee contributions.
Use the table below to calculate your premium based on the amount of life insurance you will need. 

**Example:** $100,000 Supplemental Life Coverage

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Example Rate</th>
<th>Example Amount</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Enter the rate from the table (example age 36)</td>
<td>$0.102</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Enter the amount of insurance in thousands of dollars (Example: for $100,000 of coverage enter $100)</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Monthly premium (1) x (2)</td>
<td>$10.20</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Repeat the three easy steps above to determine the cost for each coverage selected.

**Once Enrolled, You have Access to MetLife Advantages℠ – For Support, Planning, and Protection when you need it most.**

**Comfort and guidance for challenging times**

**Grief Counseling**
To help you, your dependents and beneficiaries cope with loss

Your MetLife employer-paid life insurance plan offers you, your dependents, and your beneficiaries access to grief counseling sessions and related concierge services to help cope with a loss – at no extra cost. Grief counseling services provide valuable, confidential and professional support during a difficult time to help address personal and funeral planning needs. At your time of need, you and your dependents have 24/7 access to a work/life counselor. You simply call a dedicated 24/7 toll-free number to speak with a licensed professional experienced in helping individuals who have suffered a loss. Sessions can either take place in-person, because meeting face-to-face may provide a more personalized experience if you so desire, or by phone. You can have up to five face-to-face grief counseling sessions per event to discuss any situation you perceive as a major loss, including but not limited to death of a loved one, divorce, receiving a serious medical diagnosis or critical illness, or losing a pet. Call 1-855-609-9989 or log on to https://griefcounseling.harrisothenberg.net/default.aspx (Username: metlifeassist; Password: support).

**Delivering The Promise**
For support when beneficiaries need it most

This program is designed to help beneficiaries sort through the details and serious questions about claims and financial needs during a difficult time. MetLife has arranged for Massachusetts Mutual Life Insurance Company (MassMutual) financial professionals to be available for assistance in-person or by telephone to help with filing life insurance claims, government benefits and help with financial questions.
Total Control Account®³

For immediate access to death proceeds

The Total Control Account® (TCA) settlement option provides your loved ones with a safe and convenient way to manage the proceeds of a life or accidental death and dismemberment claim payments of $5,000 or more, backed by the financial strength and claims paying ability of Metropolitan Life Insurance Company. TCA death claim payments relieve beneficiaries of the need to make immediate decisions about what to do with a lump-sum check and enable them to have the flexibility to access funds as needed while earning a guaranteed minimum interest rate on the proceeds as they assess their financial situations. Call 1-800-638-7283 for more information about options available to you.

Travel Assistance⁴

A travel assistance benefit is available when you enroll in MetLife’s AD&D coverage.

Travel assistance services, offered on your AD&D coverage, offers you and your family access to emergency services while you travel, plus the advantage of concierge assistance for personal and work-related travel and entertainment requests. This service provides you and your dependents with medical, legal, transportation and financial assistance 24 hours a day, 365 days a year when you are more than 100 miles away from home. You also have access to Mobile Assist Service to provide you information to help avoid expensive mobile telephone charges and help effectively use overseas options. Mobile Assist Service also offers a detailed guide that includes essential applications and resources and connects employees to their concierge services. Identity Theft Solutions is also available to help educate you on identity theft prevention and provide assistance in the event you are a victim of identity theft. Please visit the AXA website for more information.

http://webcorp.axa-assistance.com
Login: axa
Password: travelassist

Professional and in-person resources when it matters

Face-to-Face Will Preparation Service⁵

To help ensure your decisions are carried out

When you enroll for supplemental term life coverage, you will automatically receive access to Will Preparation Services at no extra cost to you. Both you and your spouse will have unlimited in-person or telephone access to one of Hyatt Legal Plans’s nationwide network of 13,500 participating attorneys for preparation of or updating a will, living will or power of attorney.* When you use a participating plan attorney, there will be no charge for the services.* Like life insurance, a carefully prepared will (simple or complex), living will and power of attorney are important.

- A will lets you define your most important decisions, such as who will care for your children or inherit your property.
- A living will ensures your wishes are carried out and protects your loved ones from having to make very difficult and personal medical decisions by themselves. Also called an “advanced directive,” it is a document authorized by statutes in all states that allows you to provide written instructions regarding use of extraordinary life-support measures and to appoint someone as your proxy or representative to make decisions on maintaining extraordinary life-support if you should become incapacitated and unable to communicate your wishes.
- Powers of attorney allow you to plan ahead by designating someone you know and trust to act on your behalf in the event of unexpected occurrences or if you become incapacitated

Call 1-800-821-6400 and a Client Service Representative will assist you.

* You also have the flexibility of using an attorney who is not participating in the Hyatt Legal Plans network and being reimbursed for covered services according to a set fee schedule. In that case you will be responsible for any attorney’s fees that exceed the reimbursed amount.
Face-to-Face Estate Resolution Services℠ (ERS)

Personal service and compassion assistance to help probate your and your spouse’s estates.

MetLife Estate Resolution Services℠ provides probate services in person or over the phone to the representative (executor or administrator) of the deceased employee’s estate and the estate of the employee’s spouse. Estate Resolution Services include preparation of documents and representation at court proceedings needed to transfer the probate assets from the estate to the heirs and completion of correspondence necessary to transfer non-probate assets. ERS covers participating plan attorneys’ fees for telephone and face-to-face consultations or for the administrator or executor to discuss general questions about the probate process.

WillsCenter.com

Self-service online legal document preparation

Employees and spouses have access to WillsCenter.com, an online document service to prepare and update a will, living will, power of attorney or HIPAA authorization form in a secure 24/7 environment at no additional cost. This service is available with all life coverages. Log on to www.willscenter.com to register as a new user.

Funeral Planning Services

Provides beneficiaries a resource that outlines your final wishes

Funeral Planning Services include valuable benefits that span the entire loss spectrum, from planning for a loss to support following a loss and help finding closure. These services are designed to simplify the process for your family & beneficiaries and make it easier to organize an event that will honor a loved one’s life.

Funeral Planning Services include assistance:

- locating funeral homes in your area
- obtaining funeral cost estimates from providers in your area and comparing cost information, services offered and funeral planning options
- identifying other service providers such as florists, caterers and hotels
- locating back-up care for children or elderly
- locating cemetery options, including information on monument types (marker, stone, etc.)
- identifying monument and headstone vendors where marker or stone gets created
- locating Social Security and Veterans Affairs offices

Start planning by downloading a copy of the online Funeral Planning Guide at www.metlife.com/funeralguide

MetLife Infinity®

MetLife Infinity is a resource that can help you create a digital legacy for your beneficiaries, estate administrators and others who play important roles in your major life events. It is available to anyone regardless of your affiliation with MetLife. MetLife Infinity offers a unique way to capture and securely store your important documents, audio files, photos, and videos. Items you can store using Infinity include deeds, wills and executor instructions and financial and life stage planning documents. Once you’ve captured your digital legacy, Infinity allows you to designate individuals to receive your collection electronically in the event of your death or at another time you indicate. To access Infinity, visit https://metlifeinfinity.com to register and learn more.
Range of solutions for continuing workplace coverage

Portability
So you can keep your coverage even if you leave your current employer

Should you leave Old Dominion University Research Foundation for any reason, and your Supplemental and Dependent Term Life and Voluntary Accidental Death and Dismemberment insurance under this plan terminates, you will have an opportunity to continue group term coverage (“portability”) under a different policy, subject to plan design and state availability. Rates will be based on the experience of the ported group and MetLife will bill you directly. Rates may be higher than your current rates. To take advantage of this feature, you must have coverage of at least $10,000 up to a maximum of $2,000,000.

Portability is also available on coverage you’ve selected for your spouse and dependent child(ren). The maximum amount of coverage for spouse is $250,000; the maximum amount of dependent child coverage is $25,000. Increases, decreases and maximums are subject to state availability.

Generally, there is no minimum time for you to be covered by the plan before you can take advantage of the portability feature. Please see your employer or certificate for specific details. Please note that if you experience an event that makes you eligible for portable coverage, please call a MetLife representative at 1-888-252-3607 or contact your employer for more information.

Transition Solutions
Assistance identifying solutions for your financial situations

Transition Solutions is a service designed to help provide assistance in making financial decisions based on the major events in your life including changes in employment or your benefits status or your retirement. Contact your employer for more information. Call 1-877-275-6387 to get in touch with a MassMutual Transition Solutions Specialist.

Additional Features

This insurance offering from your employer and MetLife comes with additional features that can provide assistance to you and your family.

Accelerated Benefits Option
For access to funds during a difficult time

If you become terminally ill and are diagnosed with 12 months or less to live, you have the option to receive up to 80% of your life insurance proceeds. This can go a long way towards helping your family meet medical and other expenses at a difficult time. Amounts not accelerated will continue under your employer’s plan for as long as you remain eligible per the certificate requirements and the group policy remains in effect.

The accelerated life insurance benefits offered under your certificate are intended to qualify for favorable tax treatment under Section 101(g) of the Internal Revenue Code (26 U.S.C. Sec 101(g)).
Accelerated Benefits Option is not the same as long term care insurance (LTC). LTC provides nursing home care, home-health care, personal or adult day care for individuals above age 65 or with chronic or disabling conditions that require constant supervision.

The Accelerated Benefits Option is also available to spouses insured under Dependent Life insurance plans. This option is not available for dependent child coverage.

Conversion
For protection after your coverage terminates

You can generally convert your group term life insurance benefits to an individual whole life insurance policy if your coverage terminates in whole or in part due to your retirement, termination of employment, or change in employee class. Conversion is available on all group life insurance coverages. Please note that conversion is not available on AD&D coverage. If you experience an event that makes you eligible to convert your coverage, please call 1-877-275-6387 to begin the conversion process. Please contact your employer for more information.

Waiver of Premiums for Total Disability (Continued Protection)
Offering continued coverage when you need it most

If you become Totally Disabled, you may qualify to continue certain insurance. You may also be eligible for waiver of your Basic and Supplemental term life insurance premium until you reach age 65, die, or recover from your disability, whichever is sooner.

Total Disability or Totally Disabled means you are unable to do your job and any other job for which you are fit by education, training or experience due to injury or sickness. The Total Disability must begin before age 60, and your waiver will begin after you have satisfied a 90 consecutive day waiting period of continuous disability. The waiver of premium will end when you turn age 65, die, or recover. Please note that this benefit is only available after you have participated in the supplemental term life plan for one year and it is not available on dependent coverage. This one-year requirement applies to new participants in the plan.

What’s Not Covered?
Like most insurance plans, this plan has exclusions. Supplemental and Dependent Life Insurance does not provide payment of benefits for death caused by suicide within the first two years (one year for group policies issued in Missouri, North Dakota and Colorado) of the effective date of the certificate or an increase in coverage. This exclusionary period is one year for residents of Missouri and North Dakota. If the group policy was issued in Massachusetts, the suicide exclusion does not apply to dependent life coverage. The suicide exclusion does not apply to residents of Washington, or to individuals covered under a group policy issued in Washington.

Please note that a reduction schedule may apply. Please see your employer or certificate for specific details.
Accidental Death & Dismemberment (AD&D) coverage complements your Basic Life coverage insurance and helps protect you 24 hours a day, 365 days a year.

Accidental Death & Dismemberment Coverage Options

This valuable coverage provides benefits beyond your disability or life insurance for losses due to covered accidents — including while commuting, traveling by public or private transportation and during business trips. MetLife’s AD&D insurance pays you benefits if you suffer a covered accident that results in paralysis or the loss of a limb, speech, hearing or sight, or brain damage or coma. If you suffer a covered fatal accident, benefits will be paid to your beneficiary.

Voluntary AD&D Coverage Amounts for You:

You also have the option to enroll for Voluntary AD&D insurance. You can choose the Voluntary AD&D option that meets your needs:

- $10,000 to $500,000 coverage in increments of $10,000

The maximum amount of coverage you can receive is the lesser of 10 times your base annual earnings or $500,000.

Voluntary AD&D Coverage Amounts for Spouse and Child(ren):

You can choose to cover your dependent spouse and child(ren) with AD&D coverage. Your dependents will be eligible for the following coverage:

- **Dependent Spouse and Child(ren):**
  - **Spouse** — 40% of your coverage amount
  - **Child(ren)** — 10% of your coverage amount

- **Dependent Spouse only:**
  - 50% of your coverage amount

- **Dependent Child(ren) only:**
  - 15% of your coverage amount

The maximum amount of coverage you can receive for your dependent spouse is $250,000. The maximum amount of coverage you can receive for your dependent child is $75,000.

*Child(ren)’s Eligibility: Dependent children ages from birth to 26 years old, are eligible for coverage. In TX, regardless of student status, child(ren) are covered until age 25.

Monthly Cost for Accidental Death & Dismemberment (AD&D) Insurance

<table>
<thead>
<tr>
<th>Voluntary AD&amp;D Coverage</th>
<th>Monthly Cost Per $1,000 of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$0.020</td>
</tr>
<tr>
<td>Employee &amp; Family</td>
<td>$0.030</td>
</tr>
</tbody>
</table>

Covered Losses

This AD&D insurance pays benefits for covered losses that are the result of an accidental injury or loss of life. The full amount of AD&D coverage you select is called the “Full Amount” and is equal to the benefit payable for the loss of life. Benefits for other losses are payable as a predetermined percentage of the Full Amount, and will be listed in your coverage in a Table of Covered Losses. Such losses include loss of limbs, sight, speech and hearing, various forms of paralysis, brain damage and coma. The maximum amount
payable for all Covered Losses sustained in any one accident is capped at 100% of the Full Amount.

Standard Additional Benefits Include
Some of the standard additional benefits included in your coverage that may increase the amounts payable to you and/or defray additional expenses that result from accidental injury or loss of life are:

- Air Bag
- Seat Belt
- Common Carrier
- Child Care Center
- Child Education
- Spouse Education
- Hospitalization

What Is Not Covered?
Accidental Death & Dismemberment insurance does not include payment for any loss which is caused by or contributed to by: physical or mental illness, diagnosis of or treatment of the illness; an infection, unless caused by an external wound accidentally sustained; suicide or attempted suicide; injuring oneself on purpose; the voluntary intake or use by any means of any drug, medication or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion or active participation in a riot; committing or trying to commit a felony; any poison, fumes or gas, voluntarily taken, administered or absorbed; service in the armed forces of any country or international authority, except the United States National Guard; operating, learning to operate, or serving as a member of a crew of an aircraft; while in any aircraft for the purpose of descent from such aircraft while in flight (except for self-preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs.

Additional Coverage Information

How To Apply*
Complete your enrollment form and return it to your Human Resources Manager today! Be sure to indicate your Beneficiary. Act Now During the Enrollment Period.

*All applications are subject to review and approval by Metropolitan Life Insurance Company. Based on the plan design and the amount of coverage requested, a Statement of Health may need to be submitted to complete your application.

For Employee Coverage
Enrollment in this Supplemental insurance plan is available without providing medical information as long as:

For Annual Enrollment
- Your enrollment takes place before the enrollment deadline, and
- You are continuing the coverage you had in the last year, or
- You are requesting to increase existing coverage by one increment, and the total amount of coverage does not exceed $140,000 for the first time.

For New Hires
- The enrollment takes place within 31 days from the date you become eligible for benefits, and
- You are enrolling for coverage equal to/less than $140,000

If you do not meet all of the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form. A Statement of Health is included in this booklet.
For Dependent Coverage
You must be covered in order to obtain coverage for your spouse and child(ren).

Your spouse and dependent children do not need to provide medical information as long as:

For Annual Enrollment
• The enrollment takes place prior to the enrollment deadline, and
• Your are continuing the coverage you had for your spouse and child(ren) in the last year, or
• You are requesting to increase existing coverage for your spouse by one increment, and the total amount of coverage does not exceed $25,000 for the first time.

For New Hires
• The enrollment takes place within 31 days from the date you become eligible for benefits, and
• You are enrolling for spouse coverage equal to/less than $25,000.

If you do not meet all of the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form. A Statement of Health is included in this booklet.

About Your Coverage Effective Date
You must be Actively at Work on the date your coverage becomes effective. Your coverage must be in effect in order for your spouse and eligible children's coverage to take effect. In addition, your spouse and eligible child(ren) must not be home or hospital confined or receiving or applying to receive disability benefits from any source when their coverage becomes effective.

If Actively at Work requirements are met, coverage will become effective the first of the month following the receipt of your completed application for all requests that do not require additional medical information. A request for Your amount that requires additional medical information and is not approved by the date listed above will not be effective until the later of the date that notice is received that MetLife has approved the coverage or increase if you meet Actively at Work requirements on that date, or the date that Actively at Work requirements are met after MetLife has approved the coverage or increase. The coverage for your spouse and eligible child(ren) will take effect on the date they are no longer confined, receiving or applying for disability benefits from any source or hospitalized.

Who Can Be A Designated Beneficiary?
You can select any beneficiary(ies) other than your employer for your Basic and Supplemental coverages, and you may change your beneficiary(ies) at any time. You can also designate more than one beneficiary. You are the beneficiary for your Dependent coverage.

1 Grief Counseling and Funeral Planning services are provided through an agreement with Harris, Rothenberg International (HRI), Inc. HRI is not an affiliate of MetLife, and the services HRI provides are separate and apart from the insurance provided by MetLife. HRI has a nationwide network of over 35,000 counselors. Counselors have master’s or doctoral degrees and are licensed professionals. Subject to state regulatory approval, not approved in all states. The grief counseling program does not provide support for issues such as domestic issues, parenting issues, or marital/relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources departments about available company resources. This program is available to a insureds, their dependents and beneficiaries, who must have received a serious medical diagnosis or suffered a loss that has occurred, meaning, the diagnosis or loss must have taken place prior to accessing the grief counseling program. Events that may result in a loss are not covered under this program unless and until such loss has occurred.

2 Delivering the Promise, retirewise and Transition Solutions are part of PlanSmart®, a financial well-being program. The MassMutual financial professionals involved in the PlanSmart program were affiliated with MetLife until July 2016, when MMLIC acquired MSI Financial Services, Inc. MetLife continues to administer the PlanSmart program, but has arranged with MassMutual to have these specially-trained financial professionals offer financial education and provide personal guidance to employees and former employees of firms providing PlanSmart through MetLife.

3 The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. The assets backing TCAs are maintained in MetLife’s general account and are subject to claims of MetLife’s creditors. MetLife bears the investment risk of the assets
4 Travel Assistance and Identity Theft Solutions services are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Certain Underwriters at Lloyd's London (not incorporated) through Lloyd's Illinois, Inc. Neither AXA Assistance USA Inc. nor the Lloyd's entities are affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.

5 Will Preparation and MetLife Estate Resolution Services are offered by Hyatt Legal Plans, Inc., Cleveland, Ohio, a MetLife company. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and affiliates, Warwick, Rhode Island. For New York sitused cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Tax Planning and preparation of Living Trusts are not covered by the Will Preparation Service. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

6 WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. is not affiliated with MetLife and the WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters.

7 Funeral Planning Service. MetLife neither captures nor stores any of the preferences or personal information you enter in the Funeral Planning Services. MetLife is not responsible for retention or communication to any third party of the contents of your Funeral Planning Services. MetLife suggests printing the completed service information and saving it in a secure place with your other important personal information and documentation. This Planning service is provided to you for informational purposes only and does not intend to cover all aspects of your specific circumstances. MetLife nor any of its affiliates, employees or representatives provide specific tax or legal advice. Please consult an attorney regarding your own personal situation.

8 MetLife Infinity is offered by MetLife Corporate Services, Inc., an affiliate of Metropolitan Life Insurance Company.

9 The Accelerated Benefits Option is subject to state availability and regulation. The accelerated life insurance benefits offered under your certificate are intended to qualify for favorable federal tax treatment. If the accelerated benefits qualify for favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation.

This information was written as a supplement to the marketing of life insurance products. Tax laws relating to accelerated benefits are complex and limitations may apply. You are advised to consult with and rely on an independent tax advisor about your own particular circumstances.

Receipt of accelerated benefits may affect your eligibility, or that of your spouse or your family, for public assistance programs such as medical assistance (Medicaid), Temporary Assistance to Needy Families (TANF), Supplementary Social Security Income (SSI) and drug assistance programs. You are advised to consult with social service agencies concerning the effect that receipt of accelerated benefits will have on public assistance eligibility for you, your spouse or your family.

This summary provides an overview of your plan’s benefits. These benefits are subject to the terms and conditions of the contract between MetLife and Old Dominion University Research Foundation and are subject to each state’s laws and availability. Specific details regarding these provisions can be found in the booklet certificate.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99) issued to your employer by MetLife. Life and AD&D coverages under your employer’s plan terminates when your employment ceases when your Life and AD&D contributions cease, or upon termination of the group contract. Dependent Life coverage will terminate when a dependent no longer qualifies as a dependent. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

L0816474325[exp1017][All States][DC, GU, MP, PR, VI] Metropolitan Life Insurance Company, New York, NY
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 for blood and urine tests
- Ask for blood and urine tests

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:

- Reputations
- 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 Health Plans, Inc.
- MetLife Insurance Company USA
- General American Life Insurance Company
- SafeGuard Health Plans, Inc.
- SafeHealth Life Insurance Company

CPN–Group–Initial Enr/SOH-2015
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
Lexington, KY 40512

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


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。您可要求翻譯員向您口譯文件，或可要求向您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，請致電加州保險局熱線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
REQUIRED DISCLOSURE STATEMENT FOR ACCELERATED BENEFITS

Limitations Of The Accelerated Benefit Option:

The Accelerated Benefit Option is available to insureds under the group life insurance policy. The Accelerated Benefit Option may provide benefits to pay for long-term care services but it is NOT part of a long-term care or nursing home insurance policy and the amount this benefit pays may not be enough to cover medical, nursing home or other bills. You may use the money received from the Accelerated Benefit Option for any purpose. Unlike conventional life insurance proceeds, accelerated benefits payable under this policy COULD BE TAXABLE IN SOME CIRCUMSTANCES. We recommend contacting a tax advisor when making tax-related decisions about electing to receive and use benefits under the Accelerated Benefit Option.

A. Consequences Of This Benefit:

Receipt of accelerated benefits MAY AFFECT MEDICAID and SUPPLEMENTAL SECURITY INCOME ("SSI") ELIGIBILITY. The mere fact that you are insured under a group policy with an accelerated benefits feature may affect your eligibility for these government programs. In addition, exercising the Accelerated Benefit Option and receiving those benefits before you apply for these programs, or while you are receiving government benefits, may affect your initial or continued eligibility. Contact the Medicaid Unit of your local Division of Medical Assistance and the Social Security Administration for more information.

B. Medical Condition Enabling Acceleration Of Life Benefits:

**Terminal Illness** is the only medical condition which qualifies for accelerated benefits under the group policy. “Terminal illness” is a condition that a physician certifies will reasonably be expected to result in a drastically limited life span as specified in the group policy.

C. Payment Options:

The accelerated benefit is payable as a LUMP SUM. You or your legal representative may select another payment mode, such as 3 monthly installment payments.

D. Premium For Accelerated Benefit:

The cost of the Accelerated Benefit Option is included in your regular monthly premium.

E. Administrative Expense Charge:

No additional administrative expense changes apply.
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

<table>
<thead>
<tr>
<th>MetLife</th>
<th>PDP NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Name</td>
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<tr>
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<tr>
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<td></td>
</tr>
<tr>
<td>Group Name</td>
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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.
Don’t Forget to Take the Time to Review Your Benefits!