AAO-HNS Partner

ACADEMY ADVANTAGE

A Money-Saving Offer For You

Dear Physician,

As an AAO-HNS Member in good standing, you and your staff are guaranteed acceptance in MetLife's Preferred Dentist Program (PDP)!

When it comes to dental care, there are typically two kinds of people in the world: those that take care of their teeth and gums and have regular checkups … and those who only call the dentist when there's an urgent problem. No matter what kind of person you are, without dental insurance the cost of dental services — whether standard or emergency — can be an issue.

Regular visits to the dentist may do more than just brighten your smile. Today, the Academy of General Dentistry tells us that more than 90% of all diseases produce oral signs and symptoms. Dentists can play an important role in screening for conditions such as cancer, diabetes, leukemia, heart disease and kidney disease.[2]

You can offer the MetLife dental plan as a voluntary benefit to your staff members if your office has 20 or fewer employees. Each employee would be billed individually and responsible for the full cost of the coverage they select.

The AAO-HNS, is always looking for products and services that provide value to its members. That's why you should give serious consideration to this offer for comprehensive dental insurance from MetLife. We have arranged for competitive group rates that could help you save money.[4]

Here are some key features of the MetLife Preferred Dentist Program (PDP):

- Choice of plan benefit designs (see reverse side).
- Freedom to use any dentist you want.
- More than 150,000 preferred dentist locations nationwide.
- PDP negotiated fees 15-45% less than average fees charged by dentists in the same community.[3]
- Savings on preventive, basic and major restorative services.[4]
- Network negotiated fees that apply to covered and non-covered services.[5]

The smart thing to do for overall good health:

> **See your dentist regularly.**

Even smarter:

> **Don't pay the full cost.**

Brilliant:

> **Enroll in MetLife's Preferred Dentist Program (PDP).**

> **Get in-network routine exams, cleanings and X-rays at LOWER COSTS TO YOU.**[1]

> **Plus, big savings on other services.**

Enroll in 3 Simple Steps:

1. Review the enclosed information, which contains details on your Dental Benefits Plan.

2. Find you monthly rate on page 3 of this Benefit Plan

3. Complete and mail the enclosed enrollment form.

Questions?
Call **1-877-673-9797**
Monday through Friday,
8:00 a.m. to 5:00 p.m. Central Time
or visit
www.nationalaffinity.net

MetLife

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

Choose your option and enroll today!
Two plan options are available to you. You can choose from the Comprehensive Plan for greater out of pocket savings or the Standard Plan for solid benefits at a lower monthly rate.

Coverage Type	Plan Option 1 – Standard		Plan Option 2 – Comprehensive	
	PDP In-Network % of PDP Fee*	**Out-of-Network** % of R&C Fee**	**PDP In-Network** % of PDP Fee*	**Out-of-Network** % of R&C Fee**
Preventive, Type A (cleanings, oral examinations)	90%	90%	100%	100%
Basic, Type B (fillings, sealants)	70%	70%	80%	80%
Major, Type C (bridges and dentures)	40%	40%	50%	50%
Orthodontia, Type D (orthodontic diagnostic and treatment)	Not Covered	Not Covered	50%	50%
Annual Deductible – applies to Type B, C & D services	$50.00 Individual, $150.00 Family		$50.00 Individual, $150.00 Family	
Annual Maximum Benefit	$1,000 Per Person		$1,500 Per Person	
Orthodontia Lifetime Maximum	Not Covered		$1,000 Per Person	

Waiting Periods: Type A services are provided immediately with no waiting periods. However, to keep your rates economical, there is a 6-month waiting period for some Type B services; and a 12-month waiting period for Type C & D services.

Monthly Rates are based on your area, the plan you choose and the number of people you elect to enroll. Please refer to the rate chart on the following page to find your monthly cost.

Easy SEND NO MONEY enrollment.
Review the enclosed information, then complete and mail the enrollment form in the envelope provided. Send no money now. You'll receive a bill after the enrollment process is complete.

Take advantage of this important benefit today.

Sincerely,

Mark Blocker, Partner, National Affinity Services

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

1 In-network preventive services (Type A) are 100% covered with plan option 2 and 90% covered with plan option 1.
2 Academy of General Dentistry. The Importance of Oral Health to Overall Health, http://www.agd.org/public/oralhealth/Default.asp?IssID=320&Topic=O&ArtID=1289#b, accessed March 2011.
3 To see if your dentist participates in the PDP network, go to www.metlife.com/dental to use the Find a Dentist tool.
4 Savings from enrolling in a dental benefits plan will depend on various factors, including how often participants visit the dentist and the cost of services covered.
5 Negotiated fees for non-covered services do not apply in all states.
Like most group health insurance policies, MetLife group policies contain certain exclusions, limitations, waiting periods and terms for keeping them in force. Please contact National Affinity Services for complete details, 1-877-673-9797.

How To find your monthly rate:

1. Locate your state and take the first 3 digits of your zip code to determine your Area
2. Match your Area to the enrollment option that best fits your need. Find it in the chart below this one.

State	Area	First 3 Digits of Zip Code (if applicable)
Alabama	1	350-354, 362-364, 367-369
	2	355-361, 365-366
Alaska	6	
Arizona	2	850-857
	3	859-865
Arkansas	2	
California	2	923-925
	3	900, 905-922, 926-938, 952-953, 955-961
	4	901-904, 939, 945-946, 948, 950-951
	5	940-944, 947, 949, 954
Colorado	3	
Connecticut	4	
Delaware	4	197, 199
	5	198
D.C.	3	
Florida	2	320-322, 325-329, 334-338, 342-349
	3	323-324, 333, 339-341
	4	330-332
Georgia	2	306-310, 312, 319
	3	300-305, 311, 313-318, 398
Hawaii	3	
Idaho	2	
Illinois	1	624, 628-629
	2	609-623, 625-627
	3	600-608
Indiana	1	471, 475
	2	460-462, 465-470, 472-474, 476-479
	3	463-464
Iowa	1	508-510, 512-516
	2	500-507, 520-528
	3	511
Kansas	2	
Kentucky	1	400-404, 406-409, 411-419, 425-427
	2	405, 410, 420-424
Louisiana	2	
Maine		Not Available
Maryland	1	215
	2	206, 210-214, 216-219
	3	207-209
Massachusetts	3	010, 012-013
	4	011, 014-027
Michigan	2	486
	3	480-485, 487-499
Minnesota	3	
Mississippi	2	
Missouri	1	645
	2	630-644, 646-651, 653-659
	3	652
Montana	3	
Nebraska	1	680-684, 689-690
	2	685-688, 691-693
Nevada	2	889-891
	4	893-898
New Hampshire	4	030, 032, 034-038
	5	031, 033
New Jersey	2	071-072
	3	070, 073, 077, 080-087
	4	074-076, 078-079, 088-089
New Mexico	3	
New York	2	104, 124-129, 133-136, 142
	3	103, 109-110, 115, 117-123, 130-132, 137-141, 143-149
	4	063, 105-108, 111-114, 116
	6	100-102
North Carolina	3	270-281, 283-289
	4	282
North Dakota	3	
Ohio	2	430-435, 437-459
	3	436
Oklahoma	2	731, 735-749
	3	730, 734
Oregon		Not Available
Pennsylvania	1	150-156, 159-161, 163-164, 171-172, 185, 187
	2	157-158, 162, 165-168, 170, 173-176, 180-184, 186, 188, 190-192
	3	169, 177-179, 189, 193-196
Puerto Rico	1	
Rhode Island	3	
South Carolina	3	
South Dakota	2	570, 572-577
	3	571
Tennessee	2	
Texas	1	782
	2	754-759, 764-769, 773-774, 776-781, 783-785, 788-789, 794-799
	3	750-753, 760-763, 770-772, 775, 786-787, 790-793, 885
Utah	1	
Vermont	4	
Virginia	2	230-246
	3	201, 220-229
Virgin Islands	3	
Washington		Not Available
West Virginia	2	
Wisconsin	3	
Wyoming	2	

Rates: Plan Option 1 – Standard				
	Member Only	Member + Spouse	Member + Child	Member + Family
Area 1	$33.59	$69.60	$66.93	$111.26
Area 2	$37.32	$79.55	$76.49	$123.86
Area 3	$41.06	$87.51	$84.14	$138.56
Area 4	$44.79	$95.46	$91.79	$151.15
Area 5	$46.65	$99.44	$95.61	$157.45
Area 6	$48.37	$103.10	$99.13	$163.25

Rates: Plan Option 2 – Comprehensive				
	Member Only	Member + Spouse	Member + Child	Member + Family
Area 1	$41.50	$87.64	$88.72	$ 140.52
Area 2	$47.80	$102.23	$103.51	$ 165.50
Area 3	$56.60	$116.84	$118.30	$ 190.48
Area 4	$60.37	$128.80	$130.40	$ 207.65
Area 5	$64.15	$135.44	$137.12	$ 220.14
Area 6	$66.29	$140.16	$141.90	$ 225.32

List of Primary Covered Services & Limitations

Type A – Preventive: Apply to both plan options (no waiting period)

Service	How Many/How Often
Examinations	1 per 12 months
Full Mouth X-rays	1 per 60 months
Bitewing X-rays: Adult / Child	1 per 12 months for adults and dependent children up to age 14
Bitewing X-rays: Child Age Limit	Age 14
Prophylaxis (Cleanings)	1 per 12 months
Fluoride Treatments	1 per 12 months for dependent children up to age 14

Type B - Basic Restorative: Apply to both plan options (6 month waiting period)

Service	How Many/How Often
Sealants	1 Sealant per permanent 1st & 2nd molar in 60 months, for dependent children up to age 14
Space Maintainers	No Limit , for dependent children up to age 14
Fillings	1 per 24 months
Periodontal Maintenance	4 periodontal treatments in 1 year, includes 2 cleanings

Type C - Major Restorative: Apply to both plan options (12 month waiting period)

Service	How Many/How Often
Inlay / Onlay	1 per 84 months
Crowns	1 per 84 months
Crown Build-ups / Post & Core	1 per 84 months
Repairs	1 per 24 months
Recementations	1 per 24 months
Endodontics – Root Canal	1 per 24 months
Periodontal Surgery	1 per quadrant in any 60 month period
Scaling & Root Planing	1 per quadrant in any 60 month period
Dentures – Complete / Partial / Overdenture	1 per 84 months
Immediate Temporary Dentures	1 per 12 months
Denture Adjustments	1 per 12 months
Denture – Relines / Rebases	1 per 84 months
Tissue Conditioning	1 per 84 months
Implant Services	1 per 84 months
Implant Services – Repairs	1 per 84 months
Implant Supported Prosthetic	1 per 84 months
Fixed Bridges	1 per 84 months
Consultations	1 per 12 months
Occlusal Adjustments	1 per 24 months

Type D – Orthodontia: Apply to Plan Option 2 – Comprehensive ONLY (12 month waiting period)

Service	How Many/How Often
Orthodontic Diagnostics and Treatment	• All dental procedures performed in connection with Orthodontic treatment are payable as Orthodontia • Initial payment due upon installation of the Orthodontic appliance; repetitive payments for the Orthodontic adjustments will be made quarterly at the end of the quarter based on the Orthodontic Lifetime Maximum • Benefits end at cancellation

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents many services within each category, but is not a complete description of the Plan. Please see your certificate for complete details. In the event of a conflict with this summary, the terms of the certificate will govern.

Exclusions

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

The following exclusions apply to both plan options:

- Temporomandibular joint disorder (TMJ)
- 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 not performed 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 which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a newborn child.
- Services or appliances which restore or alter occlusion or vertical dimension
- Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease
- 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 piks, toothbrushes, or dental floss
- Decoration or inscription of any tooth, device, appliance, crown, or other dental work
- Missed appointments
- Services covered under any workers' compensation or occupational disease law
- Services covered under any employer liability law
- Services for which the Member or the person receiving such services is not required to pay
- Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital.
- Serviced covered under other coverage provided by the Policyholder
- Temporary or provisional restorations or appliances
- Prescription drugs
- Services to the extent such services, or benefits for such services, are available under a Government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Dental Insurance under the Group Policy be paid first.
- The following when charged by the Dentist on a separate basis: claim form completion; infection control such as gloves, mask, and sterilization or supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental service arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food
- Services for which the submitted documentation indicates a poor prognosis
- Caries susceptibility tests
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders
- Initial installation of a Denture to replace one of more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth
- Precision attachments associated with fixed and removable prostheses
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it
- Duplicate prosthetic devices or appliances
- Replacement of a lost or stolen appliance or crown, inlay/onlay, or Denture

Additional Exclusions that apply to Plan Option 1 – Standard

- Harmful habits appliance
- Orthodontia

Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement, and the associated procedure charge, on the least costly treatment alternative. If you and your dentist have agreed on a treatment which is more costly than the treatment upon which the plan benefit is based, your actual out-of-pocket expense may be higher. Discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving any high cost services. 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.

Coverage is provided under a group insurance policy (Policy form GPNP99 / G.2130-S) issued by MetLife. Coverage terminates 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.

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents many services within each category, but is not a complete description of the Plan. Please see your certificate for complete details. In the event of a conflict with this summary, the terms of the certificate will govern.

Like most group benefits programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force.

MetLife
Metropolitan Life Insurance Company, New York, NY

ENROLLMENT • CHANGE FORM

GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)

Name of Group Customer/Association		Group Customer #	Division	Class	Dept Code
AAO-HNS		**TS 05339302**			
Date of Membership (MM/DD/YYYY)	Member ID #	Coverage Effective Date (MM/DD/YYYY)		Source Code	

YOUR ENROLLMENT INFORMATION (To be Completed by the Member)

Name (First, Middle, Last)		Social Security # – –	☐ Male ☐ Female
Address (Street, City, State, Zip Code)		Date of Birth (MM/DD/YYYY)	
Phone #	Email Address	☐ New Enrollment ☐ Change in Enrollment	

I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand that contributions are required for the benefits I select below.

Dental Insurance

First select your option

- ☐ Option 1- Standard
- ☐ Option 2 - Comprehensive

Then select your level of coverage

- ☐ Self Only
- ☐ Self + Child(ren)
- ☐ Self + Spouse/Domestic Partner
- ☐ Self + Spouse/Domestic Partner + Child(ren)

Dependent Information

If you are applying for coverage for your Spouse/Domestic Partner and/or Child(ren), please provide the information requested below:

Name of your Spouse/Domestic Partner (First, Middle, Last) _____ Date of Birth (MM/DD/YYYY) _____ ☐ Male ☐ Female

Name(s) of your Child(ren) (First, Middle, Last) / Date of Birth (MM/DD/YYYY)

_____ _____ ☐ Male ☐ Female

_____ _____ ☐ Male ☐ Female

_____ _____ ☐ Male ☐ Female

_____ _____ ☐ Male ☐ Female

☐ Check here if you need more lines. Provide the additional information on a separate piece of paper and return it with your enrollment form.

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ADM

FRAUD WARNINGS

Before signing this enrollment form, please read the warning for the state where you reside and for the state where the insurance policy under which you are applying for coverage was issued.

Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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SUBMISSION INSTRUCTIONS

After completion, **sign and date the form on the last page where indicated.** Make a copy for your records and return the original to AAO Dental Plan Sponsor Administrator, 4510 Cox Road, Suite 111, Glen Allen, VA 23060

AAO-NHS
EF-ST231S-NW (05/11)

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who files an application containing any false or misleading information is subject to criminal and civil penalties.

New York: [only applies to Accident and Health Benefits (AD&D/Disability/Dental)]: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon and Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars ($5,000), not to exceed ten thousand dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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DECLARATIONS AND SIGNATURE

By signing below, I acknowledge:

1. I have read this enrollment form and declare that all information I have given is true and complete to the best of my knowledge and belief.
2. I understand that if I do not enroll for dental coverage during the initial enrollment period, a waiting period may be required before I can enroll for such coverage after the initial enrollment period has expired.
3. I have read the applicable Fraud Warning(s) provided in this enrollment form.

Sign Here

Signature of Member	Print Name	Date Signed (MM/DD/YYYY)

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DEC

SUBMISSION INSTRUCTIONS

After completion, **sign and date the form on the last page where indicated.** Make a copy for your records and return the original to AAO Dental Plan Sponsor Administrator, 4510 Cox Road, Suite 111, Glen Allen, VA 23060

AAO-NHS
EF-ST231S-NW (05/11)

MetLife

Our Privacy Notice

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

Plan Sponsors and Group Insurance Contract Holders

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

Protecting Your Information

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

Collecting Your Information

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

How We Get Your Information

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

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

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

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

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

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

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

Using Your Information

We collect your personal information to help us decide if you're eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on

what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

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

Sharing Your Information With Others

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

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

HIPAA

We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. If you have dental, long-term care, or medical insurance from us, the Health Insurance Portability and Accountability Act ("HIPAA") may further limit how we may use and share your information.

Accessing and Correcting Your Information

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

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

Questions

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

Send privacy questions to:

MetLife Privacy Office, P. O. Box 489, Warwick, RI 02887-9954
privacy@metlife.com

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

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

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.

☐ **Servicio de Idiomas Sin Costo.** Puede obtener la ayuda de un intérprete. Se le pueden leer documentos y enviar algunos en español. Para recibir ayuda, llámenos al número que aparece en su tarjeta de identificación, si tiene una, o al 1-800-942-0854. Para recibir ayuda adicional llame al Departamento de Seguros de California al 1-800-927-4357.
Para recibir una copia del documento adjunto de MetLife traducido al español, marque la casilla correspondiente a esta oración, y envíe por correo el documento junto con este formulario a:
Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512
Por favor, indique a quién y a dónde debe enviarse el documento traducido.
NOMBRE_____
DIRECCIÓN_____

☐ **免費語言服務。**您可獲得免費口譯服務。您可要求翻譯員向你口譯文件，或可要求向你發回文件的中文譯本。如需協助，請致電您的ID卡上所示號碼（如有），或 1-800-942-0854。如需更多協助，請致電加州保險部熱線1-800-927-4357。
為收取隨附MetLife文件的中文譯本，請勾選此陳述前的方框，並將文件連同此表一併郵寄至：
Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512
請指明經翻譯文件收件人的姓名及地址。
姓名_____
地址_____

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

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

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

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

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

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

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

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

لا تتوفر خدمات ترجمة بتكلفة. يمكنك الاتصال بمترجم والحصول على خدمة قراءة المستندات باللغة العربية. للمساعدة، اتصل بنا على الرقم الموجود على بطاقة التعريف الخاصة بك، أو اتصل بالرقم 1-800-942-0854. ولمزيد من المساعدة، اتصل بقسم التأمينات التابع لـ CA على الرقم 1-800-927-4357.

سرویس های ترجمه رایگان. شما می توانید مترجم و اسنادی را به زبان فارسی برای مطالعه دریافت کنید. برای راهنمایی،از طریق شماره درج شده در کارت شناسایی خود (در صورت وجود) یا شماره 1-800-942-0854 با ما تماس بگیرید. برای راهنمایی بیشتر با بخش بیمه کالیفرنیا 1-800-927-4357 تماس بگیرید.

بلا معاوضہ مترجم دی خدمات مل سکدی اے۔ تُسی ایک مترجم دی خدمات حاصل کرسکدے او جو توڈے واسطے دستاویزات پنجابی وچ پڑھ سکدا اوے۔ مدد واسطے اپڑیں آئی ڈی کارڈ، گربھوتو، دے وچ نمبر یا 1-800-942-0854 پہ کال کرو۔ آگے مزید مدد واسطے اے نمبر 1-800-927-4357 پہ سی اے ڈیپارٹمنٹ برائے انشورنس نال گال کرو۔