

Group Retirement Dental Benefits

Important Benefits Information

Privacy Notice

California Healthcare Language Assistance Program Notice

Important Benefit Information

Only individuals residing in the United States, Puerto Rico or United States Virgin Islands are eligible for coverage. Please contact MetLife if you have any questions regarding your eligibility.

ENROLLMENT PERIOD

When you become eligible for the MetLife Retirement Dental Benefits Program, you may enroll for dental insurance by completing the required enrollment form and by sending that form to us on a Timely Basis.

The term “**Timely Basis**” means that we receive the completed enrollment form within your former employer’s defined enrollment period or within 60 calendar days of the date the enrollment kit was sent to you.*

If you are not enrolling online, please allow sufficient time for mailing.

*At retirement, you may also have the option to continue coverage under your former employer’s plan for active employees for a certain time period. You may also be covered as a dependent under other dental insurance at retirement. You should compare the cost and benefits of each plan and decide what option is right for you. If you decide to continue coverage under your former employer’s plan for active employees or to continue to be covered as a dependent under other dental insurance, and do not elect to enroll in this plan at retirement, you may enroll in this plan within 60 calendar days from the date the enrollment kit is sent to you after your coverage under your former employer’s plan for active employees ceases or your coverage as a dependent under other dental insurance ceases, as applicable. Alternately, if you become covered under a subsequent employer’s dental insurance for active employees of the subsequent employer, you may also enroll in this plan within 60 calendar days from the date the enrollment kit is sent to you after your coverage under your subsequent employer’s dental insurance for active employees ceases (**not applicable to Group Policies delivered in Alaska**).

COVERAGE EFFECTIVE DATE AND COVERAGE PERIOD

Enrollment, coverage effective date and coverage period information can be found in the enclosed letter.

You will not be able to add a new Dependent during the coverage period unless you have an event described in the first three items listed in the definition of Qualifying Event (see below). You may only change plan options you are electing now at the end of your coverage period. Premiums may change subject to the terms of the group policy. If you cancel your coverage, you will not be able to re-enroll in the future.

If you have a Qualifying Event which involves adding a new Dependent, you will have 60 calendar days from the date of that event to add a new Dependent. If you have a Qualifying Event other than adding a new Dependent, notify us as soon as possible (preferably within 60 calendar days) and make a request to change which Dependents are covered so that the appropriate change to Dependent coverage of your insurance can be made. The changes to your insurance made as a result of a Qualifying Event will take effect on the first day of the month following the date of your request.

“**Qualifying Event**” includes the following:

- your Spouse’s/Civil Union Partner’s/Domestic Partner’s loss of dental insurance coverage under an employer’s dental plan for active employees;
- marriage;
- the birth, adoption or placement for adoption of a Dependent Child;
- divorce or annulment;
- the death of a Dependent;
- your Dependent’s ceasing to qualify as a Dependent under this insurance; and
- a judgment, decree or order resulting from a divorce, legal separation, annulment or change in legal custody that requires either you to provide health coverage for your child or Dependent foster child, or your Spouse/Civil Union Partner/Domestic Partner, former Spouse/ Civil Union Partner/Domestic Partner or other individual to provide coverage for your child or foster child, if that other person does in fact provide that coverage.

COVERAGE FOR DEPENDENTS

If you are retired, you may enroll yourself, as well as your Spouse/Civil Union Partner/Domestic Partner and any qualifying Dependent Children.

Qualifying Dependent Children include unmarried children until the end of the calendar year in which they turn 26. If a covered Dependent Child is incapable of self-sustaining employment because of mental or physical disability, insurance coverage for such child may be continued beyond the end of the calendar year in which he/she turns 26.

Coverage for Civil Union Partners only applies for residents in the states where a Civil Union is legally recognized.

For more detail regarding Civil Union Partner, Domestic Partner, and Qualifying Dependent Child, see the definitions below.

CESSATION OF COVERAGE

Coverage on the certificateholder (and Dependents) will cease in the following circumstances:

- If the certificateholder fails to make timely payment of premium, insurance coverage ceases on the date premium is not paid when due, subject to the Grace Period provisions below;
- If the certificateholder sends notice of voluntary termination, insurance coverage ceases on the last day of the month of the later of the date stated in the notice or the date we receive the notice;
- If a person covered as Dependent ceases to be your Spouse/Civil Union Partner/Domestic Partner, or Qualifying Dependent Child (“**Dependent**”), coverage on that person will end on the last day of the month in which he/she ceases to be a Dependent (see Continuance of Coverage below);
- If the certificateholder’s coverage ends, the coverage on all of the certificateholder’s Dependents will end on the same date (see Continuance of Coverage below);
- If the certificateholder dies (see Continuance of Coverage below); or
- If the Group Policy ends, all insurance ceases on the day the Group Policy ends.

If your coverage ceases at any time, including due to failing to pay required premiums by the end of the Grace Period, you will not be able to re-enroll at any time.

Grace Period

Each premium due after the effective date of the insurance coverage may be paid up to 60 days after its premium due date (the “Grace Period”). During the Grace Period insurance coverage will stay in effect, and the certificateholder will be obligated to pay the premium for his or her coverage that was in effect during the Grace Period.

CONTINUANCE OF COVERAGE

In the event of your death, your insured Spouse/Civil Union Partner/Domestic Partner has the opportunity to continue coverage under the plan by sending the required election form to us – within 60 calendar days of your death. In the event of your divorce, annulment or legal separation, your former Spouse/Civil Union Partner/Domestic Partner also will have the opportunity to continue coverage under the plan by telling us in writing – within 60 calendar days of your divorce, annulment or legal separation – that he/she would like to continue such coverage. At that time, he/she will receive a new certificate under the plan. Any Dependents (and only those Dependents) who were covered before your death, divorce, annulment or legal separation may also continue coverage under the new certificate given to your Spouse/Civil Union Partner/Domestic Partner. At such time, no new Dependents may be added to the plan.

If a Dependent Child covered under the plan reaches the over-age limit for coverage, he/she can continue coverage under the plan by telling us – within 60 calendar days of reaching the over-age limit for coverage – that he/she would like to continue such coverage. At this time, the Dependent child will receive a new certificate under the plan covering only himself/herself. At such time, no Dependents may be added under the Dependent’s certificate.

EXCLUSIONS AND LIMITATIONS

The MetLife Retirement Dental Benefits program is subject to (i) exclusions shown in the Exclusions section shown below; (ii) Frequency/Age Limits shown in the Covered Services and Frequency/Age Limits section shown below, and (iii) annual maximums and deductibles shown in the Benefit Summary section of the enclosed Retirement Dental Benefits Overview document.

EXCLUSIONS

MetLife will not pay dental insurance benefits for charges incurred for:

Plan Option 1 Only:

1. Major restorative services such as inlays, onlays, veneers, crowns and Dentures. “**Denture**” means a fixed partial denture (bridgework), a removable partial denture or a removable full denture.
2. Cleaning and inspection of a removable appliance.

Plan Option 2 Only:

1. Initial installation of a Denture or implant or implant supported prosthetic to replace one or more teeth which were missing before such person was covered under the MetLife Retirement Dental Benefits Program (for Group Policies delivered in New York, applicable only if the Denture or implant or implant supported prosthetic is installed during the first 12 months that a person is covered under the MetLife Retirement Dental Benefits program), except for congenitally missing teeth. (**For Group Policies delivered in Alaska, the following exclusion applies instead: “Initial installation of a Denture or implant to replace one or more teeth which were missing before such person was covered under the MetLife Retirement Dental Benefits Program, except for congenitally missing teeth.”**)
2. Precision attachments associated with fixed and removable prostheses, except when the precision attachment is related to implant prosthetics.
3. Adjustment of a Denture made within 6 months after installation by the same dentist who installed it.

4. Duplicate prosthetic devices or appliances.
5. Replacement of a lost or stolen appliance or crown, inlay/onlay or Denture.

Plan Options 1 and 2:

1. Services which are not dentally necessary, or those which do not meet generally accepted standards of care for treating the particular dental condition.
2. Services for which you would not be required to pay in the absence of dental insurance.
3. Services or supplies received by you or your Dependent before the dental insurance starts for that person.
4. 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 (**not applicable under Group Policies delivered in New York**).
5. Services which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a new born child or for the treatment of a congenital cleft in the lip or palate or both. (**For Group Policies delivered in Alaska, the following exclusion applies instead: "Services which are primarily cosmetic are excluded unless required for the treatment or correction of a congenital defect of a newborn Child."**)
6. Services or appliances which restore or alter occlusion or vertical dimension.
7. Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease.
8. Restorations or appliances used for the purpose of periodontal splinting.
9. Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
10. Personal supplies or devices including, but not limited to: water piks, toothbrushes or dental floss.
11. Decoration or inscription of any tooth, device, appliance, crown or other dental work.
12. Missed appointments.
13. Temporary or provisional restorations.
14. Temporary or provisional appliances.
15. Prescription drugs.
16. Services for which the submitted documentation indicates a poor prognosis.
17. The following when charged by the dentist on a separate basis: (1) claim form completion, (2) infection control such as gloves, masks and sterilization of supplies, (3) local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
18. 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 (**not applicable under Group Policies delivered in New York**).
19. Carries susceptibility tests.
20. Fixed and removable appliances for correction of harmful habits.
21. Appliances or treatment for bruxism (grinding teeth).
22. Orthodontic services or appliances.
23. Repair or replacement of an orthodontic device.
24. Diagnosis and treatment of temporomandibular joint disorders and cone beam imaging associated with the treatment of temporomandibular joint disorders (**not applicable under Group Policies delivered in Minnesota or New Mexico**).
25. Intra and extraoral photographic images.

COVERED SERVICES AND FREQUENCY/AGE LIMITS

Plan Options 1 and 2

Preventive Covered Services

1. Oral exams and problem-focused exams, but no more than one exam (whether the exam is an oral exam or problem-focused exam) every 6 months (**twice in a year for Group Policies delivered in Maryland**).
2. Screenings, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis, once every 6 months (**twice in a year for Group Policies delivered in Maryland**).
3. Patient assessments (limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment), once every 6 months (**twice in a year for Group Policies delivered in Maryland**).
4. Full mouth or panoramic x-rays once every 60 months.
5. Bitewing x-rays — 1 set every 6 months for a Child; and 1 set every Year for everyone else.
6. Cleaning of teeth also referred to as oral prophylaxis (including full mouth scaling in presence of generalized moderate or severe gingival inflammation after oral evaluation), once every 6 months (**twice in a year for Group Policies delivered in Maryland**).
7. Topical fluoride treatment for a Child under age 14, once in 12 months (**once in a year for Group Policies delivered in Maryland**).

Basic Covered Services

1. Intraoral-periapical and extraoral x-rays.
2. Pulp vitality, diagnostic casts, diagnostic photographs, and bacteriological studies for determination of bacteriologic agents.
3. Emergency palliative treatment to relieve tooth pain.
4. Initial placement of amalgam or resin fillings.
5. Replacement of an existing amalgam or resin fillings but only if (1) at least 24 months have passed since the existing filling was placed; or (2) a new surface of decay is identified on that tooth.

6. Protective (Sedative) Fillings.
7. Periodontal maintenance where periodontal treatment (including scaling, root planing, and periodontal surgery, such as gingivectomy, gingivoplasty, and osseous surgery) has been performed. Periodontal maintenance is limited to four times in any year less the number of teeth cleanings received during such 12 month period.
8. Pulp capping (excluding final restoration) and therapeutic pulpotomy (excluding final restoration).
9. Space maintainers for a Child under age 14; once per lifetime per tooth area.
10. Sealants or sealant repairs for a Child under age 14, which are applied to non-restored, non-decayed first and second permanent molars, once per tooth every 60 months.
11. Preventive resin restorations which are applied to non-restored first and second permanent molars, once per tooth every 60 months.
12. Interim caries arresting medicament application applied to permanent bicuspid and 1st and 2nd molar teeth, once per tooth every 60 months.

Plan Option 2 Only

Major Covered Services

1. Pulp therapy and apexification/recalcification.
2. Pulpal regeneration, but not more than once per lifetime.
3. General anesthesia or intravenous sedation in connection with oral surgery, extractions or other Covered Services, when Metropolitan Life Insurance Company determines such anesthesia is necessary in accordance with generally accepted dental standards.
4. Local chemotherapeutic agents.
5. Injections of therapeutic drugs.
6. Initial installation of full or removable Dentures (other than implant supported prosthetics): (1) after the person receiving such services was covered under the MetLife Retirement Dental Benefits program for 12 months (applicable only to Group Policies delivered in New York); (2) when needed to replace congenitally missing teeth; or (3) when needed to replace natural teeth that are lost while the person receiving such benefits was covered under the MetLife Retirement Dental Benefits Program.
7. Addition of teeth to a partial removable Denture: (1) after the person receiving such services was covered under the MetLife Retirement Dental Benefits program for 12 months (applicable only to Group Policies delivered in New York); or (2) to replace natural teeth removed while covered under the MetLife Retirement Dental Benefits Program for the person receiving such services.
8. Replacement of a non-serviceable Denture if such Denture was installed more than 10 years prior to replacement.
9. Replacement of an immediate, temporary full Denture with a permanent full Denture if the immediate, temporary full Denture cannot be made permanent and such replacement is done within 12 months of the installation of the immediate, temporary full Denture.
10. Relinings and rebasings of existing removable Dentures if at least 6 months have passed since the installation of the existing removable Denture; and not more than once in any 36 month period.
11. Re-cementing of Cast Restorations or Dentures, but not more than once in a 12 month period.
12. Adjustments of Dentures, if at least 6 months have passed since the installation of the Denture and not more than once in any 12 month period.
13. Initial installation of Cast Restorations (except implant supported Cast Restorations). Cast Restoration means an inlay, onlay, or crown.
14. Replacement of any Cast Restoration (except implant supported Cast Restoration) but only if at least 10 years have passed since the most recent time that: a Cast Restoration was installed for the same tooth surface; or a Cast Restoration for the same tooth surface was replaced.
15. Prefabricated crown, but not more than one replacement for the same tooth within 60 consecutive months.
16. Core buildup, but not more than once per tooth in a period of 10 years.
17. Posts and cores, but not more than once per tooth in a period of 10 years.
18. Oral Surgery except as mentioned elsewhere in this document.
19. Consultations for interpretation of diagnostic image by a Dentist not associated with the capture of the image, but not more than once in a 12 month period.
20. Other consultations, but not more than once in a 12 month period.
21. Root canal treatment, including bone grafts and tissue regeneration procedures in conjunction with periradicular surgery, but not more than once in any 24 month period for the same tooth.
22. Other endodontic procedures, such as apicoectomy, retrograde fillings, root amputation, and hemisection.
23. Periodontal scaling and root planing but not more than once per quadrant in any 24 month period.
24. Periodontal surgery, including gingivectomy, gingivoplasty, and osseous surgery, but not more than one surgical procedure per quadrant in any 36 month period.
25. Simple extractions.
26. Surgical extractions.
27. Simple repair of Cast Restorations or Dentures, but not more than once in a 12 month period.
28. Implant services (including sinus augmentation and bone replacement and graft for ridge preservation): (1) after the person receiving such services was covered under the MetLife Retirement Dental Benefits program for 12 months (applicable only to Group Policies delivered in New York); (2) when needed to replace congenitally missing teeth; or (3) when needed to replace natural teeth that are lost while the person receiving such benefits was covered under the MetLife Retirement Dental Benefits Program, but not more than once for the same tooth position in a 10 year period.
29. Repair of implants, but not more than once in a 12 month period.

30. Implant supported Cast Restorations, but not more than once for the same tooth position in a 10 year period: (1) after the person receiving such services was covered under the MetLife Retirement Dental Benefits program for 12 months (applicable only to Group Policies delivered in New York); (2) when needed to replace congenitally missing teeth; or (3) when needed to replace natural teeth that are lost while the person receiving such benefits was covered under the MetLife Retirement Dental Benefits Program. (For Group Policies delivered in Alaska, the following covered service applies instead: "Implant supported Cast Restorations, but not more than once for the same tooth position in a 10 year period.")
31. Implant supported fixed Dentures, but not more than once for the same tooth position in a 10 year period: (1) after the person receiving such services was covered under the MetLife Retirement Dental Benefits program for 12 months (applicable only to Group Policies delivered in New York); (2) when needed to replace congenitally missing teeth; or (3) when needed to replace natural teeth that are lost while the person receiving such benefits was covered under the MetLife Retirement Dental Benefits Program. **(For Group Policies delivered in Alaska, the following covered service applies instead: "Implant supported fixed Dentures, but not more than once for the same tooth position in a 10 year period.")**
32. Implant supported removable Dentures, but not more than once for the same tooth position in a 10 year period: (1) after the person receiving such services was covered under the MetLife Retirement Dental Benefits program for 12 months (applicable only to Group Policies delivered in New York); (2) when needed to replace congenitally missing teeth; or (3) when needed to replace natural teeth that are lost while the person receiving such benefits was covered under the MetLife Retirement Dental Benefits Program. **(For Group Policies delivered in Alaska, the following covered service applies instead: "Implant supported removable Dentures, but not more than once for the same tooth position in a 10 year period.")**
33. Cleaning and inspection of a removable appliance once every 6 months **(twice in a year for Group Policies delivered in Maryland)**.
34. Application of desensitizing medications where periodontal treatment (including scaling, root planing, and periodontal surgery such as osseous surgery) has been performed.
35. Occlusal adjustments once in 12 months.
36. Tissue Conditioning, but not more than once in a 36 month period.
37. **For Group Policies delivered in Minnesota and New Mexico**, oral surgical and non-surgical treatment of Temporomandibular Joint Disorder (TMJ) and craniomandibular disorder. This includes cone beam imaging and TMJ non-evasive physical therapies. However, cone beam imaging for such treatment will not be covered more than once for the same tooth position in a 60 month period and TMJ non-invasive physical therapies will not be covered more than once in a 12 month period.

CIVIL UNION PARTNER AND DOMESTIC PARTNER DEFINITIONS

Civil Union Partner

For residents of New Jersey, "Civil Union" means the legally recognized union of two individuals of the same sex entered into in New Jersey pursuant to the New Jersey Civil Union Act. It also includes a same-sex relationship lawfully entered into outside of New Jersey which is valid under the laws of the jurisdiction in which the same-sex relationship is created.

Domestic Partner

"Domestic Partner" means each of two people, one of whom is a retired employee of (1) the Policyholder if it is an Employer MetLife Retirement Dental Benefits Program; or (2) the former employer if it is a Trust MetLife Retirement Dental Benefits Program, who:

- have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a government agency where such registration is available; or
- are of the same or opposite sex and have a mutually dependent relationship so that each has an insurable interest in the life of the other. Each person must be:
 1. 18 years of age or older;
 2. unmarried;
 3. the sole domestic partner of the other;
 4. sharing a primary residence with the other and
 5. unrelated to the other in a manner that would bar their marriage in the jurisdiction in which they reside.

For purposes of determining who may become a covered person, the term Domestic Partner does not include any person who:

- is on active duty in the military of any country or international authority; however, active duty for this purpose does not include weekend or summer training for the reserve forces of the United States, including the National Guard; or
- is insured under the Group Policy as a retired employee.

A Domestic Partner declaration attesting to the existence of an insurable interest in one another's lives must be completed and signed by the retired employee if the retired employee and Domestic Partner have not registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a government agency.

In New Jersey, differences to the above definition are as follows:

The term Domestic Partner also includes each of two people who are in a same-sex relationship from another jurisdiction which provides some, but not all of the rights and obligations of marriage.

QUALIFYING DEPENDENT CHILD DEFINITIONS

“**Child**” means the following: (1) your natural child; (2) your Adopted Child; (3) your stepchild (including the child of a Domestic Partner) who lives with you; or (4) a child who resides with and is fully supported by you who, in each case, is unmarried and under age 26. A Child will be considered to be under 26 throughout the calendar year in which his or her 26th birthday occurs.

An “**Adopted Child**” includes a child placed in your physical custody for purpose of adoption. If the child is removed from your custody prior to completion of the legal adoption, the child’s status as an Adopted Child will end.

If you provide us notice, a Child also includes a child for whom you must provide dental insurance due to a Qualified Medical Care Support Order as defined in the Employee Retirement Income Security Act of 1974 as amended.

For purposes of determining who may become a covered person, the term Child does not include any person who (1) is on active duty in the military of any country or international authority; however, active duty for this purpose does not include weekend or summer training for the reserve forces of the United States, including the National Guard; or (2) is insured under the Group Policy as a certificateholder.

If you are to be covered under the Employer MetLife Retirement Dental Benefits Program,* the following differences to the above child definitions will apply:

In Alaska, differences to the above definition are as follows:

The term “Child” also includes newborns.

In Arkansas, differences to the above definition are as follows:

The term Adopted Child also includes a minor child for whom you have filed a petition to adopt and from birth, it includes a child for whom you have filed a petition to adopt within 60 days of the child’s birth.

In Illinois, differences to the above definition are as follows:

The term Child also includes a child who is between ages 26 and 30, unmarried, and a military veteran who has served in the active or reserve components of the U.S. Armed Forces (which includes the National Guard) and has received a release or discharge other than a dishonorable discharge.

In Louisiana, differences to the above definition are as follows:

The term Child also includes your grandchild who resides with you.

In Maryland, differences to the above definition are as follows:

The term Child also includes a child for whom you or your Spouse is required by a Child Health Insurance Enforcement Order to provide dental insurance; grandchildren, under the limiting age, who are unmarried, reside with and are principally supported by you, and are in your court ordered custody; and a child who resides with and is principally supported by you and is under your testamentary or court appointed guardianship, other than temporary guardianship of less than 12 months duration.

In Montana, differences to the above definition are as follows:

The term Child also includes the natural or adopted child of any person insured.

In New Jersey, differences to the above definition are as follows:

The term “stepchild” also includes a child of your Civil Union Partner or Domestic Partner who lives with you.

In New Hampshire, differences to the above definition are as follows:

Stepchildren not residing with you are covered the same as stepchildren residing with you. In addition, married Children are included on the same basis as unmarried Children.

In North Carolina, differences to the above definition are as follows:

Child also means a foster child who is under age 26 and unmarried. A foster child includes a child who has been placed in your physical custody as the appointed guardian or custodian as long as you have assumed the legal obligation for total or partial support of the foster child with the intent that the foster child reside with you on more than a temporary or short-term basis.

In Texas, differences to the above definition are as follows:

The term Child also includes your grandchild who is under age 26, unmarried and who was able to be claimed by you as a dependent for federal income tax purposes at the time you applied for dental insurance. A Child also will be considered your Adopted Child during the period you are party to a suit in which you are seeking the adoption of the child.

In Utah, differences to the above definition are as follows:

The term Child includes an unmarried child who is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law and who has been continuously covered under a dental plan since reaching age 26, with no break in coverage of more than 63 days, and who otherwise qualifies as a Child except for the age limit.

In Washington, differences to the above definition are as follows:

Married Children are included on the same basis as unmarried Children.

If you are to be covered under the Trust MetLife Retirement Dental Benefits Program,* in addition to the above differences, the following differences to the above Child definition will apply:

In California, differences to the above definition are as follows:

Stepchildren not residing with you are covered the same as stepchildren residing with you.

In D.C., differences to the above definition are as follows:

The term Child also includes your grandchild, niece or nephew if such child is under your Primary Care, under age 26 and the child's legal guardian, if other than you, is not covered by an accident or sickness policy.

"Primary Care" means that you provide food, clothing, and shelter, on a regular and continuous basis, for a grandchild, niece, or nephew during the time that the District of Columbia public schools are in regular session and such Child is under age 26.

In Florida, differences to the above definition are as follows:

The term Child includes newborns, adopted children from the time of placement in your home; adopted newborns if an agreement to adopt is entered into prior to birth, and the child is placed in your home; and children placed in your home pursuant to a court order including foster children. In addition, married Children are included on the same basis as unmarried Children.

In Idaho, differences to the above definition are as follows:

The term Child includes any child from birth placed with you within 60 days of the Child's birth. An Adopted Child includes a child placed in your physical custody for purpose of adoption, even in those circumstances in which such physical placement is prevented due to the medical needs of the child requiring placement in a medical facility.

In Indiana, differences to the above definition are as follows:

Married children are covered on the same basis as unmarried children and stepchildren not residing with you are covered the same as stepchildren residing with you. The term Child also includes your grandchild or a child who is your blood relative and who, in either case, is dependent upon you for at least 50% of their support, as well as a child for whom you are the legally appointed guardian regardless of support. An adopted child includes children from the date of placement with the adopting parents until the legal adoption and also a child for whom there has been a court order granting custody to the adopting parent prior to the adoption.

In Kansas, differences to the above definition are as follows:

The term Adopted Child also includes newborn children for whom you have filed a petition to adopt within 31 days of such child's birth.

In Minnesota, differences to the above definition are as follows:

The term Child also includes your grandchild, a child for whom you or your Spouse are the legally appointed guardian, and a child for whom you have initiated an application for adoption.

In Missouri, the differences to the above definition are as follows:

The term Adopted Child also includes an adopted child beginning on the later of (1) the child's date of birth; or (2) the date you initiate an application for adoption of the child.

In New Mexico, differences to the above definition are as follows:

The term Child also includes a child born out of wedlock who is not residing with you and is not claimed by you as a deduction for federal income taxes.

In Oklahoma, differences to the above definition are as follows:

The term Child also includes a child who is required by court order or administrative order to be covered under your Dental Insurance without regard to open enrollment season restrictions. The term Adopted Child also includes a child who is in your custody pursuant to an interlocutory agreement during the pendency of the adoption proceeding, regardless of whether a final decree of adoption is ultimately issued.

*To find out which MetLife Retirement Dental Benefits Program you are to be covered under, please contact MetLife for more information.

METLIFE U.S. CONSUMER PRIVACY NOTICE — GROUP BUSINESS & SPECIALIZED BENEFIT RESOURCES

Facts:	What Do the MetLife Companies Do With Your Personal Information?
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, group insurance or annuity contract, or as an executive benefit. In this notice, “you” refers to these individuals.
Why?	Financial companies choose how they share your personal information. The law gives consumers the right to limit some but not all sharing. The law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none"> • Social Security number and employment information • income and assets • driving record • credit information and other consumer report information • medical information and insurance history • information about any business you have with us, our affiliates, or other companies
How Does MetLife Get Your Information?	We collect personal information from you as well as through third parties. We also use outside sources to help ensure our records are correct and complete. Third parties include consumer reporting agencies, employers, other financial institutions and adult relatives. Information collected may be kept by the consumer reporting agency and later given to others as permitted by law. We don’t control the accuracy of information outside sources give us. If you want to make changes to information we receive about you, you must contact those sources. If we have asked for a consumer report about you, and you write or call us, we will give you the name, address, and phone number of the consumer reporting agency. The agency will give you a copy of the report, if you ask the agency and provide proper identification. Consumer reports may tell us about a lot of things, including: <ul style="list-style-type: none"> • reputation • work history • driving record • finances • hobbies and dangerous activities <p>In some limited circumstances, we may ask an agency for an investigative report about you. They will ask others about you. We will ask them to contact you as well.</p>
How Does MetLife Use Your Information?	We collect personal information to help decide if you’re eligible for our products or services. We may also use it to help deter fraud or money laundering. How we use this information depends on what products and services you have or want from us. We may also use it to: <ul style="list-style-type: none"> • administer your products and services • market new products to you • confirm or correct your information • help us run our business • process claims and other transactions • comply with applicable laws • perform business research
How Does MetLife Protect 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 service providers must also protect it, and use it only to meet our business needs. We take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.
Reasons MetLife Shares Your Information	All financial companies need to share personal information to run their everyday business. 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 our sales agents and businesses hired to carry out services for us. We may share your information with our regulators or with law enforcement. If you have MetLife products because of your relationship with an employer, association or other sponsoring organization, we may share information with it and its agents as permitted by law. In the section below, we list the reasons financial companies can share their customers’ personal information; the reasons MetLife chooses to share; and whether you can limit this sharing.

Reasons We Can Share Your Personal Information	Does MetLife share?*	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, learn if you qualify for coverage, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes – with service providers we use to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	Not Applicable
For our affiliates' everyday business purposes – Information about your transactions and experiences	No	Not Applicable
For our affiliates' everyday business purposes – Information about your creditworthiness	No	Not Applicable
For our affiliates to market to you	No	Not Applicable
For non-affiliates to market to you	No	Not Applicable
How Does MetLife Handle Your Health Information?	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. We will provide information about your rights under HIPAA with any dental, vision, long-term care or medical coverage issued to you. You can obtain a copy of our HIPAA Privacy Notice by visiting our website at www.MetLife.com . Select “Privacy Policy” at the bottom of the home page. 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 (212) 578-0299.	
Definitions:		
Affiliates	Companies related by common ownership or control. Affiliates can be financial or nonfinancial companies. Our affiliates include life, car, and home insurers. They also include a legal plans company and a securities broker-dealer. In the future, we may have affiliates in other businesses.	
Non-affiliates	Companies not related by common ownership or control. Non-affiliates can be financial or nonfinancial companies. MetLife does not share personal information with non-affiliates for their marketing purposes.	
Joint Marketing	A formal agreement between non-affiliated financial companies that together market financial products or services to you.	
How Can I Access and Correct Information?		
You may ask us for a copy of the personal information we have on you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing and provide the account or policy number associated with the information you wish 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. We will include your statement whenever we give your disputed information to anyone outside MetLife.		
Who is Providing This Notice?	Metropolitan Life Insurance Company Delaware American Life Insurance Company Safeguard Health Plans, Inc. MetLife Health Plans, Inc. General American Life Insurance Company SafeHealth Life Insurance Company Metropolitan Life Insurance Company as administrator for the Prudential Insurance Company of American; Business Men’s Assurance Company of America; Employer’s Reinsurance Corporation; and Teachers Insurance and Annuity Association of America	
How Will I Know if This Notice is Changed?	We may revise this privacy notice at any time. If we make material changes, we will notify you as required by law.	
Questions?	Send privacy questions or requests for more information to: MetLife Privacy Office, P.O. Box 489, Warwick, RI 02887-9954; Call (877) 638-7684 or go to www.metlife.com	

* Information we collect in connection with HIPAA-covered products will only be shared as allowed by HIPAA.

