

It's time to
enroll for your
benefits



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 help 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.

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 30–45% 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 coverage, 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 a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of 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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Dear MEA Represented Employees:

Studies show links between oral health and overall health.¹ That's why staying on top of your dental care is so important. Routine exams and cleanings can save you the pain and expense of future health problems. And, having the right dental insurance can help keep these visits affordable and minimize costs for you and your family.

As a MEA Represented Employee, you're eligible to enroll in the **Preferred Dentist Program, a dental benefits plan from MetLife.** With this coverage, you'll enjoy:

- **The choice** to go to any dentist.
- **Additional savings*** on covered services when you visit an in-network dentist.
- **Educational tools and resources** to help you and your dentist make more informed choices.

For more information, visit www.metlife.com/mybenefits or call 1-800-942-0854.

Enrolling is EASY!

1. **Review** the Dental Benefits, PPO Plan Summary that contains details of the plan.
2. **Select** the coverage option that best meets the oral health needs for you and your family.

Active Employees Enroll Online	Active employees enroll online on the SAP Employee Self-Service Portal-no paper forms are required
MEA Retirees Enroll by Mail or Fax	MEA retirees may enroll by completing the SDPEBA enrollment form and sending the form by mail or fax. Mail: SDPEBA Benefits 9620 Chesapeake Dr., Suite 203-B San Diego, CA 92163 Fax: 1-619-431-3078 Email: info@sdpeba.org
Phone	For questions about the plans, please call your dental plan administrator: 1-888-217-9175.

Sincerely,

MetLife

¹ Academy of General Dentistry. The Importance of Oral Health to Overall Health, Accessed March 2015 <http://www.knowyourteeth.com/infobites/abc/article/?abc=O&iid=320&aid=1289>

*Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.

Understanding your dental plan

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

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

Freedom of choice to go to any dentist.

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

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

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

Additional savings when you visit participating dentists.

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

Service where and when you want it.

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

Educational tools and resources.

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

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

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

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

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

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

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

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

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.



San Diego Municipal Employees Association Dental Plan Benefits

Network: PDP Plus Benefit Summary

Coverage Type	In-Network	Out-of-Network
Type A – cleanings, oral examinations	100% of Negotiated Fee*	100% of R&C Fee**
Type B – fillings	90% of Negotiated Fee*	80% of R&C Fee**
Type C –bridges and dentures	60% of Negotiated Fee*	50% of R&C Fee**
Type D – orthodontia	50% of Negotiated Fee*	50% of R&C Fee**
Deductible [†]	In-Network	Out-of-Network
Individual	\$50.00	\$50.00
Annual Maximum Benefit	In-Network	Out-of-Network
Per Person	\$1750 (Actives) \$1500 (Retirees)	\$1750 (Actives) \$1500 (Retirees)
Orthodontia Lifetime Maximum	In-Network	Out-of-Network
Per Person	\$1500	\$1500

*Negotiated fees refer to the fees that participating 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.

**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.

In Network Savings* Example

This hypothetical example** shows how receiving services from a participating dentist can help save you money.

Your Dentist says you need a Crown, a Type C service —

- Negotiated Fee: \$670.00
- R&C Fee: \$1,386.00***
- Dentist's Usual Fee: \$1,462.00

IN-NETWORK When you receive care from a participating dentist		OUT-OF-NETWORK When you receive care from a non-participating dentist	
Dentist's Usual Fee is:	\$1,462.00	Dentist's Usual Fee is:	\$1,462.00
The Negotiated Fee is:	\$670.00	R&C Fee is:	\$1,386.00
Your Plan Pays:		Your Plan Pays:	
50% X \$670 Negotiated Fee:	- \$335.00	50% X \$1,386.00 R&C Fee:	- \$693.00
Your Out-of-Pocket Cost:	\$335.00	Your Out-of-Pocket Cost:	\$769.00

In this example, you save \$434.00 (\$769.00 minus \$335.00) by using a participating dentist.

*Savings from enrolling in the MetLife Preferred Dentist Program will depend on various factors, including the cost of the program, how often participants visit the dentist and the cost of services rendered.

**Please note: This is a hypothetical example that reviews a porcelain/ceramic crown (D2740) in the Philadelphia area, zip 19151. It assumes that the annual deductible has been met.

***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. The example shown reflects an 80th percentile R&C fee. The R&C percentile used to calculate out-of-network benefits for your plan may differ.

List of Primary Covered Services & Limitations

Type A - Preventive	How Many/How Often
Prophylaxis (cleanings)	<ul style="list-style-type: none"> • Two per plan year.
Oral Examinations	<ul style="list-style-type: none"> • Two exams per plan year.
Topical Fluoride Applications	<ul style="list-style-type: none"> • Two fluoride treatments per plan year for dependent children up to 14th birthday.
X-rays	<ul style="list-style-type: none"> • Full mouth X-rays: one per 60 months. • Bitewing X-rays: two sets per plan year.
Type B - Basic Restorative	How Many/How Often
Amalgam Fillings	<ul style="list-style-type: none"> • One replacement per surface in 24 months.
Problem Focused Exam	<ul style="list-style-type: none"> • One problem focused exam per plan year.
General Anesthesia	<ul style="list-style-type: none"> • When dentally necessary in connection with oral surgery, extractions or other covered dental services.
Sealants	<ul style="list-style-type: none"> • One application every two plan years of sealant material for each non-restored, permanent 1st and 2nd molar of a dependent child to age 16.
Periodontics	<ul style="list-style-type: none"> • Periodontal scaling and root planing once per quadrant, every 24 months. • Periodontal surgery once per quadrant, every 36 months. <p>Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a plan year.</p>
Endodontics	<ul style="list-style-type: none"> • Root canal treatment limited to once per tooth per lifetime.
Type C - Major Restorative	How Many/How Often
Cone Beam Imaging	<ul style="list-style-type: none"> • One Treatment in 60 months.
Dentures and Bridges	<ul style="list-style-type: none"> • Denture and fixed bridges, one in 60 months. • Denture relines and rebases, once in 60 months. • Denture adjustments, once in 12 months.
Implants	<ul style="list-style-type: none"> • Replacement: once every 60 months.
Occlusal Adjustments	<ul style="list-style-type: none"> • One adjustment in 12 months
Crowns/Inlays/Onlays	<ul style="list-style-type: none"> • Replacement: once every 60 months. • Crown repairs and re-cementations, one per tooth in 12 months
Consultation	<ul style="list-style-type: none"> • Two Consultations per plan year.
Tissue Conditioning	<ul style="list-style-type: none"> • One per tooth in 36 months
Type D - Orthodontia	How Many/How Often
	<ul style="list-style-type: none"> • You, Your Spouse, and Your Children, up to age 26, are covered while Dental Insurance is in effect. • All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia. • Payments are on a repetitive basis. • 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. • Orthodontic benefits end at cancellation of coverage.

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.

Why is dental insurance important?

A good dental plan makes it easier for you to protect your smile and save.¹ With the Preferred Dentist Program, you get coverage for cleanings, exams, X-rays and more. Keeping up with your dental cleanings and other preventive care now can help you avoid costly dental problems and treatments in the future.

Q. How do I find a participating dentist?

A. There are thousands of general dentists and specialists to choose from nationwide, so you are sure to find one who meets your needs. Look for a list of participating dentists online at metlife.com.

Q. May I choose a non-participating dentist?

A. You are always free to select any general dentist or specialist. However, you usually save more when you visit a participating dentist. He/she has agreed to accept negotiated fees as payment in full for covered services. Negotiated fees typically range from 30–45% below the average fees charged in a dentist's community for similar services.² Non-participating dentists have not 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.

Q. Can I get an estimate of my out-of-pocket expenses?

A. Yes. We recommend that you request a pre-treatment estimate for services totaling more than \$300. Simply have your dentist submit a request online at metdental.com or call **1-877-MET-DDS9**. You and your dentist will receive an 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.

Q. What types of services does the plan cover?

A. A number of dental procedures, including:³

- Exams and cleanings
- Fillings
- And much more
- X-rays
- Root canals

Q. How does the plan save me money?

A. Think about this: The average family of four spends \$1,824 a year on dental services.⁴ Having a good dental plan in place can help you save money every year.¹ You also get protection against costly emergency dental treatments that may run into the hundreds or even thousands.

Q. Who can enroll in the plan?

A. You and your eligible family members. For example, your spouse and dependents.

Q. How are claims processed?

A. Dentists may submit 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 metlife.com/mybenefits or call **1 800 GET-MET8**.

Q. How do I pay for my Dental plan?

A. Premiums will be conveniently paid through payroll deduction. So you don't have to worry about writing a check or missing a payment.

Q. When can I enroll?

A. You can enroll during your open enrollment period.



Get protection against costly emergency dental treatments.



Have other questions?

Please call MetLife directly at 1 800 GET-MET8 (1-800-438-6388) and talk with a benefits consultant.

1. Savings from enrolling in a MetLife dental benefits plan featuring the Preferred Dentist Program will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.
2. Based on internal MetLife analysis. 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-pays, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.
3. Those services defined under your dental benefits summary are covered. Please review your plan benefits summary for a more detailed list of covered services.
4. 2016 Statistic Brain Research Institute, Consumer Spending Statistics, <http://www.statisticbrain.com/what-consumers-spend-each-month>, accessed June 2017.

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.



We're Here to Help

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

We're at your service.

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

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

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

Find a network dentist.

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

Click on "Find a Dentist"

Enter your city, state or ZIP code.

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

Tips for easy dental claim filing.

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

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

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

International Dental Travel Assistance

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

Help on the Go!

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

With the MetLife Dental Mobile App⁴, you can:

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

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

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

² 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. Referral services are not available in all locations

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

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

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

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Required Regulatory Information

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

Certain of the benefits mentioned in this communication may be sponsored by your employer as part of an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Those policies/products which are not part of an employer-sponsored plan are offered by MetLife or an affiliate and are not subject to ERISA. With respect to employer-sponsored benefits, you should obtain additional information regarding terms and eligibility from your employer. The MetLife Auto & Home® Group Insurance Program is not part of your employer-sponsored plan and is not subject to ERISA.

The companies listed in this communication operate independently and are not responsible for each other's financial obligations.

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?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <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?	<p>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:</p> <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?	<p>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:</p> <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.

CALIFORNIA HEALTHCARE LANGUAGE ASSISTANCE PROGRAM NOTICE TO INSURED

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

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

Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512

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

Servicio de Idiomas Sin Costo. Puede obtener la ayuda de un intérprete. Se le pueden leer documentos y enviar algunos en español. Para recibir ayuda, llámenos al número que aparece en su tarjeta de identificación, si tiene una, o al 1-800-942-0854. Para recibir ayuda adicional llame al Departamento de Seguros de California al 1-800-927-4357.

Para recibir una copia del documento adjunto de MetLife traducido al español, marque la casilla correspondiente a esta oración, y envíe por correo el documento junto con este formulario a:

Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512

Por favor, indique a quién y a dónde debe enviarse el documento traducido.

NOMBRE _____

DIRECCIÓN _____

免費語言服務。 您可獲得免費口譯服務。您可要求翻譯員向你口譯文件，或可要求向你發回文件的中文譯本。如需協助，請致電您的ID卡上所示號碼（如有），或 1-800-942-0854。如需更多協助，請致電加州保險部熱線1-800-927-4357。

為收取隨附MetLife文件的中文譯本，請勾選此陳述前的方框，並將文件連同此表一併郵寄至：

Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512

請指明經翻譯文件收件人的姓名及地址。

姓名 _____

地址 _____

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

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

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

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

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

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

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

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

لا تتوفر خدمات ترجمة بتكلفة. يمكنك الاتصال بمترجم والحصول على خدمة قراءة المستندات باللغة العربية. للمساعدة، اتصل بنا على الرقم الموجود على بطاقة التعريف الخاصة بك، أو اتصل بالرقم 1-800-942-0854. ولمزيد من المساعدة، اتصل بقسم التأمينات التابع لـ CA على الرقم 1-800-927-4357. **سرویس های ترجمه رایگان.** شما می توانید مترجم و اسنادی را به زبان فارسی برای مطالعه دریافت کنید. برای راهنمایی، از طریق شماره درج شده در کارت شناسایی خود (در صورت وجود) یا شماره 1-800-942-0854 با ما تماس بگیرید. برای راهنمایی بیشتر با بخش بیمه کالیفرنیا 1-800-927-4357 تماس بگیرید. **بلا معاوضه مترجم دی خدمات مل سکدی اے۔** ٹسی ایک مترجم دی خدمات حاصل کرسکدے او جو توڈے واسطے دستاویزات پنجابی وچ پڈ سکدا اوے۔ مدد واسطے ایڈیس آئی ڈی کارڈ، گربوتو، 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۔



MetLife

www.metlife.com/mybenefits

You Can Benefit from MyBenefits

MyBenefits provides you with a personalized, integrated and secure view of your MetLife-delivered benefits. You can take advantage of a number of self-service capabilities as well as a wealth of easy to access information including planning tools and oral health awareness material.* MetLife is able to deliver services that empower you to manage your benefits. As a first time user, you will need to register on MyBenefits, requiring you to follow the steps outlined below.

Registration Process for MyBenefits

**Provide Your Group Name-
San Diego Municipal Employees Association**

Access MyBenefits at www.metlife.com/mybenefits and enter your group name and click **'Submit.'**



The Login Screen

On the Home Page, you can access general information. To begin accessing personal plan information, click on **'Register Now'** and perform the one-time registration process. Going forward, you will be able to log-in directly.

Step 1: Enter Personal Information

Enter your first and last name, identifying data and e-mail address.

Step 2: Create a User Name and Password

Then you will need to create a unique user name and password for future access to MyBenefits.

The User Name and Password requirements may vary by company setup. General setup includes a User Name between 8-20 characters, containing at least one letter and one number, and a password between 6-20 characters, containing at least one letter and one number.

Step 3: Security Verification Questions

Now, you will need to choose and answer three identity verification questions to be utilized in the event you forget your password.

Step 4: Terms of Use

Finally, you will be asked to read and agree to the website's Terms of Use.

Step 5: Process Complete

Now you will be brought to the "Thank You" page.

Lastly, a confirmation of your registration will be sent to the e-mail address you provided during registration.

*Available only to dental benefits participants.

* Dental Managed Care Plan benefits are provided by Metropolitan Life Insurance Company, a New York corporation in NY. Dental HMO plan benefits are provided by: SafeGuard Health Plans, Inc., a California corporation in CA; SafeGuard Health Plans, Inc., a Florida corporation in FL; SafeGuard Health Plans, Inc., a Texas corporation in TX; and MetLife Health Plans, Inc., a Delaware corporation and Metropolitan Life Insurance Company, a New York corporation in NJ. The Dental HMO/Managed Care companies are part of the MetLife family of companies.

"DHMO" is used to refer to product designs that may differ by state of residence of the enrollee, including but not limited to: "Specialized Health Care Service Plans" in California; "Prepaid Limited Health Service Organizations" as described in Chapter 636 of the Florida statutes in Florida; "Single Service Health Maintenance Organizations" in Texas; and "Dental Plan Organizations" as described in the Dental Plan Organization Act in New Jersey.

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

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

SafeGuard Health Plans, Inc.
95 Enterprise, Suite 200
Aliso Viejo, CA 92656
www.metlife.com

