



ADDENDUM 2

March 18, 2020

RFP RM 29-20

Employee Dental Insurance

This addendum is to provide the answers to questions posed by potential vendors:

1. Please provide an excel dental census to include: DOB, Gender, Zip Code, Dental Plan and Dental Tier. **Please see census attached.**
2. Please advise how many employees are benefit eligible for the dental plan **952 FT Employees**
3. Please advise if we should include agent commission in the dental rates? If so, how much? **The relationship between the agent of record and the carrier is between those parties. The County does not pay the agent of record but request that you disclose the remuneration.**
4. How long has the group been with the current dental carrier? **2014**
5. Please provide a 36 month rate history for all dental plans- **See attached.**
6. If the dental renewal is available, please provide. **Not renewable.**
7. Please provide a copy of the most recent dental billing invoice **See attached invoice.**
8. Please provide the dental certificates and summaries for all dental plans. **See attached Certificate of Insurance and summaries.**
9. If there have been any dental plan changes in the past 24 months, please advise **No changes**
10. Please provide the dental claim experience for the past 24 months to include by month, the claims paid, premium and enrollment separated by plan(s) and utilization (par vs non-par). **See attached rate history from September 2018 through September 2020.**

11. Please provide a member report including a count of each subscriber and all dependent members (spouse and all children) by month for the most recent 12 months. **See attached rate history from September 2018 through September 2020.**
12. Please provide an electronic claims file for the past 12 months including date of service, procedure code, provider information, provider location (TIN, address, zip), network status (par vs non-par), submitted charge and allowed charge. **See attached rate history from September 2018 through September 2020.**
13. Please provide a claims listing to include the top 50 providers by claims paid. **See attached rate history from September 2018 through September 2020.**
14. Is the dental and health bid, both opened up for a independent broker to quote? **Only the dental. For the health, the County has a contract with a broker- Barnes Insurance.**
15. Is BoR also Barnes Insurance on the dental policies? Are you looking for a carrier to quote this directly for Barnes? **The current agent of record is Corporate Benefits.**
16. On the dental, looked at the addendum posted (benefit detail report/census) and unable to identify by the way it's reflected on the document, members names with demographic info provided. **See attached census.**
17. Please provide Okaloosa County BOCC's current dental certificate of insurance. **See attached COI.**
18. Can you please release a provider file in order to run a disruption? **See attached provider list.**
19. Are you able to share MetLife's renewal increase? **No renewal available.**

The proposal opening date remains March 26, 2020 at 3:00 P.M. CST

THE OKALOOSA COUNTY BOARD OF C

Metlife Dental Provic
Customer Nui

STATE	ZIP
FL	32536
FL	32536
FL	32548
FL	32536
FL	32536
FL	32536
FL	32539
FL	32548
FL	32578
FL	32548
FL	32548
FL	32578
FL	32548
FL	32569
FL	32548
FL	32550
FL	32548
FL	32536
FL	32578
FL	32548
FL	32579
FL	32579
FL	32580
FL	32536
FL	32548
FL	32536
FL	32548
FL	32548
FL	32548
AL	36420
FL	32547
FL	32548
FL	32550
FL	32578
FL	32536
FL	32547
FL	32580

FL	32579
FL	32541
FL	32578
FL	32566
FL	32547
FL	32548
FL	32536
FL	32541
FL	32579
FL	32504
FL	32541
FL	32547
FL	32548
FL	32504
FL	32578
FL	32514
FL	32578
FL	32580
FL	32578
FL	32578
AL	36420
FL	32578
FL	32566
FL	32550
FL	32536
FL	32566
AL	36420
FL	32566
FL	32578
FL	32578
FL	32548
FL	32439
TX	78732
FL	32536
FL	32547
FL	32578
AL	36442
FL	32571
FL	32570
FL	32536
FL	32548
FL	32563
FL	32536
FL	32570
FL	32570
FL	32548
UT	84403

FL	32459
FL	32563
FL	32570
FL	32578
FL	32503
FL	32541
FL	32541
LA	71105
FL	32514
FL	32504
FL	32405
AL	36420
FL	32578
FL	33975
FL	32503
FL	32404
FL	32503
FL	32563
FL	32536
FL	32583
FL	32308
FL	32541
AL	36420
FL	32583
FL	32503
AL	36608
FL	32541
FL	32578
FL	32503
FL	32578
FL	32578
FL	32541
FL	32504
TX	78759
FL	32548
FL	32536
FL	32503
FL	32541
FL	32569
FL	32578
FL	32504
FL	32503
NC	27332
FL	32536
NC	27540
FL	32536
TX	77062

LA	70767
FL	32536
FL	32570
AL	36695
FL	32439
FL	32940
TX	78660
FL	32579
FL	32504
FL	32548
FL	32504
FL	32401
FL	32541
FL	32536
FL	32578
FL	32563
FL	32504
FL	32563
TX	78759
FL	32413
TX	78759
FL	32541
FL	32541
FL	32504
FL	32503
AL	36420
FL	32541
FL	32439
FL	32570
FL	32504
FL	32578
FL	32536
FL	32578
LA	71105
FL	32503
FL	32536
FL	32548
FL	32571
	00000
FL	32578
FL	33566
FL	32459
FL	32563
FL	32536
FL	32550
IN	47882
FL	33062

FL	32566
FL	32503
FL	32504
FL	32504
FL	33624
FL	32301
FL	32536
FL	32504
FL	32566
FL	32506
FL	32503
FL	32539
FL	32539
FL	32935
FL	32504
FL	32503
FL	32541
AL	36303
AL	36350
FL	32536
AL	35976
WI	53110
FL	32571
FL	32536
FL	32548
FL	32578
FL	32301
IN	47882
FL	32578
LA	70722
NM	87124
AL	35976
FL	32503
LA	70767
MS	39090
FL	32547
AL	36608
FL	32578

MetLink eReporting

der Utilization Report
number: 5919435

SPECIALTY	CLMNT CNT	CLM CNT	PROC CNT
GENERAL DENTIST	217	222	498
GENERAL DENTIST	109	140	325
GENERAL DENTIST	111	113	306
ENDODONTIST	127	129	378
GENERAL DENTIST	163	164	407
GENERAL DENTIST	67	69	172
GENERAL DENTIST	70	73	166
GENERAL DENTIST	47	60	141
GENERAL DENTIST	51	53	134
GENERAL DENTIST	46	48	116
GENERAL DENTIST	49	55	138
ORAL SURGEON	13	16	56
ORAL SURGEON	10	12	47
GENERAL DENTIST	36	37	87
ORAL SURGEON	23	23	50
ENDODONTIST	9	9	19
GENERAL DENTIST	38	39	93
GENERAL DENTIST	34	37	78
ORAL SURGEON	22	22	40
GENERAL DENTIST	48	48	113
GENERAL DENTIST	36	36	81
GENERAL DENTIST	48	48	107
GENERAL DENTIST	31	31	73
GENERAL DENTIST	33	35	86
GENERAL DENTIST	23	25	70
GENERAL DENTIST	24	26	62
ENDODONTIST	6	6	7
PERIODONTIST	15	22	36
GENERAL DENTIST	42	43	106
GENERAL DENTIST	34	34	90
GENERAL DENTIST	17	22	62
GENERAL DENTIST	22	23	49
ORAL SURGEON	8	8	35
GENERAL DENTIST	19	20	44
GENERAL DENTIST	19	23	44
ORTHODONTIST	7	7	43
PUBLIC HEALTH	18	18	45

GENERAL DENTIST	30	30	70
GENERAL DENTIST	19	20	45
GENERAL DENTIST	26	26	64
GENERAL DENTIST	16	17	43
GENERAL DENTIST	17	17	39
GENERAL DENTIST	22	22	52
GENERAL DENTIST	16	18	36
GENERAL DENTIST	14	14	37
GENERAL DENTIST	28	28	73
ORTHODONTIST	12	12	70
GENERAL DENTIST	12	12	33
ENDODONTIST	8	8	13
GENERAL DENTIST	30	30	61
ORTHODONTIST	6	6	55
GENERAL DENTIST	12	12	31
PEDIATRIC	13	13	42
GENERAL DENTIST	26	26	60
GENERAL DENTIST	23	24	49
GENERAL DENTIST	10	10	32
GENERAL DENTIST	15	16	36
GENERAL DENTIST	14	16	38
PEDIATRIC	21	23	53
GENERAL DENTIST	11	11	29
ORAL SURGEON	3	3	10
GENERAL DENTIST	2	2	20
GENERAL DENTIST	20	21	37
GENERAL DENTIST	4	4	13
PEDIATRIC	13	13	34
GENERAL DENTIST	8	10	23
GENERAL DENTIST	12	14	38
ORAL SURGEON	12	12	40
GENERAL DENTIST	7	7	21
GENERAL DENTIST	5	5	23
GENERAL DENTIST	3	3	7
GENERAL DENTIST	7	8	21
GENERAL DENTIST	12	13	28
GENERAL DENTIST	5	5	12
PEDIATRIC	6	6	22
GENERAL DENTIST	10	11	16
GENERAL DENTIST	25	25	37
GENERAL DENTIST	10	10	17
PEDIATRIC	13	13	23
GENERAL DENTIST	2	2	6
GENERAL DENTIST	7	7	20
GENERAL DENTIST	8	8	17
GENERAL DENTIST	4	5	9
GENERAL DENTIST	4	4	19

GENERAL DENTIST	2	2	6
GENERAL DENTIST	10	10	16
GENERAL DENTIST	7	8	15
GENERAL DENTIST	6	6	13
ORAL SURGEON	1	1	5
GENERAL DENTIST	12	13	30
GENERAL DENTIST	11	11	27
ORAL SURGEON	2	2	3
GENERAL DENTIST	7	8	14
ORTHODONTIST	3	3	21
ORAL SURGEON	6	6	16
GENERAL DENTIST	4	4	11
GENERAL DENTIST	5	5	12
GENERAL DENTIST	3	4	9
ENDODONTIST	1	1	3
GENERAL DENTIST	7	7	17
GENERAL DENTIST	6	6	25
GENERAL DENTIST	4	6	12
ORTHODONTIST	1	1	9
GENERAL DENTIST	3	3	6
GENERAL DENTIST	3	3	4
GENERAL DENTIST	4	5	9
GENERAL DENTIST	5	5	8
GENERAL DENTIST	3	3	10
PEDIATRIC	3	3	12
ENDODONTIST	1	1	1
ORTHODONTIST	1	1	2
ORTHODONTIST	4	4	12
ENDODONTIST	1	2	4
GENERAL DENTIST	1	3	6
GENERAL DENTIST	3	3	5
GENERAL DENTIST	4	4	15
ORAL SURGEON	2	2	5
PEDIATRIC	3	3	7
ORTHODONTIST	1	2	3
GENERAL DENTIST	6	6	12
PEDIATRIC	3	3	9
DENTAL HYGIENIST; X-RAY LAB; OR UNKNOWN	3	3	7
GENERAL DENTIST	4	4	6
GENERAL DENTIST	3	3	11
ENDODONTIST	1	1	2
ENDODONTIST	2	2	4
GENERAL DENTIST	2	3	6
GENERAL DENTIST	3	3	7
ENDODONTIST	4	4	9
ORAL SURGEON	2	2	6
ORTHODONTIST	1	1	9

GENERAL DENTIST	2	2	4
GENERAL DENTIST	3	3	5
GENERAL DENTIST	2	3	7
PROSTHODONTIST	4	4	10
GENERAL DENTIST	1	1	4
ENDODONTIST	1	1	4
GENERAL DENTIST	2	2	5
ORAL SURGEON	2	2	6
GENERAL DENTIST	3	3	7
GENERAL DENTIST	3	3	7
GENERAL DENTIST	2	2	2
GENERAL DENTIST	3	3	7
GENERAL DENTIST	4	4	8
PERIODONTIST	3	3	3
GENERAL DENTIST	1	1	3
GENERAL DENTIST	2	2	8
GENERAL DENTIST	5	5	7
GENERAL DENTIST	1	1	3
PEDIATRIC	1	1	4
GENERAL DENTIST	3	3	8
PEDIATRIC	2	2	9
GENERAL DENTIST	2	3	6
GENERAL DENTIST	1	1	3
GENERAL DENTIST	1	1	5
GENERAL DENTIST	1	1	3
GENERAL DENTIST	2	3	6
GENERAL DENTIST	2	2	5
GENERAL DENTIST	1	1	3
ORAL SURGEON	2	2	4
GENERAL DENTIST	3	3	4
ORAL SURGEON	1	1	6
GENERAL DENTIST	1	1	2
GENERAL DENTIST	2	2	5
GENERAL DENTIST	1	1	3
GENERAL DENTIST	2	2	4
GENERAL DENTIST	2	2	6
GENERAL DENTIST	2	2	24
GENERAL DENTIST	2	2	4
DENTAL HYGIENIST; X-RAY LAB; OR UNKNOWN	1	1	1
GENERAL DENTIST	2	2	3
GENERAL DENTIST	2	2	3
PEDIATRIC	1	1	4
PEDIATRIC	1	1	3
GENERAL DENTIST	2	2	5
GENERAL DENTIST	1	1	2
GENERAL DENTIST	2	2	3
GENERAL DENTIST	1	1	2

GENERAL DENTIST	2	2	4
GENERAL DENTIST	1	1	2
GENERAL DENTIST	1	1	3
GENERAL DENTIST	1	1	3
GENERAL DENTIST	1	1	3
GENERAL DENTIST	1	1	3
GENERAL DENTIST	1	1	2
GENERAL DENTIST	1	1	2
GENERAL DENTIST	2	2	9
GENERAL DENTIST	1	1	2
GENERAL DENTIST	1	1	1
PEDIATRIC	1	1	1
PEDIATRIC	1	1	2
PERIODONTIST	1	1	1
GENERAL DENTIST	1	1	3
GENERAL DENTIST	2	2	4
GENERAL DENTIST	2	2	2
PERIODONTIST	1	1	1
GENERAL DENTIST	1	1	1
GENERAL DENTIST	1	1	1
GENERAL DENTIST	1	1	1
GENERAL DENTIST	1	1	1
PEDIATRIC	1	1	2
GENERAL DENTIST	1	1	1
GENERAL DENTIST	1	1	1
ENDODONTIST	1	1	2
GENERAL DENTIST	1	1	2
GENERAL DENTIST	2	2	2
ENDODONTIST	2	2	2
GENERAL DENTIST	1	1	1
GENERAL DENTIST	1	1	1
GENERAL DENTIST	1	1	1
ORAL SURGEON	1	1	1
GENERAL DENTIST	1	1	1
GENERAL DENTIST	2	2	4
ORTHODONTIST	3	3	30
ENDODONTIST	1	1	1
ORAL SURGEON	1	1	1
Totals	2607	2745	6784

Okaloosa County
Board of County Commissioners

36-Mo Dental Rate History

Plan Year	Single Rate	Family Rate
October 2019 - September 2020	\$30.63	\$88.86
October 2018 - September 2019	\$30.63	\$88.86
October 2017 - September 2018	\$27.35	\$79.34



Metropolitan Life Insurance Company
200 Park Avenue, New York, New York 10166-0188

CERTIFICATE OF INSURANCE

Metropolitan Life Insurance Company ("MetLife"), a stock company, certifies that You and Your Dependents are insured for the benefits described in this certificate, subject to the provisions of this certificate. This certificate is issued to You under the Group Policy and it includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.**

This certificate is part of the Group Policy. The Group Policy is a contract between MetLife and the Employer and may be changed or ended without Your consent or notice to You.

Employer: The Okaloosa County Board of County Commissioners

Group Policy Number: TM 05919435-G

Type of Insurance: Dental Insurance

MetLife Toll Free Number(s):
For General Information 1-800-438-6388

THIS CERTIFICATE ONLY DESCRIBES DENTAL INSURANCE.

THE GROUP INSURANCE POLICY PROVIDING COVERAGE UNDER THIS CERTIFICATE WAS ISSUED IN A JURISDICTION OTHER THAN MARYLAND AND MAY NOT PROVIDE ALL THE BENEFITS REQUIRED BY MARYLAND LAW.

WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICE(S) WHICH APPEAR ON THIS PAGE AND IN THE NOTICE(S) SECTION WHICH FOLLOWS THIS PAGE. PLEASE READ THE(SE) NOTICE(S) CAREFULLY.

Dental Insurance benefits for Covered Services are subject to a Deductible.

For Texas Residents:

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call MetLife's toll free telephone number for information or to make a complaint at

1-800-438-6388

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

1-800-252-3439

You may write the Texas Department of Insurance
P.O. Box 149104
Austin, TX 78714-9104
Fax # (512) 475-1771

Web: <http://www.tdi.state.tx.us>

Email: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES: Should You have a dispute concerning Your premium or about a claim You should contact MetLife first. If the dispute is not resolved, You may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR CERTIFICATE:
This notice is for information only and does not become a part or condition of the attached document.

Para Residentes de Texas:

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de MetLife para informacion o para someter una queja al

1-800-438-6388

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas
P.O. Box 149104
Austin, TX 78714-9104
Fax # (512) 475-1771

Web: <http://www.tdi.state.tx.us>

Email: ConsumerProtection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O RECLAMOS: Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con MetLife primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU CERTIFICADO:
Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

NOTICE FOR RESIDENTS OF TEXAS

DENTAL INSURANCE: PROCEDURES FOR DENTAL CLAIMS

If You reside in Texas, note the following Procedures for Dental Claims will be followed:

Procedures for Presenting Claims for Dental Insurance Benefits

All claim forms needed to file for Dental Insurance benefits under the group insurance program can be obtained from the Employer who can also answer questions about the insurance benefits and to assist You or, if applicable, Your beneficiary in filing claims. Dental claim forms can also be downloaded from www.metlife.com/dental. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully.

Routine Questions on Dental Insurance Claims

If there is any question about a claim payment, an explanation may be requested from MetLife by dialing 1-800-438-6388.

Claim Submission

For claims for Dental Insurance benefits, the claimant must complete the appropriate claim form and submit the required proof as described in the FILING A CLAIM section of the certificate.

Claim forms must be submitted in accordance with the instructions on the claim form.

Initial Determination

After You submit a claim for Dental Insurance benefits to MetLife, MetLife will notify You acknowledging receipt of Your claim, commence with any investigation, and request any additional information within 15 days of receipt of Your claim.

MetLife will notify You in writing of the acceptance or rejection of Your claim within 15 business days of receipt of all information needed to process Your claim.

If MetLife cannot accept or reject Your claim within 15 business days after receipt of all information, MetLife will notify You within 15 business days stating the reason why we require an extension. If an extension is requested, We will notify You of our decision to approve or deny Your claim within 45 days. Upon notification of approval, Your claim will be paid within 5 business days.

If MetLife denies Your claim in whole or in part, the notification of the claims decision will state the reason why Your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because MetLife did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. Further, if an internal rule, protocol, guideline or other criterion was relied upon in making the denial, the claims decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that You may request a copy free of charge.

NOTICE FOR RESIDENTS OF TEXAS

Appealing the Initial Determination

If MetLife denies Your claim, You may take two appeals of the initial determination. Upon Your written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim. You must submit Your appeal to MetLife at the address indicated on the claim form within 180 days of receiving MetLife's decision. Appeals must be in writing and must include at least the following information:

- Name of Employee
- Name of the Plan
- Reference to the initial decision
- Whether the appeal is the first or second appeal of the initial determination
- An explanation why You are appealing the initial determination.

As part of each appeal, You may submit any written comments, documents, records, or other information relating to Your claim.

After MetLife receives Your written request appealing the initial determination or determination on the first appeal, MetLife will conduct a full and fair review of Your claim. Deference will not be given to initial denials, and MetLife's review will look at the claim anew. The review on appeal will take into account all comments, documents, records, and other information that You submit relating to Your claim without regard to whether such information was submitted or considered in the initial determination. The person who will review Your appeal will not be the same person as the person who made the initial decision to deny Your claim. In addition, the person who is reviewing the appeal will not be a subordinate of the person who made the initial decision to deny Your claim. If the initial denial is based in whole or in part on a medical judgment, MetLife will consult with a health care professional with appropriate training and experience in the field of dentistry involved in the judgment. This health care professional will not have consulted on the initial determination, and will not be a subordinate of any person who was consulted on the initial determination.

MetLife will notify You in writing of its final decision within 30 days after MetLife's receipt of Your written request for review, except that under special circumstances MetLife may have up to an additional 30 days to provide written notification of the final decision. If such an extension is required, MetLife will notify You prior to the expiration of the initial 30 day period, state the reason(s) why such an extension is needed, and state when it will make its determination.

If MetLife denies the claim on appeal, MetLife will send You a final written decision that states the reason(s) why the claim You appealed is being denied and references any specific Plan provision(s) on which the denial is based. If an internal rule, protocol, guideline or other criterion was relied upon in denying the claim on appeal, the final written decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that You may request a copy free of charge. Upon written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim.

NOTICE FOR RESIDENTS OF TEXAS

The exclusion of services which are primarily cosmetic will not apply to the treatment or correction of a congenital defect of a newborn child.

NOTICE FOR RESIDENTS OF ARKANSAS

If You have a question concerning Your coverage or a claim, first contact the Policyholder or group account administrator. If, after doing so, You still have a concern, You may call the toll free telephone number shown on the Certificate Face Page.

If You are still concerned after contacting both the Policyholder and MetLife, You should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201
(501) 371-2640 or (800) 852-5494

NOTICE FOR RESIDENTS OF CALIFORNIA

IMPORTANT NOTICE

TO OBTAIN ADDITIONAL INFORMATION, OR TO MAKE A COMPLAINT, CONTACT THE POLICYHOLDER OR THE METLIFE CLAIM OFFICE SHOWN ON THE EXPLANATION OF BENEFITS YOU RECEIVE AFTER FILING A CLAIM.

IF, AFTER CONTACTING THE POLICYHOLDER AND/OR METLIFE, YOU FEEL THAT A SATISFACTORY SOLUTION HAS NOT BEEN REACHED, YOU MAY FILE A COMPLAINT WITH THE CALIFORNIA INSURANCE DEPARTMENT AT:

**DEPARTMENT OF INSURANCE
300 SOUTH SPRING STREET
LOS ANGELES, CA 90013
1 (800) 927-4357**

NOTICE FOR RESIDENTS OF THE STATE OF CALIFORNIA

California law provides that for dental insurance, domestic partners of California's residents must be treated the same as spouses. If the certificate does not already have a definition of domestic partner, then the following definition applies:

“Domestic Partner means each of two people, one of whom is an employee of the Employer, a resident of California and who have registered as domestic partners or members of a civil union with the California or another government recognized by California as having similar requirements.

For purposes of determining who may become a Covered Person, the term does not include any person who:

- is in the military of any country or subdivision of a country;
- is insured under the Group Policy as an employee.”

If the certificate already has a definition of domestic partner, that definition will apply to California residents, as long as it recognizes as a domestic partner any person registered as the employee's domestic partner with the California government or another government recognized by California as having similar requirements.

Wherever the term Spouse appears, except in the definition of Spouse, it shall be replaced by Spouse or Domestic Partner.

Wherever the term step-child appears, it is replaced by step-child or child of Your Domestic Partner.

NOTICE FOR RESIDENTS OF ALL STATES

If You have questions about your insurance coverage you may contact MetLife at 1-800-438-6388.

To make a complaint to MetLife, you may write to:

MetLife
Attn: Corporate Consumer Relations Department
200 Park Avenue
New York, New York 10166-0188

Or call MetLife at 1-800-638-5433

NOTICE FOR RESIDENTS OF GEORGIA

IMPORTANT NOTICE

The laws of the state of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.

NOTICE FOR RESIDENTS OF IDAHO

If You have a question concerning Your coverage or a claim, first contact the Employer. If, after doing so, You still have a concern, You may call the toll free telephone number shown on the Certificate Face Page.

If You are still concerned after contacting both the Employer and MetLife, You should feel free to contact:

Idaho Department of Insurance
Consumer Affairs
700 West State Street, 3rd Floor
PO Box 83720
Boise, Idaho 83720-0043
1-800-721-3272 or www.DOI.Idaho.gov

NOTICE FOR RESIDENTS OF ILLINOIS

IMPORTANT NOTICE

To make a complaint to MetLife, You may write to:

MetLife
200 Park Avenue
New York, New York 10166

The address of the Illinois Department of Insurance is:

Illinois Department of Insurance
Public Services Division
Springfield, Illinois 62767

NOTICE FOR RESIDENTS OF INDIANA

Questions regarding your policy or coverage should be directed to:

**Metropolitan Life Insurance Company
1-800-438-6388**

If you (a) need the assistance of the government agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer you may contact the Department of Insurance by mail, telephone or email:

State of Indiana Department of Insurance
Consumer Services Division
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204

Consumer Hotline: (800) 622-4461; (317) 232-2395

Complaint can be filed electronically at www.in.gov/idoi

NOTICE FOR RESIDENTS OF MAINE

You have the right to designate a third party to receive notice if Your insurance is in danger of lapsing due to a default on Your part, such as nonpayment of a contribution that is due. The intent is to allow reinstatements where the default is due to the insured person's suffering from cognitive impairment or functional incapacity. You may make this designation by completing a "Third-Party Notice Request Form" and sending it to MetLife. Once You have made a designation, You may cancel or change it by filling out a new Third-Party Notice Request Form and sending it to MetLife. The designation will be effective as of the date MetLife receives the form. Call MetLife at the toll-free telephone number shown on the face page of this certificate to obtain a Third-Party Notice Request Form. Within 90 days after cancellation of coverage for nonpayment of premium, You, any person authorized to act on Your behalf, or any covered Dependent may request reinstatement of the certificate on the basis that You suffered from cognitive impairment or functional incapacity at the time of cancellation.

NOTICE FOR MASSACHUSETTS RESIDENTS

The following provisions are required by Massachusetts law.

Translation Services

Translation services are available by calling 1-800-638-3368. We shall make available upon request interpreter and translation services related to administrative procedures by calling member services.

مفتوح عند الطلب بتوفير مترجمين وخدمات ترجمة تتعلق بالإجراءات الإدارية وذلك بالاتصال بخدمات العملاء.

យើងផ្តល់សេវាបកប្រែ និងបកប្រែ ដែលទាក់ទងនឹង
វិធានការ តាមការស្នើ ដោយទូរស័ព្ទទៅកម្រិតសមាជិក ។

我們提供協助辦理行政手續的翻譯服務，若您需要翻譯人員，請電洽會員服務處。

Nous assurerons sur demande, les services d'interprétariat et de traduction en connexion avec les procédures administratives, en appelant les services aux membres.

Θα διαθέσουμε μετά από αίτηση υπηρεσίες διερμηνείας και μεταφραστική σχετικά με διοικητικές διαδικασίες ερχόμενοι σε επαφή με τις υπηρεσίες μελών.

Si w rele departman sèvis kliyan an, epi w mande sèvis entèprèt ak tradiksyon pou pwosede administratif, sèvis la ap disponib pou w.

A richiesta metteremo a disposizione servizi di interpretariato e traduzione riguardo le procedure amministrative. Telefonare all'ufficio di Assistenza soci.

ຖ້າທ່ານຮ້ອງຂໍ, ພວກຮ້າຈະຈັດການບໍລິການບໍລິການແລະການປ່ຽນແປງສໍາລັບທ່ານ ສໍາລັບບໍລິການທີ່ກ່ຽວຂ້ອງກັບບໍລິການ
ໂດຍທ່ານສາມາດໂທຫາບໍລິການສໍາລັບສໍາມາດຮັບການບໍລິການ.

Disponibilizaremos, a seu pedido, os serviços de um(a) tradutor(a)/intérprete para os procedimentos administrativos, contactando os serviços para membros.

По Вашему требованию будут предоставлены услуги устного и письменного перевода, связанные с административными процедурами, если Вы позволите в отдел по обслуживанию членов.

Si usted lo solicita, pondremos a su disposición servicios de interpretación y traducción para asistirle en los procedimientos administrativos. Si necesita estos servicios, comuníquese con servicios a los miembros.

NOTICE FOR MASSACHUSETTS RESIDENTS (Continued)

The following provisions are required by Massachusetts law.

Summary of Utilization Review Procedures

MetLife reviews claims for evidence of need for certain dental procedures. These reviews are conducted by licensed dentists. If there is no evidence of need MetLife will deny benefits for a claim. MetLife also reviews claims to determine whether there exists a less costly treatment for a dental condition that is generally considered effective to treat the condition. If a less costly alternative treatment exists, MetLife will determine benefits based on the alternative treatment. If you want to determine the status of any such claim review, you can call MetLife at 1-800-438-6388.

Summary of Quality Assurance Programs

MetLife performs a check on certain credentials of any dentist applying to participate in MetLife's Participating Dentist Program (PDP). If the credentials do not meet MetLife's standards, for example if a dentist does not have a valid license, the dentist will not be permitted to participate in the PDP. MetLife does not interfere with the traditional relationship between PDP dentists and their patients, or any determination between the patient and dentist as to what the appropriate dental treatment may be. MetLife dental plans also allow you to choose between any dentist, whether they participate in the PDP or not. Therefore you should choose your dentist carefully, and you are responsible to be sure that your dentist delivers quality dental care.

Involuntary Disenrollment Rate

The involuntary disenrollment rate among insureds of MetLife is 0.

NOTICE FOR RESIDENTS OF MASSACHUSETTS

CONTINUATION OF DENTAL INSURANCE

1. If Your Dental Insurance ends due to a Plant Closing or Covered Partial Closing, such insurance will be continued for 90 days after the date it ends.
2. If Your Dental Insurance ends because:
 - You cease to be in an Eligible Class; or
 - Your employment terminates;

for any reason other than a Plant Closing or Covered Partial Closing, such insurance will continue for 31 days after the date it ends.

Continuation of Your Dental Insurance under the CONTINUATION WITH PREMIUM PAYMENT subsection will end before the end of continuation periods shown above if You become covered for similar benefits under another plan.

Plant Closing and **Covered Partial Closing** have the meaning set forth in Massachusetts Annotated Laws, Chapter 151A, Section 71A.

NOTICE FOR NEW HAMPSHIRE RESIDENTS

CONTINUATION OF YOUR DENTAL INSURANCE

If You are a resident of New Hampshire, Your Dental Insurance may be continued if it ends because Your employment ends unless:

- Your employment ends due to Your gross misconduct;
- this Dental Insurance ends for all employees;
- this Dental Insurance is changed to end Dental Insurance for the class of employees to which You belong;
- You are entitled to enroll in Medicare; or
- Your Dental Insurance ends because You failed to pay the required premium.

The Employer must give You written notice of:

- Your right to continue Your Dental Insurance;
- the amount of premium payment that is required to continue Your Dental Insurance;
- the manner in which You must request to continue Your Dental Insurance and pay premiums; and
- the date by which premium payments will be due.

The premium that You must pay for Your continued Dental Insurance may include:

- any amount that You contributed for Your Dental Insurance before it ended;
- any amount the Employer paid; and
- an administrative charge which will not to exceed two percent of the rest of the premium.

To continue Your Dental Insurance, You must:

- send a written request to continue Your Dental Insurance; and
- pay the first premium within 30 days after the date Your employment ends.

The maximum continuation period will be the longest of:

- 36 months if Your employment ends because You retire, and within 12 months of retirement You have a substantial loss of coverage because the employer files for bankruptcy protection under Title 11 of the United States Code;
- 29 months if You become entitled to disability benefits under Social Security within 60 days of the date Your Employment ends; or
- 18 months.

Your continued Dental Insurance will end on the earliest of the following to occur:

- the end of the maximum continuation period;
- the date this Dental Insurance ends;
- the date this Dental Insurance is changed to end Dental Insurance for the class of employees to which You belong;
- the date You are entitled to enroll for Medicare;
- if You do not pay the required premium to continue Your Dental Insurance; or
- the date You become eligible for coverage under any other group dental coverage.

NOTICE FOR NEW HAMPSHIRE RESIDENTS (Continued)

CONTINUATION OF YOUR DEPENDENT'S DENTAL INSURANCE

If You are a resident of New Hampshire, Your Dental Insurance for Your Dependents may be continued if it ends because Your employment ends, Your marriage ends in divorce or separation, or You die, unless:

- Your employment ends due to Your gross misconduct;
- this Dental Insurance ends for all Dependents;
- this Dental Insurance is changed, for the class of employees to which You belong, to end Dental Insurance for Dependents;
- the Dependent is entitled to enroll in Medicare; or
- Your Dental Insurance for Your Dependents ends because You fail to pay a required premium.

If Dental Insurance for Your Dependents ends because Your marriage ends in divorce or separation, the party responsible under the divorce decree or separation agreement for payment of premium for continued Dental Insurance must notify the employer, in writing, within 30 days of the date of the divorce decree or separation agreement that the divorce or separation has occurred. If You and Your divorced or separated Spouse share responsibility for payment of the premium for continued Dental Insurance, both You and Your divorced or separated Spouse must provide the notification.

The Employer must give You, or Your former Spouse if You have died or Your marriage has ended, written notice of:

- Your right to continue Your Dental Insurance for Your Dependents;
- the amount of premium payment that is required to continue Your Dental Insurance for Your Dependents;
- the manner in which You or Your former Spouse must request to continue Your Dental Insurance for Your Dependents and pay premiums; and
- the date by which premium payments will be due.

The premium that You or Your former Spouse must pay for continued Dental Insurance for Your Dependents may include:

- any amount that You contributed for Your Dental Insurance before it ended; and
- any amount the Employer paid.

To continue Dental Insurance for Your Dependents, You or Your former Spouse must:

- send a written request to continue Dental Insurance for Your Dependents; and
- must pay the first premium within 30 days of the date Dental Insurance for Your Dependents ends.

If You, and Your former Spouse, if applicable, fail to provide any required notification, or fail to request to continue Dental Insurance for Your Dependents and pay the first premium within the time limits stated in this section, Your right to continue Dental Insurance for Your Dependents will end.

NOTICE FOR NEW HAMPSHIRE RESIDENTS (Continued)

CONTINUATION OF YOUR DEPENDENT'S DENTAL INSURANCE (Continued)

The maximum continuation period will be the longest of the following that applies:

- 36 months if Dental Insurance for Your Dependents ends because Your marriage ends in divorce or separation, except that with respect to a Spouse who is age 55 or older when your marriage ends in divorce or separation the maximum continuation period will end when the divorced or separated Spouse becomes eligible for Medicare or eligible for participation in another employer's group plan;
- 36 months if Dental Insurance for Your Dependents ends because You die, except that with respect to a Spouse who is age 55 or older when You die, the maximum continuation period will end when Your surviving Spouse becomes eligible for Medicare or eligible for participation in another employer's group dental coverage;
- 36 months if Dental Insurance for Your Dependents ends because You become entitled to benefits under Title XVIII of Social Security, except that with respect to a Spouse who is age 55 or older when You become entitled to benefits under Title XVIII of Social Security, the maximum continuation period will end when the divorced or separated Spouse becomes eligible for Medicare or eligible for participation in another employer's group dental coverage;
- 36 months if You become entitled to benefits under Title XVIII of Social Security while You are already receiving continued benefits under this section, except that with respect to a Spouse who is age 55 or older when You first become entitled to continue Your Dental Insurance the maximum continuation period will end when the divorced or separated Spouse becomes eligible for Medicare or eligible for participation in another employer's group dental coverage;
- 36 months with respect to a Dependent Child if Dental Insurance ends because the Child ceases to be a Dependent Child;
- 36 months if Your employment ends because You retire, and within 12 months of retirement You have a substantial loss of coverage because the employer files for bankruptcy protection under Title 11 of the United States Code;
- 29 months if Dental Insurance for Your Dependents ends because Your employment ends, and within 60 days of the date Your employment ends you become entitled to disability benefits under Social Security; or
- 18 months if Dental Insurance for Your Dependents ends because Your employment ends.

A Dependent's continued Dental Insurance will end on the earliest of the following to occur:

- the end of the maximum continuation period;
- the date this Dental Insurance ends;
- the date this Dental Insurance is changed to end Dental Insurance for Dependents for the class of employees to which You belong;
- the date the Dependent becomes entitled to enroll for Medicare;
- if You do not pay a required premium to continue Dental Insurance for Your Dependents; or
- the date the Dependent becomes eligible for coverage under any other group dental coverage.

NOTICE FOR RESIDENTS OF NORTH CAROLINA

UNDER NORTH CAROLINA GENERAL STATUTE SECTION 58-50-40, NO PERSON, EMPLOYER, PRINCIPAL, AGENT, TRUSTEE, OR THIRD PARTY ADMINISTRATOR, WHO IS RESPONSIBLE FOR THE PAYMENT OF GROUP HEALTH OR LIFE INSURANCE OR GROUP HEALTH PLAN PREMIUMS, SHALL:

(1) CAUSE THE CANCELLATION OR NONRENEWAL OF GROUP HEALTH OR LIFE INSURANCE, HOSPITAL, MEDICAL, OR DENTAL SERVICE CORPORATION PLAN, MULTIPLE EMPLOYER WELFARE ARRANGEMENT, OR GROUP HEALTH PLAN COVERAGES AND THE CONSEQUENTIAL LOSS OF THE COVERAGES OF THE PERSONS INSURED, BY WILLFULLY FAILING TO PAY THOSE PREMIUMS IN ACCORDANCE WITH THE TERMS OF THE INSURANCE OR PLAN CONTRACT, AND

(2) WILLFULLY FAIL TO DELIVER, AT LEAST 45 DAYS BEFORE THE TERMINATION OF THOSE COVERAGES, TO ALL PERSONS COVERED BY THE GROUP POLICY A WRITTEN NOTICE OF THE PERSON'S INTENTION TO STOP PAYMENT OF PREMIUMS. THIS WRITTEN NOTICE MUST ALSO CONTAIN A NOTICE TO ALL PERSONS COVERED BY THE GROUP POLICY OF THEIR RIGHTS TO HEALTH INSURANCE CONVERSION POLICIES UNDER ARTICLE 53 OF CHAPTER 58 OF THE GENERAL STATUTES AND THEIR RIGHTS TO PURCHASE INDIVIDUAL POLICIES UNDER THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT AND UNDER ARTICLE 68 OF CHAPTER 58 OF THE GENERAL STATUTES.

VIOLATION OF THIS LAW IS A FELONY. ANY PERSON VIOLATING THIS LAW IS ALSO SUBJECT TO A COURT ORDER REQUIRING THE PERSON TO COMPENSATE PERSONS INSURED FOR EXPENSES OR LOSSES INCURRED AS A RESULT OF THE TERMINATION OF THE INSURANCE.

NOTICE FOR RESIDENTS OF PENNSYLVANIA

Dental Insurance for a Dependent Child may be continued past the age limit if that Child is a full-time student and insurance ends due to the Child being ordered to active duty (other than active duty for training) for 30 or more consecutive days as a member of the Pennsylvania National Guard or a Reserve Component of the Armed Forces of the United States.

Insurance will continue if such Child:

- re-enrolls as a full-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located;
- re-enrolls for the first term or semester, beginning 60 or more days from the child's release from active duty;
- continues to qualify as a Child, except for the age limit; and
- submits the required Proof of the child's active duty in the National Guard or a Reserve Component of the United States Armed Forces.

Subject to the Date Insurance For Your Dependents Ends subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS, this continuation will continue until the earliest of the date:

- the insurance has been continued for a period of time equal to the duration of the child's service on active duty; or
- the child is no longer a full-time student.

NOTICE FOR RESIDENTS OF UTAH

Notice of Protection Provided by Utah Life and Health Insurance Guaranty Association

This notice provides a brief summary of the Utah Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Utah law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, health, or annuity insurance company becomes financially unable to meet its obligations and is taken over by its insurance regulatory agency. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Utah law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

- Life Insurance
 - o \$500,000 in death benefits
 - o \$200,000 in cash surrender or withdrawal values
- Health Insurance
 - o \$500,000 in hospital, medical and surgical insurance benefits
 - o \$500,000 in long-term care insurance benefits
 - o \$500,000 in disability income insurance benefits
 - o \$500,000 in other types of health insurance benefits
- Annuities
 - o \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$500,000. Special rules may apply with regard to hospital, medical and surgical insurance benefits.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. Coverage is conditioned on residency in this state and there are substantial limitations and exclusions. For a complete description of coverage, consult Utah Code, Title 31A, Chapter 28.

Insurance companies and agents are prohibited by Utah law to use the existence of the Association or its coverage to encourage you to purchase insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between Utah law and this notice, Utah law will control.

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website at www.utlifega.org or contact:

Utah Life and Health Insurance Guaranty Assoc.
60 East South Temple, Suite 500
Salt Lake City UT 84111
(801) 320-9955

Utah Insurance Department
3110 State Office Building
Salt Lake City UT 84114-6901
(801) 538-3800

A written complaint about misuse of this Notice or the improper use of the existence of the Association may be filed with the Utah Insurance Department at the above address.

CIVIL UNION NOTICE FOR RESIDENTS OF VERMONT

Vermont law provides that the following definitions apply to your certificate:

- Terms that mean or refer to a marital relationship, or that may be construed to mean or refer to a marital relationship, such as "marriage," "spouse," "husband," "wife," "dependent," "next of kin," "relative," "beneficiary," "survivor," "immediate family" and any other such terms include the relationship created by a Civil Union established according to Vermont law.
- Terms that mean or refer to the inception or dissolution of a marriage, such as "date of marriage," "divorce decree," "termination of marriage" and any other such terms include the inception or dissolution of a Civil Union established according to Vermont law.
- Terms that mean or refer to family relationships arising from a marriage, such as "family," "immediate family," "dependent," "children," "next of kin," "relative," "beneficiary," "survivor" and any other such terms include family relationships created by a Civil Union established according to Vermont law.
- "Dependent" includes a spouse, a party to a Civil Union established according to Vermont law, and a child or children (natural, step-child, legally adopted or a minor or disabled child who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a Civil Union established according to Vermont law.
- "Child" includes a child (natural, stepchild, legally adopted or a minor or disabled child who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a Civil Union established according to Vermont law.
- "'Civil Union'" means a civil union established pursuant to Act 91 of the 2000 Vermont Legislative Session, entitled "'Act Relating to Civil Unions'".

All references in this notice to Civil Unions are limited to Civil Unions in which the parties are residents of Vermont.

If dependent insurance for a spouse and/or child is not provided under your certificate, such insurance is not added by virtue of this notice.

For purposes of dependent insurance, any person who meets the definition of "'dependent'" as set forth in this notice is required to meet all other applicable requirements in order to qualify for such insurance.

This notice does not limit any definitions or terms included in your certificate. It broadens definitions and terms only to the extent required by Vermont law.

DISCLOSURE:

Vermont law grants parties to a Civil Union the same benefits, protections and responsibilities that flow from marriage under state law. However, some or all of the benefits, protections and responsibilities related to life and health insurance that are available to married persons under federal law may not be available to parties to a Civil Union. For example, a federal law, the Employee Retirement Income Security Act of 1974 known as "'ERISA'", controls the employer/employee relationship with regard to determining eligibility for enrollment in private employer benefit plans. Because of ERISA, Act 91 does not state requirements pertaining to a private employer's enrollment of a party to a Civil Union in an ERISA employee benefit plan. However, governmental employers (not federal government) are required to provide life and health benefits to the dependents of a party to a Civil Union if the public employer provides such benefits to dependents of married persons. Federal law also controls group health insurance continuation rights under "'COBRA'" for employers with 20 or more employees as well as the Internal Revenue Code treatment of insurance premiums. As a result, parties to a Civil Union and their families may or may not have access to certain benefits under this notice and the certificate to which it is attached that derive from federal law. You are advised to seek expert advice to determine your rights under this notice and the certificate to which it is attached.

NOTICE FOR RESIDENTS OF VIRGINIA

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

In the event You need to contact someone about this insurance for any reason please contact Your agent. If no agent was involved in the sale of this insurance, or if You have additional questions You may contact the insurance company issuing this insurance at the following address and telephone number:

MetLife
200 Park Avenue
New York, New York 10166
Attn: Corporate Consumer Relations Department

To phone in a claim related question, You may call Claims Customer Service at:
1-800-438-6388

If You have been unable to contact or obtain satisfaction from the company or the agent, You may contact the Virginia State Corporation Commission's Bureau of Insurance at:

The Office of the Managed Care Ombudsman
Bureau of Insurance
P.O. Box 1157
Richmond, VA 23209
1-877-310-6560 - toll-free
1-804-371-9032 - locally
www.scc.virginia.gov - web address
ombudsman@scc.virginia.gov - email

Or:

The Virginia Department of Health (The Center for Quality Health Care Services and Consumer Protection)
3600 West Broad St
Suite 216
Richmond, VA 23230
1-800-955-1819

Written correspondence is preferable so that a record of Your inquiry is maintained. When contacting Your agent, company or the Bureau of Insurance, have Your policy number available.

NOTICE FOR RESIDENTS OF VIRGINIA

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

If You have any questions regarding an appeal or grievance concerning the dental services that You have been provided that have not been satisfactorily addressed by this Dental Insurance, You may contact the Virginia Office of the Managed Care Ombudsman for assistance.

You may contact the Virginia Office of the Managed Care Ombudsman either by dialing toll free at (877) 310-6560, or locally at (804) 371-9032, via the internet at Web address www.scc.virginia.gov, email at ombudsman@scc.virginia.gov, or mail to:

The Office of the Managed Care Ombudsman
Bureau of Insurance, P.O. Box 1157
Richmond, VA 23218

NOTICE FOR RESIDENTS OF THE STATE OF WASHINGTON

Washington law provides that the following apply to Your certificate:

Wherever the term "**Spouse**" appears in this certificate it shall, unless otherwise specified, be read to include Your Domestic Partner.

Domestic Partner means each of two people, one of whom is an Employee of the Employer, who have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a government agency where such registration is available.

Wherever the term "step-child" appears in this certificate it shall be read to include the children of Your Domestic Partner.

NOTICE FOR RESIDENTS OF WEST VIRGINIA

FREE LOOK PERIOD:

If You are not satisfied with Your certificate, You may return it to Us within 10 days after You receive it, unless a claim has previously been received by Us under Your certificate. We will refund within 10 days of our receipt of the returned certificate any Premium that has been paid and the certificate will then be considered to have never been issued. You should be aware that, if You elect to return the certificate for a refund of premiums, losses which otherwise would have been covered under Your certificate will not be covered.

NOTICE FOR RESIDENTS OF WISCONSIN

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE? - If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

MetLife
Attn: Corporate Consumer Relations Department
200 Park Avenue
New York, NY 10166-0188
1-800-638-5433

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by contacting:

Office of the Commissioner of Insurance
Complaints Department
P.O. Box 7873
Madison, WI 53707-7873
1-800-236-8517 outside of Madison or 608-266-0103 in Madison.

NOTICE FOR RESIDENTS OF FLORIDA

FRAUD WARNING

For Residents of Florida

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

NOTICE FOR RESIDENTS OF LOUISIANA, MINNESOTA, MONTANA, NEW MEXICO, TEXAS, UTAH AND WASHINGTON

The Definition of Child In The Definitions Section Of This Certificate Is Modified For The Coverage Listed Below:

For Louisiana Residents (Dental Insurance):

The term also includes Your grandchildren residing with You. The age limit for children and grandchildren will not be less than 26, regardless of the child's or grandchild's marital status, student status or full-time employment status. Your natural child, adopted child, stepchild or grandchild under age 26 will not need to be supported by You to qualify as a Child under this insurance. In addition, marital status will not prevent or cease the continuation of insurance for a mentally or physically handicapped child or grandchild past the age limit.

For Minnesota Residents (Dental Insurance):

The term also includes Your grandchildren who are financially dependent upon You and reside with You continuously from birth. The age limit for children and grandchildren will not be less than 25 regardless of the child's or grandchild's student status or full-time employment status. Your natural child, adopted child or stepchild under age 25 will not need to be supported by You to qualify as a Child under this insurance.

For Montana Residents (Dental Insurance):

The term also includes newborn infants of any person insured under this certificate. The age limit for children will not be less than 25, regardless of the child's student status or full-time employment status. Your natural child, adopted child or stepchild under age 25 will not need to be supported by You to qualify as a child under this insurance.

For New Mexico Residents (Dental Insurance):

The age limit for children will not be less than 25, regardless of the child's student status or full-time employment status. Your natural child, adopted child or stepchild will not be denied dental insurance coverage under this certificate because:

- that child was born out of wedlock;
- that child is not claimed as Your dependent on Your federal income tax return; or
- that child does not reside with You.

For Texas Residents (Dental Insurance):

The term also includes Your grandchildren. The age limit for children and grandchildren will not be less than 25, regardless of the child's or grandchild's student status, full-time employment status or military service status. Your natural child, adopted child or stepchild under age 25 will not need to be supported by You to qualify as a Child under this insurance. In addition, grandchildren must be able to be claimed by You as a dependent for Federal Income Tax purposes at the time You applied for Insurance.

For Utah Residents (Dental Insurance):

The age limit for children will not be less than 26, regardless of the child's student status or full-time employment status. Your natural child, adopted child or stepchild under age 26 will not need to be supported by You to qualify as a Child under this insurance.

For Washington Residents Dental Insurance:

The age limit for children will not be less than 26, regardless of the child's marital status, student status, or full-time employment status. Your natural child, adopted child or stepchild under age 26 will not need to be supported by You to qualify as a Child under this insurance.

NOTICE FOR RESIDENTS OF ALL STATES WHO ARE INSURED FOR DENTAL INSURANCE

Notice Regarding Your Rights and Responsibilities

Rights:

- We will treat communications, financial records and records pertaining to your care in accordance with all applicable laws relating to privacy.
- Decisions with respect to dental treatment are the responsibility of You and the dentist. We neither require nor prohibit any specified treatment. However, only certain specified services are covered for benefits. Please see the Dental Insurance sections of this certificate for more details.
- You may request a pre-treatment estimate of benefits for the dental services to be provided. However, actual benefits will be determined after treatment has been performed.
- You may request a written response from MetLife to any written concern or complaint.
- You have the right to receive an explanation of benefits which describes the benefit determinations for your dental insurance.

Responsibilities:

- You are responsible for the prompt payment of any charges for services performed by the dentist. If the dentist agrees to accept part of the payment directly from MetLife, you are responsible for prompt payment of the remaining part of the dentist's charge.
- You should consult with the dentist about treatment options, proposed and potential procedures, anticipated outcomes, potential risks, anticipated benefits and alternatives. You should share with the dentist the most current, complete and accurate information about your medical and dental history and current conditions and medications.
- You should follow the treatment plans and health care recommendations agreed upon by You and the dentist.

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SCHEDULE OF BENEFITS

This schedule shows the benefits that are available under the Group Policy. You and Your Dependents will only be insured for the benefits:

- for which You and Your Dependents become and remain eligible, and
- which You elect, if subject to election; and
- which are in effect.

BENEFIT

BENEFIT AMOUNT AND HIGHLIGHTS

Dental Insurance For You and Your Dependents

For All Active Full-Time Employees, excluding Department Heads and Elected Officials

Covered Percentage for:	In-Network based on the Maximum Allowed Charge	Out-of-Network based on the Reasonable and Customary Charge
Type A Services	100%	100%
Type B Services	80%	80%
Type C Services	50%	50%
Type D Services (Orthodontic)	50%	50%
Deductibles for:	In-Network	Out-of-Network
Yearly Individual Deductible	\$50 for the following Covered Services Combined: Type B & Type C	\$50 for the following Covered Services Combined: Type B & Type C
Yearly Family Deductible	\$150 for the following Covered Services Combined: Type B & Type C	\$150 for the following Covered Services Combined: Type B & Type C
Maximum Benefit:	In-Network	Out-of-Network
Yearly Individual Maximum	\$1,200 for the following Covered Services: Type A, Type B & Type C	\$1,200 for the following Covered Services: Type A, Type B & Type C
Lifetime Individual Maximum for Type D Covered Services (Orthodontic)	\$1,000	\$1,000

DEFINITIONS

As used in this certificate, the terms listed below will have the meanings set forth below. When defined terms are used in this certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

Actively at Work or Active Work means that You are performing all of the usual and customary duties of Your job on a Full-Time basis. This must be done at:

- the Employer's place of business;
- an alternate place approved by the Employer; or
- a location to which the Employer's business requires You to travel.

You will be deemed to be Actively at Work during weekends or Employer-approved vacations, holidays or business closures if You were Actively at Work on the last scheduled work day preceding such time off.

Cast Restoration means an inlay, onlay, or crown.

Child means the following: (for residents of Louisiana, Minnesota, Montana, New Mexico, Texas, Utah and Washington, the Child Definition is modified as explained in the Notice pages of this certificate; please consult the Notice)

- Your natural, adopted, or stepchild who is under age 26, supported by and living with You. The term also includes Your natural, adopted or stepchild under age 26 who is:
 - supported by You; and
 - a full-time or part-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located.

The definition of 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.

The term does not include any person who:

- is in the military of any country or subdivision of any country; or
- is insured under the Group Policy as an employee.

Contributory Insurance means insurance for which the Employer requires You to pay any part of the premium.

Contributory Insurance includes: Personal and Dependent Dental Insurance.

Covered Percentage means:

- for a Covered Service performed by an In-Network Dentist, the percentage of the Maximum Allowed Charge that We will pay for such services after any required Deductible is satisfied; and
- for a Covered Service performed by an Out-of-Network Dentist, the percentage of the Reasonable and Customary Charge that We will pay for such services after any required Deductible is satisfied.

Covered Service means a dental service used to treat Your or Your Dependent's dental condition which is:

- prescribed or performed by a Dentist while such person is insured for Dental Insurance;
- Dentally Necessary to treat the condition; and
- described in the SCHEDULE OF BENEFITS or DENTAL INSURANCE sections of this certificate.

Deductible means the amount You or Your Dependents must pay before We will pay for Covered Services.

Dental Hygienist means a person trained to:

- remove calcareous deposits and stains from the surfaces of teeth; and

DEFINITIONS

- provide information on the prevention of oral disease.

Dentally Necessary means that a dental service or treatment is performed in accordance with generally accepted dental standards as determined by Us and is:

- necessary to treat decay, disease or injury of the teeth; or
- essential for the care of the teeth and supporting tissues of the teeth.

Dentist means:

- a person licensed to practice dentistry in the jurisdiction where such services are performed; or
- any other person whose services, according to applicable law, must be treated as Dentist's services for purposes of the Group Policy. Each such person must be licensed in the jurisdiction where the services are performed and must act within the scope of that license. The person must also be certified and/or registered if required by such jurisdiction.

Dentures means fixed partial dentures (bridgework), removable partial dentures and removable full dentures.

Dependent(s) means Your Spouse and/or Child.

Full-Time means Active Work on the Employer's regular work schedule for the class of employees to which You belong. The work schedule must be at least 30 hours a week. Full-Time does not include temporary or seasonal employees.

In-Network Dentist means a Dentist who participates in the Preferred Dentist Program and has a contractual agreement with Us to accept the Maximum Allowed Charge as payment in full for a dental service.

Maximum Allowed Charge means the lesser of:

- the amount charged by the Dentist; or
- the maximum amount which the In-Network Dentist has agreed with Us to accept as payment in full for the dental service.

Noncontributory Insurance means insurance for which the Employer does not require You to pay any part of the premium.

Out-of-Network Dentist means a Dentist who does not participate in the Preferred Dentist Program.

Physician means:

- a person licensed to practice medicine in the jurisdiction where such services are performed; or
- any other person whose services, according to applicable law, must be treated as Physician's services for purposes of the Group Policy. Each such person must be licensed in the jurisdiction where the service is performed and must act within the scope of that license. Such person must also be certified and/or registered if required by such jurisdiction.

Proof means Written evidence satisfactory to Us that a person has satisfied the conditions and requirements for any benefit described in this certificate. When a claim is made for any benefit described in this certificate, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant's right to receive payment.

Proof must be provided at the claimant's expense.

DEFINITIONS

Reasonable and Customary Charge is the lowest of:

- the Dentist's actual charge for the services or supplies (or, if the provider of the service or supplies is not a Dentist, such other provider's actual charge for the services or supplies) (the 'Actual Charge'); or
- the usual charge by the Dentist or other provider of the services or supplies for the same or similar services or supplies (the 'Usual Charge'); or
- the usual charge of other Dentists or other providers in the same geographic area equal to the 90th percentile of charges as determined by MetLife based on charge information for the same or similar services or supplies maintained in MetLife's Reasonable and Customary Charge records (the 'Customary Charge'). Where MetLife determines that there is inadequate charge information maintained in MetLife's Reasonable and Customary Charge records for the geographic area in question, the Customary Charge will be determined based on actuarially sound principles.

An example of how the 90th percentile is calculated is to assume one hundred (100) charges for the same service are contained in MetLife's Reasonable and Customary charge records. These 100 hundred (100) charges would be sorted from lowest to highest charged amount and numbered 1 through 100. The 90th percentile of charges is the charge that is equal to the charge numbered 90.

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record, which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

Spouse means Your lawful Spouse.

The term does not include any person who:

- is in the military of any country or subdivision of any country; or
- is insured under the Group Policy as an employee.

We, Us and Our mean MetLife.

Written or Writing means a record which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

Year or Yearly means the 12 month period that begins January 1.

You and Your mean an employee who is insured under the Group Policy for the insurance described in this certificate.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU

ELIGIBLE CLASS(ES)

All Active Full-Time Employees, excluding Department Heads and Elected Officials

DATE YOU ARE ELIGIBLE FOR INSURANCE

You may only become eligible for the insurance available for Your class as shown in the SCHEDULE OF BENEFITS.

For All Active Full-Time Employees, excluding Department Heads and Elected Officials

You will be eligible for insurance on the later of:

1. October 01, 2014; and
2. the first day of the month coincident with or next following the date You complete the Waiting Period of 90 days.

If You enter an eligible class after October 01, 2014, You will be eligible for insurance on the first day of the month coincident with or next following the date You complete the Waiting Period of 30 days.

Waiting Period means the period of continuous membership in an eligible class that You must wait before You become eligible for insurance. This period begins on the date You enter an eligible class and ends on the date You complete the period(s) specified.

ENROLLMENT PROCESS FOR DENTAL INSURANCE

If You are eligible for insurance, You may enroll for such insurance by completing the required form in Writing. If You enroll for Contributory Insurance, You must also give the Employer Written permission to deduct premiums from Your pay for such insurance. You will be notified by the Employer how much You will be required to contribute.

The Dental Insurance has a regular enrollment period established by the Employer. Subject to the rules of the Group Policy, You may enroll for Dental Insurance only when You are first eligible or during an annual enrollment period or If You have a Qualifying Event. You should contact the Employer for more information regarding the annual enrollment period.

DATE YOUR INSURANCE TAKES EFFECT

Enrollment When First Eligible

If You complete the enrollment process within 31 days of becoming eligible for insurance you are a timely entrant, such insurance will take effect on the date You become eligible, provided You are Actively at Work on that date.

If You are not Actively at Work on the date the insurance would otherwise take effect, the benefit will take effect on the day You resume Active Work.

Enrollment During First Annual Enrollment Period Following the Date You Became Eligible

You will be able to enroll for insurance during the first annual enrollment period. When You complete the enrollment process during the first annual enrollment period, such insurance will take effect on the first day of the month coincident with or next following the enrollment period, if You are actively at Work on that date.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU (CONTINUED)

Enrollment During Any Subsequent Dental Enrollment Period

During any subsequent annual enrollment period for dental insurance as determined by the Employer, You may enroll for insurance for which You are eligible. If You are not currently enrolled for Dental Insurance but You enroll or make changes to Your insurance during a subsequent enrollment period, the Dental Insurance takes effect on the first day of the month following the enrollment period, if You are Actively at Work on that day.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

Enrollment Due to a Qualifying Event

You may enroll for insurance for which You are eligible or change the amount of Your insurance between annual enrollment periods only if You have a Qualifying Event.

If You have a Qualifying Event, You will have 31 days from the date of that change to make a request. This request must be consistent with the nature of the Qualifying Event. The insurance enrolled for or changes to Your insurance made as a result of a Qualifying Event will take effect on the first day of the month coincident with or next following the date of Your request, if You are Actively at Work on that date.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

Qualifying Event includes:

- marriage; or
- the birth, adoption or placement for adoption of a dependent child; or
- divorce, legal separation or annulment; or
- the death of a dependent; or
- You previously did not enroll for dental coverage for You or Your dependent because You had other group coverage, but that coverage has ceased due to loss of eligibility for the other group coverage; or
- Your dependent's ceasing to qualify as a dependent under this insurance or under other group coverage.

DATE YOUR INSURANCE ENDS

Your insurance will end on the earliest of:

1. the date the Group Policy ends;
2. the date insurance ends for Your class;
3. the end of the period for which the last premium has been paid for You;
4. the last day of the calendar month in which Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT; or
5. the last day of the calendar month in which You retire in accordance with the Employer's retirement plan.

In certain cases insurance may be continued as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS

ELIGIBLE CLASS(ES) FOR DEPENDENT INSURANCE

All Active Full-Time Employees, excluding Department Heads and Elected Officials

DATE YOU ARE ELIGIBLE FOR DEPENDENT INSURANCE

You may only become eligible for the Dependent insurance available for Your eligible class as shown in the SCHEDULE OF BENEFITS.

For All Active Full-Time Employees, excluding Department Heads and Elected Officials

You will be eligible for Dependent insurance on the later of:

1. October 01, 2014; and
2. the first day of the month coincident with or next following the date You complete the Waiting Period of 90 days.

If You enter an eligible class after October 01, 2014, You will be eligible for Dependent insurance on the first day of the month coincident with or next following the date You complete the Waiting Period of 30 days.

Waiting Period means the period of continuous membership in an eligible class that You must wait before You become eligible for Dependent insurance. This period begins on the date You enter an eligible class and ends on the date You complete the period(s) specified.

No person may be insured as a Dependent of more than one employee.

ENROLLMENT PROCESS FOR DEPENDENT DENTAL INSURANCE

If You are eligible for Dependent Insurance, You may enroll for such insurance by completing the required form in Writing for each Dependent to be insured. If You enroll for Contributory Insurance, You must also give the Employer Written permission to deduct premiums from Your pay for such insurance. You will be notified by the Employer how much You will be required to contribute.

In order to enroll for Dental Insurance for Your Dependents, You must either (a) already be enrolled for Dental Insurance for You or (b) enroll at the same time for Dental Insurance for You.

The Dental Insurance has a regular enrollment period established by the Employer. Subject to the rules of the Group Policy, You may enroll for Dependent Dental Insurance only when You are first eligible or during an annual enrollment period or If You have a Qualifying Event. You should contact the Employer for more information regarding the annual enrollment period.

DATE YOUR INSURANCE TAKES EFFECT FOR YOUR DEPENDENTS

Enrollment When First Eligible

If You complete the enrollment process for Dependent Dental Insurance within 31 days of becoming eligible for Dependent Insurance you are a timely entrant, such insurance will take effect on the later of:

- the date You become eligible for such insurance; and
- the date You enroll

provided You are Actively at Work on that date. If You are not Actively at Work on that date, it will take effect on the day You return to Active Work.

Enrollment During First Annual Enrollment Period Following the Date You Became Eligible

ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS (CONTINUED)

You will be able to enroll for Dependent Insurance during the first annual enrollment period. When You complete the enrollment process during the first annual enrollment period, such insurance will take effect on the first day of the month coincident with or next following the enrollment period, if You are actively at Work on that date.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

Enrollment During Any Subsequent Dental Enrollment Period

During any subsequent annual enrollment period for dental insurance as determined by the Employer, You may enroll for insurance for which You are eligible. If You are not currently enrolled for Dependent Dental Insurance but You enroll or make changes to Your insurance during a subsequent enrollment period, the Dependent Dental Insurance takes effect on the first day of the month following the enrollment period, if You are Actively at Work on that day.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

Enrollment Due to a Qualifying Event

You may enroll for Dependent Insurance for which You are eligible or change the amount of Your Dependent Insurance between annual enrollment periods only if You have a Qualifying Event.

If You have a Qualifying Event, You will have 31 days from the date of that change to make a request. This request must be consistent with the nature of the Qualifying Event. The insurance enrolled for or changes to Your insurance made as a result of a Qualifying Event will take effect on the first day of the month coincident with or next following the date of Your request, if You are Actively at Work on that date.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

Qualifying Event includes:

- marriage; or
- the birth, adoption or placement for adoption of a dependent child; or
- divorce, legal separation or annulment; or
- the death of a dependent; or
- You previously did not enroll for dental coverage for You or Your dependent because You had other group coverage, but that coverage has ceased due to loss of eligibility for the other group coverage; or
- Your dependent's ceasing to qualify as a dependent under this insurance or under other group coverage.

DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS

A Dependent's insurance will end on the earliest of:

1. the date Your Dental Insurance ends;
2. the date You die;
3. the date the Group Policy ends;
4. the date Insurance for Your Dependents ends under the Group Policy;
5. the date Insurance for Your Dependents ends for Your class;
6. the last day of the calendar month in which Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.
7. the end of the period for which the last premium has been paid;

ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS (CONTINUED)

8. the date the person ceases to be a Dependent;
9. for Utah residents, the last day of the calendar month the person ceases to be a Dependent;
10. the last day of the calendar month in which You retire in accordance with the Employer's retirement plan.

In certain cases insurance may be continued as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

SPECIAL RULES FOR GROUPS PREVIOUSLY COVERED UNDER OTHER GROUP DENTAL COVERAGE

The following rules will apply if this Dental Insurance replaces other group dental coverage provided to You by the Employer.

Prior Plan means the group dental coverage provided to You by the Employer on the day before the Replacement Date.

Replacement Date means the effective date of this Dental Insurance under the Group Policy.

Rules if You and Your Dependents were Covered Under the Prior Plan on the Day Before the Replacement Date:

1. if You and Your Dependents were covered under the Prior Plan on the day before the Replacement Date, You will be eligible for this Dental Insurance on the Replacement Date if You are in an eligible class on such date;
2. if any of the following conditions occurred while coverage was in effect under the Prior Plan, We will treat such conditions as though they occurred while this Dental Insurance is in effect:
 - the loss of a tooth; and
 - the accumulation of amounts toward:
 - a) Annual Deductibles;
 - b) Annual Maximum Benefits;
 - c) Lifetime Maximum Benefits;
3. if a dental service was received while the Prior Plan was in effect and such service would be a Covered Service subject to frequency and/or time limitations if performed while this Dental Insurance is in effect, the receipt of such prior service will be counted toward the time and frequency limitations under this Dental Insurance;
4. if a government mandated continuation of coverage under the Prior Plan was in effect on the Replacement Date, such coverage may be continued under this Dental Insurance if the required payment is made for the cost of such coverage. In such case, benefits will be available under this Dental Insurance until the earlier of:
 - the date the continued coverage ends as set forth in the provisions of the government-mandated requirements; or
 - the date this Dental Insurance ends.

Rules if You and Your Dependents were NOT covered under the Prior Plan on the Day Before the Replacement Date:

1. You will be eligible for this Dental Insurance when You meet the eligibility requirements for such insurance as described in ELIGIBILITY PROVISIONS: INSURANCE FOR YOU;
2. Your Dependents will be eligible for this Dental Insurance when they meet the eligibility requirements for such insurance as described in ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS; and
3. We will credit any time accumulated toward any eligibility waiting period under the Prior Plan to the satisfaction of any eligibility waiting period required to be met under this Dental Insurance.

CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT

FOR MENTALLY OR PHYSICALLY HANDICAPPED CHILDREN

Insurance for a Dependent Child may be continued past the age limit if the child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of such handicap must be sent to Us within 31 days after the date the Child attains the age limit and at reasonable intervals after such date.

Subject to the DATE INSURANCE FOR YOUR DEPENDENTS ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS, insurance will continue while such Child:

- remains incapable of self-sustaining employment because of a mental or physical handicap; and
- continues to qualify as a Child, except for the age limit.

FOR FAMILY AND MEDICAL LEAVE

Certain leaves of absence may qualify for continuation of insurance under the Family and Medical Leave Act of 1993 (FMLA), or other legally mandated leave of absence or similar laws. Please contact the Employer for information regarding such legally mandated leave of absence laws.

COBRA CONTINUATION FOR DENTAL INSURANCE

The following applies to employers with 20 or more employees that are not church or government plans:

If Dental Insurance for You or a Dependent ends, You or Your Dependent may qualify for continuation of such insurance under the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended (COBRA). Please refer to the COBRA section of Your summary plan description or contact the Employer for information regarding continuation of insurance under COBRA.

AT THE EMPLOYER'S OPTION

The Employer has elected to continue insurance by paying premiums for employees who cease Active Work in an eligible class for any of the reasons specified below. If Your insurance is continued, insurance for Your Dependents may also be continued. You will be notified by the Employer how much You will be required to contribute.

Insurance will continue for the following periods:

1. for the period You cease Active Work in an eligible class due to layoff up to 2 months.
2. for the period You cease Active Work in an eligible class due to injury or sickness up to 9 months.
3. for the period You cease Active Work in an eligible class due to any other Employer approved leave of absence up to 2 months.

CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (CONTINUED)

At the end of any of the continuation periods listed above, Your insurance will be affected as follows:

- if You resume Active Work in an eligible class at this time, You will continue to be insured under the Group Policy;
- if You do not resume Active Work in an eligible class at this time, Your employment will be considered to end and Your insurance will end in accordance with the DATE YOUR INSURANCE ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOU.

If Your insurance ends, Your Dependents' insurance will also end in accordance with the DATE INSURANCE FOR YOUR DEPENDENTS ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS.

EVIDENCE OF INSURABILITY

No evidence of insurability is required for the insurance described in this certificate.

DENTAL INSURANCE

If You or a Dependent incur a charge for a Covered Service, Proof of such service must be sent to Us. When We receive such Proof, We will review the claim and if We approve it, will pay the insurance in effect on the date that service was completed.

This Dental Insurance gives You access to Dentists through the MetLife Preferred Dentist Program (PDP). Dentists participating in the PDP have agreed to limit their charge for a dental service to the Maximum Allowed Charge for such service. Under the PDP, We pay benefits for Covered Services performed by either In-Network Dentists or Out-of-Network Dentists. However, You may be able to reduce Your out-of-pocket costs by using an In-Network Dentist because Out-of-Network Dentists have not entered into an agreement with Us to limit their charges. You are always free to receive services from any Dentist. You do not need any authorization from Us to choose a Dentist.

The PDP does not provide dental services. Whether or not benefits are available for a particular service, does not mean You should or should not receive the service. You and Your Dentist have the right and are responsible at all times for choosing the course of treatment and services to be performed. After services have been performed, We will determine the extent to which benefits, if any, are payable.

When requesting a Covered Service from an In-Network Dentist, We recommend that You:

- identify Yourself as an insured in the Preferred Dentist Program; and
- confirm that the Dentist is currently an In-Network Dentist at the time that the Covered Service is performed.

The amount of the benefit will not be affected by whether or not You identify Yourself as a member in the Preferred Dentist Program.

You can obtain a customized listing of MetLife's In-Network Dentists either by calling 1-800-438-6388 or by visiting Our website at www.metlife.com/dental.

BENEFIT AMOUNTS

We will pay benefits in an amount equal to the Covered Percentage for charges incurred by You or a Dependent for a Covered Service as shown in the SCHEDULE OF BENEFITS, subject to the conditions set forth in this certificate.

In-Network

If a Covered Service is performed by an In-Network Dentist, We will base the benefit on the Covered Percentage of the Maximum Allowed Charge.

If an In-Network Dentist performs a Covered Service, You will be responsible for paying:

- the Deductible; and
- any other part of the Maximum Allowed Charge for which We do not pay benefits.

Out-of-Network

If a Covered Service is performed by an Out-of-Network Dentist, We will base the benefit on the Covered Percentage of the Reasonable and Customary Charge.

Out-of-Network Dentists may charge You more than the Reasonable and Customary Charge. If an Out-of-Network Dentist performs a Covered Service, You will be responsible for paying:

- the Deductible;
- any other part of the Reasonable and Customary Charge for which We do not pay benefits; and
- any amount in excess of the Reasonable and Customary Charge charged by the Out-of-Network Dentist.

DENTAL INSURANCE (CONTINUED)

Maximum Benefit Amounts

The Schedule of Benefits sets forth Maximum Benefit Amounts We will pay for Covered Services received In-Network and Out-of-Network. We will never pay more than the greater of the In-Network Maximum Benefit Amount or the Out-of-Network Maximum Benefit Amount.

For example, if a Covered Service is received Out-of-Network and We pay \$300 in benefits for such service, \$300 will be applied toward both the In-Network and the Out-of-Network Maximum Benefit Amounts applicable to such service.

Deductibles

The Deductible amounts are shown in the Schedule of Benefits.

The Yearly Individual Deductible is the amount that You and each Dependent must pay for Covered Services to which such Deductible applies each Year before We will pay benefits for such Covered Services.

We apply amounts used to satisfy Yearly Individual Deductibles to the Yearly Family Deductible. Once the Yearly Family Deductible is satisfied, no further Yearly Individual Deductibles are required to be met.

The amount We apply toward satisfaction of a Deductible for a Covered Service is the amount We use to determine benefits for such service. The Deductible Amount will be applied based on when Dental insurance claims for Covered Services are processed by Us. The Deductible Amount will be applied to Covered Services in the order that Dental Insurance claims for Covered Services are processed by Us regardless of when a Covered Service is "incurred". When several Covered Services are incurred on the same date and Dental Insurance benefits are claimed as part of the same claim, the Deductible Amount is applied based on the Covered Percentage applicable to each Covered Service. The Deductible Amount will be applied in the order of highest Covered Percentage to lowest Covered Percentage.

Alternate Benefit

If We determine that a service, less costly than the Covered Service the Dentist performed, could have been performed to treat a dental condition, We will pay benefits based upon the less costly service if such service:

- would produce a professionally acceptable result under generally accepted dental standards; and
- would qualify as a Covered Service.

For example:

- when a filling and an inlay are both professionally acceptable methods for treating tooth decay or breakdown, We may base Our benefit determination upon the filling which is the less costly service;
- when a filling and a crown are both professionally acceptable methods for treating tooth decay or breakdown, We may base Our benefit determination upon the filling which is the less costly service; and
- when a partial denture and fixed bridgework are both professionally acceptable methods for replacing multiple missing teeth in an arch, We may base Our benefit determination upon the partial denture which is the less costly service.

If We pay benefits based upon a less costly service in accordance with this subsection, the Dentist may charge You or Your Dependent for the difference between the service that was performed and the less costly service. This is the case even if the service is performed by an In-Network Dentist.

Certain comprehensive dental services have multiple steps associated with them. These steps can be completed at one time or during multiple sessions. For benefit purposes under this certificate, these separate steps of one service are considered to be part of the more comprehensive service. Even if the dentist submits separate bills, the total benefit payable for all related charges will be limited by the maximum benefit payable for the more comprehensive service. For example, root canal therapy includes x-rays, opening of the pulp chamber, additional x-rays, and filling of the chamber. Although these services may be performed in multiple sessions, they all constitute root canal therapy. Therefore, we will only pay benefits for the root canal therapy.

DENTAL INSURANCE (CONTINUED)

Orthodontic Covered Services

Orthodontic treatment generally consists of initial placement of an appliance and periodic follow-up visits.

The benefit payable for the initial placement will not exceed 20% of the Maximum Benefit Amount for Orthodontia.

The benefit payable for the periodic follow-up visits will be based on the lower of:

- the amount charged by the Dentist; and
- the Maximum Benefit Amount for Orthodontia.

The benefit payable for the periodic follow-up visits will be payable on a monthly basis during the scheduled course of the orthodontic treatment if:

- Dental Insurance is in effect for the person receiving the orthodontic treatment; and
- proof is given to Us that the orthodontic treatment is continuing.

Benefits for Orthodontic Services Begun Prior to this Dental Insurance

If the initial placement was made prior to this Dental Insurance being in effect, the benefit payable will be reduced by the portion attributable to the initial placement.

If the periodic follow-up visits commenced prior to this Dental Insurance being in effect:

- the number of months for which benefits are payable will be reduced by the number of months of treatment performed before this Dental Insurance was in effect; and
- the total amount of the benefit payable for the periodic visits will be reduced proportionately.

Pretreatment Estimate of Benefits

If a planned dental service is expected to cost more than \$300, You have the option of requesting a pretreatment estimate of benefits. The Dentist should submit a claim detailing the services to be performed and the amount to be charged. After We receive this information, We will provide You with an estimate of the Dental Insurance benefits available for the service. The estimate is not a guarantee of the amount We will pay. Under the Alternate Benefit provision, benefits may be based on the cost of a service other than the service that You choose. You are required to submit Proof on or after the date the dental service is completed in order for Us to pay a benefit for such service.

The pretreatment estimate of benefits is only an estimate of benefits available for proposed dental services. You are not required to obtain a pretreatment estimate of benefits. As always, You or Your Dependent and the Dentist are responsible for choosing the services to be performed.

Benefits We Will Pay After Insurance Ends

We will pay benefits for a 90 day period after Your Insurance ends for Covered Services other than routine examinations, prophylaxis, x-rays, sealants, orthodontic services, if:

- the Covered Service was recommended in Writing by a Dentist or Physician;
- the Covered Service was begun prior to the date Your Dental Insurance ended; and
- You did not voluntarily end this Dental Insurance.

We will not pay for benefits for Covered Services after the date You are insured for similar benefits by a plan that replaces this Dental Insurance, unless an elimination period under that plan prevents You from receiving benefits for Covered Services.

DENTAL INSURANCE: DESCRIPTION OF COVERED SERVICES

Type A Covered Services

1. Oral exams once every 6 months excluding problem-focused examinations.
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.
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.
4. Problem-focused examinations once every 12 months.
5. Bitewing x-rays but not more than 1 set every 12 months.
6. Full mouth or panoramic x-rays once every 5 calendar years.
7. Intraoral-periapical x-rays.
8. Dental x-rays except as mentioned elsewhere in this certificate.
9. Cleaning of teeth (oral prophylaxis) once every 6 months.
10. Pulp vitality, diagnostic photographs, and bacteriological studies for determination of bacteriologic agents.
11. Genetic test for susceptibility to oral diseases.
12. Diagnostic casts.
13. Topical fluoride treatment for a Child under age 14, but not more than twice in 12 months.
14. Sealants for a Child under age 17, which are applied to non-restored, non-decayed first and second permanent molars, but not more than once per tooth every 3 calendar years.
15. Space maintainers for a Child under age 19.
16. Emergency palliative treatment to relieve tooth pain.

Type B Covered Services

1. Protective (sedative) fillings.
2. Initial placement of amalgam fillings.
3. Replacement of an existing amalgam filling, but only if:
 - at least 24 months have passed since the existing filling was placed; or
 - a new surface of decay is identified on that tooth.
4. Initial placement of resin fillings.
5. Replacement of an existing resin filling, but only if:
 - at least 24 months have passed since the existing filling was placed; or
 - a new surface of decay is identified on that tooth.

DENTAL INSURANCE: DESCRIPTION OF COVERED SERVICES (CONTINUED)

6. 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.
7. Other consultations, but not more than once in a 12 month period.
8. General anesthesia or intravenous sedation in connection with oral surgery, extractions or other Covered Services, when We determine such anesthesia is necessary in accordance with generally accepted dental standards.
9. Simple extractions.
10. Surgical extractions.
11. Oral surgery except as mentioned elsewhere in this certificate.
12. Pulp capping (excluding final restoration).
13. Pulp therapy.
14. Apexification/recalcification.
15. Therapeutic pulpotomy (excluding final restoration).
16. Root canal treatment, but not more than once for the same tooth.
17. 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 four times in any calendar year less the number of teeth cleanings received during such calendar year.
18. Periodontal, non-surgical treatment such as scaling and root planing, but not more than once per quadrant in any 12 month period.
19. Periodontal surgery not mentioned elsewhere, including gingivectomy, gingivoplasty and osseous surgery, but no more than one surgical procedure per quadrant in any 24 month period.
20. Periodontal soft & connective tissue grafts, but no more than one surgical procedure per quadrant in any 24 month period.
21. Simple Repairs of Cast Restorations but not more than once in a 12 month period.
22. Repair of Dentures but not more than once in a 12 month period.
23. Addition of teeth to fixed and permanent Denture to replace natural teeth removed while this Dental Insurance was in effect for the person receiving such services.
24. Addition of teeth to a partial removable Denture to replace natural teeth removed while this Dental Insurance was in effect for the person receiving such services.
25. Re-cementing of Cast Restorations or Dentures but not more than once in a 12 month period.
26. Repair of implant supported prosthetics but not more than once in a 12 month period.
27. Local chemotherapeutic agents.
28. Injections of therapeutic drugs.

DENTAL INSURANCE: DESCRIPTION OF COVERED SERVICES (CONTINUED)

29. Application of desensitizing medicaments where periodontal treatment (including scaling, root planing, and periodontal surgery such as osseous surgery) has been performed.

Type C Covered Services

1. Tissue Conditioning, but not more than once in a 36 month period.
2. Prefabricated crown, but no more than one replacement for the same tooth surface within 10 calendar years.
3. Initial installation of Cast Restorations.
4. Replacement of any Cast Restorations with the same or a different type of Cast Restoration but no more than one replacement for the same tooth surface within 5 calendar years of a prior replacement.
5. Core buildup, but no more than once per tooth in a period of 5 calendar years.
6. Labial veneers, but no more than once per tooth in a period of 5 calendar years.
7. Post and cores, but no more than once per tooth in a period of 5 calendar years.
8. Initial installation of fixed and permanent Denture:
 - when needed to replace congenitally missing teeth; or
 - when needed to replace natural teeth that are lost while the person receiving such benefits was insured for Dental Insurance under this certificate.
9. Replacement of a non-serviceable fixed and permanent Denture if such Denture was installed more than 5 calendar years prior to replacement.
10. Initial installation of full or removable Dentures:
 - when needed to replace congenitally missing teeth; or
 - when needed to replace natural teeth that are lost while the person receiving such benefits was insured for Dental Insurance under this certificate.
11. 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.
12. Replacement of a non-serviceable full or removable Denture if such Denture was installed more than 5 calendar years prior to replacement.
13. Adjustments of Dentures:
 - if at least 6 months have passed since the installation of the existing removable Denture; and
 - not more than once in any 12 month period.
14. 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 24 month period.

DENTAL INSURANCE: DESCRIPTION OF COVERED SERVICES (CONTINUED)

15. Implant services (including sinus augmentation and bone replacement and graft for ridge preservation), but no more than once for the same tooth position in a 5 calendar year period:
 - when needed to replace congenitally missing teeth; or
 - when needed to replace natural teeth that are lost while the person receiving such benefits was insured for Dental Insurance under this certificate.
16. Repair of implants, but not more than once in a 12 month period.
17. Implant supported prosthetics, but no more than once for the same tooth position in a 5 calendar year period:
 - when needed to replace congenitally missing teeth; or
 - when needed to replace natural teeth that are lost while the person receiving such benefits was insured for Dental Insurance under this certificate.
18. Occlusal adjustments, but not more than once in a 12 month period.
19. Fixed and removable appliances for correction of harmful habits.
20. Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
21. With respect to residents of Minnesota, surgical and non-surgical treatment of temporomandibular joint disorders. This includes cone beam imaging but cone beam imaging for this treatment will not be covered more than once for the same tooth position in a 60 month period.

Type D Covered Services

Orthodontia, up to age 19, if the orthodontic appliance is initially installed while Dental Insurance is in effect for such Child.

The Lifetime Individual Maximum Benefit Amount for orthodontia is shown in the SCHEDULE OF BENEFITS.

DENTAL INSURANCE: EXCLUSIONS

We will not pay Dental Insurance benefits for charges incurred for:

1. 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;
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 primarily cosmetic unless such service is:
 - required for reconstructive surgery which is incidental to or follows surgery which results from trauma, an infection or other disease of the involved part; or
 - required for reconstructive surgery because of a congenital disease or anomaly of a Child which has resulted in a functional defect,

For residents of Texas see notice page section.

5. 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.
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, personalization or inscription of any tooth, device, appliance, crown or other dental work.
12. Missed appointments.
13. Services:
 - paid under any workers' compensation or occupational disease law;
 - paid under any employer liability law;
 - for which You are not required to pay; or
 - received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
14. Services covered under other coverage provided by the Employer.
15. Temporary or provisional restorations.
16. Temporary or provisional appliances.

DENTAL INSURANCE: EXCLUSIONS (CONTINUED)

17. Prescription drugs.
18. Services for which the submitted documentation indicates a poor prognosis.
19. 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.

Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government.

The term does not include:

- any plan, program or coverage provided by a government as an employer; or
- Medicare.

20. The following when charged by the Dentist on a separate basis:
 - claim form completion;
 - infection control such as gloves, masks, and sterilization of supplies; or
 - local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
21. 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.
22. Caries susceptibility tests.
23. Initial installation of a fixed and permanent Denture to replace teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
24. Other fixed Denture prosthetic services not described elsewhere in this certificate.
25. Precision attachments, except when the precision attachment is related to implant prosthetics.
26. Initial installation or replacement of a full or removable Denture to replace teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
27. Addition of teeth to a partial removable Denture to replace teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
28. Addition of teeth to a fixed and permanent Denture to replace teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
29. Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it.
30. Implants to replace teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
31. Implants supported prosthetics to replace teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
32. Diagnosis and treatment of temporomandibular joint (TMJ) disorders and cone beam imaging. This exclusion does not apply to residents of Minnesota.

DENTAL INSURANCE: EXCLUSIONS (CONTINUED)

33. Repair or replacement of an orthodontic device.
34. Duplicate prosthetic devices or appliances.
35. Replacement of a lost or stolen appliance, Cast Restoration, or Denture.
36. Intra and extraoral photographic images.

DENTAL INSURANCE: COORDINATION OF BENEFITS

When You or a Dependent incur charges for Covered Services, there may be other Plans, as defined below, that also provide benefits for those same charges. In that case, We may reduce what We pay based on what the other Plans pay. This Coordination of Benefits section explains how and when We do this.

DEFINITIONS

In this section, the terms set forth below have the following meanings:

Allowable Expense means a necessary dental expense for which both of the following are true:

- a Covered Person must pay it, and
- it is at least partly covered by one or more of the Plans that provide benefits to the Covered Person.

If a Plan provides fixed benefits for specified events or conditions (instead of benefits based on expenses incurred) such benefits are Allowable Expenses.

If a Plan provides benefits in the form of services, We treat the reasonable cash value of each service performed as both an Allowable Expense and a benefit paid by that Plan.

The term does not include:

- expenses for services performed because of a Job-Related Injury or Sickness;
- any amount of expenses in excess of the higher reasonable and customary fee for a service, if two or more Plans compute their benefit payments on the basis of reasonable and customary fees;
- any amount of expenses in excess of the higher negotiated fee for a service, if two or more Plans compute their benefit payments on the basis of negotiated fees; and
- any amount of benefits that a Primary Plan does not pay because the covered person fails to comply with the Primary Plan's managed care or utilization review provisions, these include provisions requiring:
 - second surgical opinions;
 - pre-certification of services;
 - use of providers in a Plan's network of providers; or
 - any other similar provisions.

We won't use this provision to refuse to pay benefits because an HMO member has elected to have dental services provided by a non-HMO provider and the HMO's contract does not require the HMO to pay for providing those services.

Claim Determination Period means a period that starts on any January 1 and ends on the next December 31. A Claim Determination Period for any covered person will not include periods of time during which that person is not covered under This Plan.

Custodial Parent means a Parent awarded custody, other than joint custody, by a court decree. In the absence of a court decree, it means the Parent with whom the child resides more than half of the Year without regard to any temporary visitation.

HMO means a Health Maintenance Organization or Dental Health Maintenance Organization.

DENTAL INSURANCE: COORDINATION OF BENEFITS (CONTINUED)

Job-Related Injury or Sickness means any injury or sickness:

- for which You are entitled to benefits under a workers' compensation or similar law, or any arrangement that provides for similar compensation; or
- arising out of employment for wage or profit.

Parent means a person who covers a child as a dependent under a Plan.

Plan means any of the following if it provides benefits or services for an Allowable Expense:

- a group insurance plan;
- an HMO;
- a blanket plan;
- uninsured arrangements of group or group type coverage;
- a group practice plan;
- a group service plan;
- a group prepayment plan;
- any other plan that covers people as a group;
- motor vehicle No Fault coverage if the coverage is required by law; and
- any other coverage required or provided by any law or any governmental program.

The term does not include any of the following:

- individual or family insurance or subscriber contracts;
- individual or family coverage through closed panel Plans or other prepayment, group practice or individual practice Plans;
- hospital indemnity coverage;
- a school blanket plan that only provides accident-type coverage on a 24 hour basis, or a "to and from school basis," to students in a grammar school, high school or college;
- disability income protection coverage;
- accident only coverage;
- specified disease or specified accident coverage;
- nursing home or long term care coverage; or
- any government program or coverage if, by state or Federal law, its benefits are excess to those of any private insurance plan or other non-government plan.

The provisions of This Plan which limit benefits based on benefits or services provided under;

- Government Plans; or
- Plans which the employer, Policyholder (or an affiliate) contributes to or sponsors;

will not be affected by these Coordination of Benefits provisions.

Each policy, contract or other arrangement for benefits is a separate Plan. If part of a Plan reserves the right to reduce what it pays based on benefits or services provided by other Plans, that part will be treated separately from any parts which do not.

DENTAL INSURANCE: COORDINATION OF BENEFITS (CONTINUED)

This Plan means the dental benefits described in this certificate, except for any provisions in this certificate that limit insurance based on benefits for services provided under government plans, or plans which the employer (or an affiliate) contributes to or sponsors.

Primary Plan means a Plan that pays its benefits first under the “Rules to Decide Which Plan Is Primary” section. A Primary Plan pays benefits as if the Secondary Plans do not exist.

Secondary Plan means a Plan that is not a Primary Plan. A Secondary Plan may reduce its benefits by amounts payable by the Primary Plan. If there are more than two Plans that provide coverage, a Plan may be Primary to some plans, and Secondary to others.

RULES TO DECIDE WHICH PLAN IS PRIMARY

When more than one Plan covers the person for whom Allowable Expenses were incurred, We determine which plan is primary by applying the rules in this section.

When there is a basis for claim under This Plan and another Plan, This Plan is Secondary unless:

- the other Plan has rules coordinating its benefits with those of This Plan; and
- this Plan is primary under This Plan’s rules.

The first rule below which will allow Us to determine which Plan is Primary is the rule that We will use.

Dependent or Non-Dependent: A Plan that covers a person other than as a dependent (for example, as an employee, member, subscriber, or retiree) is Primary and shall pay its benefits before a Plan that covers the person as a dependent; except that if the person is a Medicare beneficiary and, as a result of federal law or regulations, Medicare is:

- Secondary to the Plan covering the person as a dependent; and
- Primary to the Plan covering the person as other than a dependent (e.g., a retired employee),

then the order of benefits between the two Plans is reversed and the Plan that covers the person as a dependent is Primary.

DENTAL INSURANCE: COORDINATION OF BENEFITS (CONTINUED)

Child Covered Under More Than One Plan – Court Decree: When This Plan and another Plan cover the same Child as the Dependent of two or more Parents, and the specific terms of a court decree state that one of the Parents must provide health coverage or pay for the Child's health care expenses, that Parent's Plan is Primary if the Plan has actual knowledge of those terms. This rule applies to Claim Determination Periods that start after the Plan is given notice of the court decree.

Child Covered Under More Than One Plan – The Birthday Rule: When This Plan and another Plan cover the same Child as the Dependent of two or more Parents, the Primary Plan is the Plan of the Parent whose birthday falls earlier in the Year if:

- the Parents are married; or
- the Parents are not separated (whether or not they have ever married); or
- a court decree awards joint custody without specifying which Parent must provide health coverage.

If both Parents have the same birthday, the Plan that covered either of the Parents longer is the Primary Plan.

However, if the other Plan does not have this rule, but instead has a rule based on the gender of the parent, and if as a result the Plans do not agree on the order of benefits, the rule in the other Plan will determine the order of benefits.

Child Covered Under More than One Plan – Custodial Parent: When This Plan and another Plan cover the same Child as the Dependent of two or more Parents, if the Parents are not married, or are separated (whether or not they ever married), or are divorced, the Primary Plan is:

- the Plan of the Custodial Parent; then
- the Plan of the spouse of the Custodial Parent; then
- the Plan of the non-custodial Parent; and then
- the Plan of the spouse of the non-custodial Parent.

Active or Inactive Employee: A Plan that covers a person as an employee who is neither laid off nor retired is Primary to a Plan that covers the person as a laid-off or retired employee (or as that person's Dependent). If the other Plan does not have this rule and, if as a result, the Plans do not agree on the order of benefits, this rule is ignored.

Continuation Coverage: The Plan that covers a person as an active employee, member or subscriber (or as that employee's Dependent) is Primary to a Plan that covers that person under a right of continuation pursuant to federal law (e.g., COBRA) or state law. If the Plan that covers the person has not adopted this rule, and if, as a result, the Plans do not agree on the order of benefits, this rule shall not apply.

Longer/Shorter Time Covered: If none of the above rules determine which Plan is Primary, the Plan that has covered the person for the longer time shall be Primary to a Plan that has covered the person for a shorter time.

No Rules Apply: If none of the above rules determine which Plan is Primary, the Allowable Expenses shall be shared equally between all the Plans. In no event will This Plan pay more than it would if it were Primary.

DENTAL INSURANCE: COORDINATION OF BENEFITS (CONTINUED)

EFFECT ON BENEFITS OF THIS PLAN

If This Plan is Secondary, when the total Allowable Expenses incurred by a covered person in any Claim Determination Period are less than the sum of:

- the benefits that would be payable under This Plan without applying this Coordination of Benefits provision; and
- the benefits that would be payable under all other Plans without applying Coordination of Benefits or similar provisions;

then We will reduce the benefits that would otherwise be payable under This Plan. The sum of these reduced benefits plus all benefits payable for such Allowable Expenses under all other Plans will not exceed the total of the Allowable Expenses. Benefits payable under all other Plans include all benefits that would be payable if the proper claims had been made on time.

RIGHT TO RECEIVE AND RELEASE NEEDED INFORMATION

We need certain information to apply the Coordination of Benefits rules. We have the right to decide which facts We need. We may get facts from or give them to any other organization or person. We do not need to tell, or get the consent of, any person or organization to do this. To obtain all benefits available, a covered person who incurs Allowable Expenses should file a claim under each Plan which covers the person. Each person claiming benefits under This Plan must give us any facts We need to pay the claim.

FACILITY OF PAYMENT

A payment made under another Plan may include an amount which should have been paid under This Plan. If it does, We may pay that amount to the organization which made that payment. That amount will then be treated as though it were a benefit paid under This Plan. We will not have to pay that amount again. The term "payment made" includes benefits provided in the form of services, in which case We may pay the reasonable cash value of the benefits provided in the form of services.

RIGHT OF RECOVERY

If the amount We pay is more than We should have paid under this Coordination of Benefits provision, We may recover the excess from one or more of:

- the person We have paid or for whom We have paid;
- insurance companies; or
- other organizations.

The amount of the payment includes the reasonable cash value of any benefits provided in the form of services.

FILING A CLAIM

For Dental Insurance, all claim forms needed to file for benefits under the group insurance program can be obtained by calling MetLife at 1-800-438-6388. Dental claim forms can also be downloaded from www.metlife.com/dental. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim.

When We receive the claim form and Proof, We will review the claim and, if We approve it, We will pay benefits subject to the terms and provisions of this certificate and the Group Policy.

CLAIMS FOR DENTAL INSURANCE BENEFITS

When a claimant files a claim for Dental Insurance benefits described in this certificate, both the notice of claim and the required Proof should be sent to Us within 90 days of the date of a loss.

Claim and Proof may be given to Us by following the steps set forth below:

Step 1

A claimant can request a claim form by calling Us at 1-800-438-6388.

Step 2

We will send a claim form to the claimant within 15 days of the request. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim.

Step 3

When the claimant receives the claim form the claimant should fill it out as instructed and return it with the required Proof described in the claim form.

Step 4

The claimant must give Us Proof not later than 90 days after the date of the loss.

If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and Proof are given as soon as is reasonably possible.

Time Limit on Legal Actions. A legal action on a claim for Dental Insurance benefits may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends 5 years after the date such Proof is required.

DENTAL INSURANCE: PROCEDURES FOR DENTAL CLAIMS

Claim Submission

For claims for Dental Insurance benefits, the claimant must complete the appropriate claim form and submit the required Proof as described in the FILING A CLAIM section of the certificate.

Claim forms must be submitted in accordance with the instructions on the claim form.

Routine Questions on Dental Insurance Claims

If there is any question about a claim payment, an explanation may be requested from MetLife by dialing 1-800-438-6388.

Initial Determination

After You submit a claim for Dental Insurance benefits to MetLife, MetLife will review Your claim and notify You of its decision to approve or deny Your claim.

Such notification will be provided to You within a 30 day period from the date You submitted Your claim; except for situations requiring an extension of time of up to 15 days because of matters beyond the control of the Plan. If MetLife needs such an extension, MetLife will notify You prior to the expiration of the initial 30 day period, state the reason why the extension is needed, and state when it will make its determination. If an extension is needed because You did not provide sufficient information or filed an incomplete claim, the time from the date of MetLife's notice requesting further information and an extension until MetLife receives the requested information does not count toward the time period MetLife is allowed to notify You as to its claim decision. You will have 45 days to provide the requested information from the date You receive the notice requesting further information from MetLife.

If MetLife denies Your claim in whole or in part, the notification of the claims decision will state the reason why Your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because MetLife did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. Further, if an internal rule, protocol, guideline or other criterion was relied upon in making the denial, the claims decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that You may request a copy free of charge.

Appealing the Initial Determination

If MetLife denies Your claim, You may take two appeals of the initial determination. Upon Your written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim. You must submit Your appeal to MetLife at the address indicated on the claim form within 180 days of receiving MetLife's decision. Appeals must be in writing and must include at least the following information:

- Name of Employee
- Name of the Plan
- Reference to the initial decision
- Whether the appeal is the first or second appeal of the initial determination
- An explanation why You are appealing the initial determination.

As part of each appeal, You may submit any written comments, documents, records, or other information relating to Your claim.

After MetLife receives Your written request appealing the initial determination or determination on the first appeal, MetLife will conduct a full and fair review of Your claim. Deference will not be given to initial denials, and MetLife's review will look at the claim anew. The review on appeal will take into account all comments, documents, records, and other information that You submit relating to Your claim without regard to whether such information was submitted or considered in the initial determination. The person who will review Your appeal will not be the same person as the person who made the initial decision to deny Your claim. In

DENTAL INSURANCE: PROCEDURES FOR DENTAL CLAIMS (CONTINUED)

addition, the person who is reviewing the appeal will not be a subordinate of the person who made the initial decision to deny Your claim. If the initial denial is based in whole or in part on a medical judgment, MetLife will consult with a health care professional with appropriate training and experience in the field of dentistry involved in the judgment. This health care professional will not have consulted on the initial determination, and will not be a subordinate of any person who was consulted on the initial determination.

MetLife will notify You in writing of its final decision within 30 days after MetLife's receipt of Your written request for review, except that under special circumstances MetLife may have up to an additional 30 days to provide written notification of the final decision. If such an extension is required, MetLife will notify You prior to the expiration of the initial 30 day period, state the reason(s) why such an extension is needed, and state when it will make its determination.

If MetLife denies the claim on appeal, MetLife will send You a final written decision that states the reason(s) why the claim You appealed is being denied and references any specific Plan provision(s) on which the denial is based. If an internal rule, protocol, guideline or other criterion was relied upon in denying the claim on appeal, the final written decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that You may request a copy free of charge. Upon written request, MetLife will provide You free of charge with copies of documents, records and other information relevant to Your claim.

GENERAL PROVISIONS

Assignment

The rights and benefits under the Group Policy are not assignable prior to a claim for benefits, except as required by law.

Upon receipt of a Covered Service, You may assign Dental Insurance benefits to the Dentist providing such service.

Dental Insurance: Who We Will Pay

If You assign payment of Dental Insurance benefits to Your or Your Dependent's Dentist, We will pay benefits directly to the Dentist. Otherwise, We will pay Dental Insurance benefits to You.

Entire Contract

Your insurance is provided under a contract of group insurance with the Employer. The entire contract with the Employer is made up of the following:

1. the Group Policy and its Exhibits, which include the certificate(s);
2. the Employer's application; and
3. any amendments and/or endorsements to the Group Policy.

Incontestability: Statements Made by You

Any statement made by You will be considered a representation and not a warranty. We will not use such statement to avoid insurance, reduce benefits or defend a claim unless the following requirements are met:

1. the statement is in a Written application or enrollment form;
2. You have Signed the application or enrollment form; and
3. a copy of the application or enrollment form has been given to You or Your Beneficiary.

Misstatement of Age

If Your age is misstated, the correct age will be used to determine if insurance is in effect and, as appropriate, We will adjust the benefits and/or premiums.

Conformity with Law

If the terms and provisions of this certificate do not conform to any applicable law, this certificate shall be interpreted to so conform.

Autopsy

We have the right to make a reasonable request for an autopsy where permitted by law. Any such request will set forth the reasons We are requesting the autopsy.

Overpayments

Recovery of Dental Insurance Overpayments

We have the right to recover any amount that We determine to be an overpayment, whether for services received by You or Your Dependents.

An overpayment occurs if We determine that:

- the total amount paid by Us on a claim for Dental Insurance is more than the total of the benefits due to You under this certificate; or

GENERAL PROVISIONS (CONTINUED)

- payment We made should have been made by another group plan.

If such overpayment occurs, You have an obligation to reimburse Us.

How We Recover Overpayments

We may recover the overpayment from You by:

- stopping or reducing any future benefits payable for Dental Insurance;
- demanding an immediate refund of the overpayment from You; and
- taking legal action.

We may recover such overpayment in accordance with that agreement.

If the overpayment results from Our having made a payment to You that should have been made under another group plan, We may recover such overpayment from one or more of the following:

- any other insurance company;
- any other organization; or
- any person to or for whom payment was made.

"THIS IS THE END OF THE CERTIFICATE. THE FOLLOWING IS ADDITIONAL INFORMATION"

PLAN PRIVACY INFORMATION

Notwithstanding any other Plan provision in this or other sections of the Plan, the Plan will operate in accordance with the HIPAA privacy laws and regulations as set forth in 45 CFR Parts 160 and 164, and as they may be amended ("HIPAA"), with respect to protected health information ("PHI") as that term is defined therein. The Plan Administrator and/or his or her designee retains full discretion in interpreting these rules and applying them to specific situations. All such decisions shall be given full deference unless the decision is determined to be arbitrary and capricious.

The term "Plan Sponsor" means The Okaloosa County Board of County Commissioners.

The term "Plan Administrator" means the entity designated as Plan Administrator by the Plan documents pursuant to which the plan is operated. If a Plan Administrator is not designated by the plan documents, the Plan Sponsor shall be deemed to be the Plan Administrator.

I. Permitted Uses and Disclosures of PHI by the Plan and the Plan Sponsor

The Plan and the Plan Sponsor are permitted to use and disclose PHI for the following purposes, to the extent they are not inconsistent with HIPAA:

- For general plan administration, including policyholder service functions, enrollment and eligibility functions, reporting functions, auditing functions, financial and billing functions, to assist in the administration of a consumer dispute or inquiry, and any other authorized insurance or benefit function.
- As required for computer programming, consulting or other work done in respect to the computer programs or systems utilized by the Plan.
- Other uses relating to plan administration, which are approved in writing by the Plan Administrator.
- At the request of an individual, to assist in resolving claims the individual may have with respect to benefits under the Plan.

II. Uses and Disclosures of PHI by the Plan and the Plan Sponsor for Required Purposes

The Plan and Plan Sponsor may use or disclose PHI for the following required purposes:

- Judicial and administrative proceedings, in response to lawfully executed process, such as a court order or subpoena.
- For public health and health oversight activities, and other governmental activities accompanied by lawfully executed process.
- As otherwise may be required by law.

III. Sharing of PHI With the Plan Sponsor

As a condition of the Plan Sponsor receiving PHI from the Plan, the Plan Documents have been amended to incorporate the following provisions, under which the Plan Sponsor agrees to:

- Not use or further disclose PHI other than as permitted or required by the plan documents in Sections I and II above;
- Ensure that any agents to whom it provides PHI received from the Plan agree to the same restrictions and conditions that apply to the Plan Sponsor;
- Not use or disclose PHI for employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the Plan Sponsor;
- Report to the Plan any use or disclosure of the information that is inconsistent with the permitted uses or disclosures of which it becomes aware;
- Make PHI available to Plan participants for the purposes of the rights of access and inspection, amendment, and accounting of disclosures as required by HIPAA;
- Make its internal practices, books and records relating to the use and disclosure of PHI received from the Plan available to the Secretary of the U.S. Department of Health and Human Services for purposes of determining compliance by the Plan with HIPAA;
- If feasible, return or destroy all PHI received from the Plan that the sponsor still maintains in any form and retain no copies of such information when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible;
- Ensure that adequate separation between the Plan and Plan Sponsor is established in accordance with the following requirements:

(A) Employees to be Given Access to PHI: The following employees (or class of employees) of the Plan Sponsor are the only individuals that may access PHI provided by the Plan:

Human Resources Director, Human Resources Manager, Benefit Specialist, Risk Manager

(B) Restriction to Plan Administration Functions: The access to and use of PHI by the employees of the Plan Sponsor designated above will be limited to plan administration functions that the Plan Sponsor performs for the Plan.

(C) Mechanism for Resolving issues of Noncompliance: If the Plan Administrator determines that an employee of the Plan Sponsor designated above has acted in noncompliance with the plan document provisions outlined above, then the Plan Administrator shall take or seek to have taken appropriate disciplinary action with respect to that employee, up to and including termination of employment as appropriate. The Plan Administrator shall also document the facts of the violation, actions that have been taken to discipline the offending party and the steps taken to prevent future violations.

Certify to the Plan, prior to the Plan permitting disclosure of PHI to the Plan Sponsor, that the Plan Documents have been amended to incorporate the provisions in this Section.

IV. Participants Rights

Participants and their covered dependents will have the rights set forth in the Plan's or its dental insurer's HIPAA Notice of Privacy Practices for Protected Health Information and any other rights and protections required under the HIPAA. The Notice may periodically be revised by the Plan or its dental insurer.

V. Privacy Complaints/Issues

All complaints or issues raised by Plan participants or their covered dependents in respect to the use of their PHI must be submitted in writing to the Plan Administrator. A response will be made within 30 days of the receipt of the written complaint. In the event more time is required to resolve any issues this period can be extended to 90 days. The affected participant must receive written notice of the extension and the resolution of their complaint. The Plan Administrator shall have full discretion in resolving the complaint and making any required interpretations and factual determinations. The decision of the Plan Administrator shall be final and be given full deference by all parties.

VI. Security

As a condition of the Plan Sponsor receiving electronic PHI ("ePHI") from the Plan, the Plan Documents have been amended to incorporate the following provisions, under which the Plan Sponsor agrees to:

- Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the ePHI that it creates, receives, maintains, or transmits on behalf of the Plan;
- Ensure that the adequate separation between the Plan and the Plan Sponsor, which is required by the applicable section(s) of the Plan relating to the sharing of PHI with the Plan Sponsor, is supported by reasonable and appropriate security measures;
- Ensure that any agent to whom it provides ePHI agrees to implement reasonable and appropriate security measures to protect the information; and
- Report to the Plan any security incident of which it becomes aware. In this context, the term "security incident" means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in information systems such as hardware, software, information, data, applications, communications, and people.

Privacy Notice to Our Customers

This Privacy Notice is given to you on behalf of **METROPOLITAN LIFE INSURANCE COMPANY**.

TO PLAN SPONSORS AND GROUP INSURANCE CONTRACTHOLDERS: THIS NOTICE EXPLAINS HOW WE TREAT INFORMATION ABOUT ANYONE WHO APPLIES FOR OR OBTAINS OUR PRODUCTS AND SERVICES UNDER EMPLOYEE BENEFIT PLANS THAT WE INSURE OR GROUP INSURANCE CONTRACTS THAT WE ISSUE. PLEASE NOTE THAT WE REFER TO THESE INDIVIDUALS IN THIS NOTICE BY USING THE TERM "YOU", AS IF THIS NOTICE WERE BEING ADDRESSED TO THESE INDIVIDUALS.

Why We Need to Know about You: We need to know about you (and anyone else to be insured) so that we can provide the insurance and other products and services you've asked for. We may also need information from you and others to help us verify identities in order to prevent money laundering and terrorism. What we need to know includes address, age and other basic information. But we may need more information, including finances, employment, health, hobbies or business conducted with us, with other MetLife companies (our "**affiliates**") or with other companies.

How We Learn about You: What we know about you (and anyone else to be insured) we get mostly from you. But we may also have to find out more from other sources in order to make sure that what we know is correct and complete. Those sources may include adult relatives, employers, consumer reporting agencies, health care providers and others. Some of our sources may give us reports and may disclose what they know to others.

How We Protect What We Know About You: We treat what we know about you confidentially. Our employees are told to take care in handling your information. They may get information about you only when there is a good reason to do so. We take steps to make our computer data bases secure and to safeguard the information we have.

How We Use and Disclose What We Know About You: We may use anything we know about you to help us serve you better. We may use it, and disclose it to our affiliates and others, for any purpose allowed by law. For instance, we may use your information, and disclose it to others, in order to:

- Help us evaluate your request for a product or service
- Help us process claims and other transactions
- Confirm or correct what we know about you
- Help us prevent fraud, money laundering, terrorism and other crimes by verifying what we know about you
- Help us comply with the law
- Help us run our business
- Process data for us
- Perform research for us
- Audit our business

Other reasons we may disclose what we know about you include:

- Doing what a court or government agency requires us to do; for example, complying with a search warrant or subpoena
- Telling another company what we know about you, if we are or may be selling all or any part of our business or merging with another company
- Giving information to the government so that it can decide whether you may get benefits that it will have to pay for
- Telling a group customer about its members' claims or cooperating in a group customer's audit of our service
- Telling your health care provider about a medical problem that you have but may not be aware of
- Giving your information to a peer review organization if you have health insurance with us
- Giving your information to someone who has a legal interest in your insurance, such as someone who lent you money and holds a lien on your insurance or benefits

Generally, we will disclose only the information we consider reasonably necessary to disclose.

We may use what we know about you in order to offer you our other products and services. We may share your information with other companies to help us. Here are our other rules on using your information to market products and services:

- We will not share information about you with any of our affiliates for use in marketing its products to you, unless we first notify you. You will then have an opportunity to tell us not to share your information by “opting out.”
- Before we share what we know about you with another financial services company to offer you products or services through a joint marketing arrangement, we will let you “opt-out.”
- We will not disclose information to unaffiliated companies for use in selling their products to you, except through such joint marketing arrangements.
- We will not share your health information with any other company, even one of our affiliates, to permit it to market its products and services to you.

How You Can See and Correct Your Information: Generally, we will let you review what we know about you if you ask us in writing. (Because of its legal sensitivity, we will not show you anything that we learned in connection with a claim or lawsuit.) If you tell us that what we know about you is incorrect, we will review it. If we agree with you, we will correct our records. If we do not agree with you, you may tell us in writing, and we will include your statement when we give your information to anyone outside MetLife.

You Can Get Other Material from Us: In addition to any other privacy notice we may give you, we must give you a summary of our privacy policy once each year. You may have other rights under the law. If you want to know more about our privacy policy, please contact us at our website, www.metlife.com, or write to Metropolitan Life Insurance Company, c/o MetLife Privacy Office - Inst, P.O. Box 489, Warwick, RI 02887-9954. Please identify the specific product or service you are writing about.

Uniformed Services Employment And Reemployment Rights Act

This section describes the right that you may have to continue coverage for yourself and your covered dependents under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA).

Continuation of Group Dental Insurance:

If you take a leave from employment for "service in the uniformed services," as that term is defined in USERRA, and as a consequence your dental insurance coverage under your employer's group dental insurance policy ends, you may elect to continue dental insurance for yourself and your covered dependents, for a limited period of time, as described below.

The law requires that your employer notify you of your rights, benefits and obligations under USERRA including instructions on how to elect to continue insurance, the amount and procedure for payment of premium. If permitted by USERRA, your employer may require that you elect to continue coverage within a period of time specified by your employer.

You may be responsible for payment of the required premium to continue insurance. If your leave from employment for service in the uniformed services lasts less than 31 days, your required premium will be no more than the amount you were required to pay for dental insurance before the leave began; for a leave lasting 31 or more days, you may be required to pay up to 102% of the total dental insurance premium, including any amount that your employer was paying before the leave began.

You and your covered dependents insurance that is continued pursuant to USERRA will end on the earliest of the following:

- the end of 24 consecutive months from the date your leave from employment for service in the uniformed services begins; or
- the day after the date on which you fail to apply for, or return to employment, in accordance with USERRA.

You and your covered dependent may become entitled to continuation of coverage under the Consolidated Omnibus Budget Reconciliation Act ("COBRA") while you have dental insurance coverage under your employer's group dental insurance policy pursuant to USERRA. Contact your employer for more information.



Payroll Deduction

THE OKALOOSA COUNTY BOARD OF COUNTY COMMISSIO

601 A NORTH PEARL STREET

CRESTVIEW, FL 32536

ER PAID MONTHLY

Bill Date: 01/14/2020

Paycheck Date: 02/01/2020

Cd: 7

Location #: 1

Invoice #: 42559286

Group #: 5700737

Summary		Requested Amount	My Adjustments	Invoice Total*
Adds	7	866.81	0.00	866.81
Changes	22	1,611.10	-857.47	753.63
Deletes	22	0.00	0.00	0.00
No Changes	988	53,903.39	-1,099.98	52,803.41
All	1039	56,381.30	-1,957.45	54,423.85

Amount to Remit: \$ 54,423.85

*Important Note on Invoice Total

Discrepancies between the invoice total and the amount paid must be reported along with this invoice.

Changes identified after today (03/05/2020) will be reflected in your next bill. The payment you send should equal the amount on this invoice once submitted if not, your account will not balance and there will be a delay in posting the money to your account which may impact your next bill.

Remittance Instructions

Pay by Check

Make your check, draft, or money order payable in U.S. funds to MetLife, and mail it with this invoice to:

MetLife

PO BOX 783895

Philadelphia, PA 19178-3895

Pay by Wire Transfer

Please fax this invoice to:
The MetLife Remittance Service Center at 813-983-4908.

The following information is needed to complete your wire transfer:

Bank: JP Morgan Chase Bank, New York, NY
Acct. Title: Metropolitan Life Insurance Company - CBS
Acct. #: 002-2-430805
ABA #: 021000021
Reference: CBSRP5700737

THE OKALOOSA COUNTY BOARD OF COUNTY
 COMMISSIONERS
 05919435

Date	Premium (\$)	Lives - Employee	Total Claims (\$)
01/01/2018	\$56,334.98	1,031	\$37,896.22
02/01/2018	\$56,693.24	1,035	\$44,728.66
03/01/2018	\$56,763.26	1,035	\$42,850.40
04/01/2018	\$56,943.50	1,048	\$43,368.56
05/01/2018	\$57,311.67	1,055	\$39,839.36
06/01/2018	\$57,554.64	1,056	\$36,833.74
07/01/2018	\$58,167.81	1,061	\$39,035.72
08/01/2018	\$58,404.98	1,066	\$43,708.64
09/01/2018	\$58,232.26	1,065	\$34,887.79
10/01/2018	\$57,784.28	1,060	\$39,088.10
11/01/2018	\$57,551.42	1,054	\$45,672.97
12/01/2018	\$57,462.41	1,046	\$40,667.63
01/01/2019	\$57,220.56	1,043	\$41,553.74
02/01/2019	\$56,531.86	1,036	\$41,927.40
03/01/2019	\$56,846.89	1,036	\$45,183.50
04/01/2019	\$56,769.67	1,033	\$48,388.36
05/01/2019	\$56,658.75	1,029	\$45,463.90
06/01/2019	\$56,188.00	1,032	\$27,489.18
07/01/2019	\$56,348.89	1,030	\$33,367.60
08/01/2019	\$56,168.22	1,028	\$42,539.40
09/01/2019	\$56,741.03	1,041	\$37,454.92
10/01/2019	\$55,824.90	1,026	\$44,932.68
11/01/2019	\$55,922.73	1,032	\$43,007.02
12/01/2019	\$56,103.55	1,038	\$35,648.76

EMPLOYEE STATUS	Zip	Birthdate	Sex	Coverage Single/Family
Active	32539	05/03/1974	F	Family
Active	32514	07/25/1978	F	Family
Active	32536	07/03/1988	M	Family
Active	32439	08/02/1965	M	Family
Active	32531	05/20/1958	F	Family
Active	32547	03/31/1963	F	Family
Active	32566	02/27/1963	M	Family
Active	32536	05/27/1982	F	Family
Active	32541	01/20/1975	M	Family
Active	32547	12/20/1966	F	Family
Active	32541	02/22/1975	F	Family
Active	32536	10/06/1983	M	Family
Active	32531	07/17/1958	M	Family
Active	32536	09/16/1975	F	Family
Active	32579	09/28/1976	M	Family
Active	32536	01/30/1987	F	Family
Active	32566	10/19/1958	M	Family
Active	32536	12/20/1979	F	Family
Active	32435	09/14/1974	F	Family
Active	32541	09/08/1971	M	Family
Active	32539	09/26/1967	M	Family
Active	32567	04/30/1982	F	Family
Active	32536	05/25/1952	M	Family
Active	32539	07/27/1965	F	Family
Active	32536	06/19/1956	M	Family
Active	32539	02/08/1966	M	Family
Active	32536	02/14/1984	M	Family
Active	32564	05/31/1983	M	Family
Active	36483	10/07/1974	M	Family
Active	32536	10/24/1964	M	Family
Active	32578	10/21/1961	F	Family
Active	32539	08/28/1971	F	Family
Active	32564	10/06/1988	F	Family
Active	32569	05/24/1975	M	Family
Active	32564	10/20/1985	M	Family
Active	32536	10/27/1993	F	Family
Active	32548	11/28/1978	M	Family
Active	32536	04/22/1991	M	Family
Active	32536	10/16/1961	F	Family
Active	32571	10/06/1968	M	Family
Active	32563	02/27/1956	M	Family
Active	32536	07/28/1966	F	Family
Active	32433	03/04/1965	M	Family
Active	32539	01/04/1980	M	Family
Active	32531	01/16/1987	M	Family
Active	32539	09/20/1970	M	Family
Active	32531	11/02/1973	M	Family

Active	32539	05/29/1975	M	Family
Active	32567	12/29/1980	M	Family
Active	32578	06/21/1978	M	Family
Active	32539	11/14/1960	M	Family
Active	32548	04/09/1970	F	Family
Active	32531	01/24/1982	M	Family
Active	32566	01/03/1979	M	Family
Active	32578	06/16/1966	M	Family
Active	32579	12/23/1974	M	Family
Active	32439	02/15/1981	F	Family
Active	32539	08/24/1957	M	Family
Active	32433	10/30/1987	F	Family
Active	32539	04/03/1984	F	Family
Active	32531	08/25/1974	M	Family
Active	32531	10/24/1961	M	Family
Active	32539	12/15/1985	F	Family
Active	32493	01/12/1973	M	Family
Active	32547	11/14/1955	M	Family
Active	32571	08/27/1983	F	Family
Active	32539	11/06/1975	F	Family
Active	32539	09/30/1968	M	Family
Active	33069	07/19/1972	F	Family
Active	32539	01/05/1976	M	Family
Active	32539	05/13/1962	M	Family
Active	32439	07/10/1965	M	Family
Active	32570	09/23/1962	M	Family
Active	32548	09/29/1953	M	Family
Active	32536	10/25/1982	M	Family
Active	32563	08/25/1975	M	Family
Active	32569	06/01/1990	F	Family
Active	32531	04/16/1976	M	Family
Active	32536	09/04/1973	M	Family
Active	32531	01/07/1960	M	Family
Active	32536	08/30/1958	F	Family
Active	32539	07/16/1967	F	Family
Active	32433	09/25/1964	F	Family
Active	32563	04/03/1984	F	Family
Active	32567	09/07/1967	F	Family
Active	32539	01/23/1971	F	Family
Active	32580	06/19/1962	M	Family
Active	32536	02/14/1966	F	Family
Active	32536	05/22/1962	M	Family
Active	32547	07/26/1978	M	Family
Active	32531	12/27/1959	M	Family
Active	32548	04/26/1980	M	Family
Active	32547	09/28/1979	M	Family
Active	32539	03/26/1982	M	Family
Active	32536	09/19/1966	M	Family
Active	32566	02/28/1956	M	Family

Active	32567	09/27/1973	M	Family
Active	32539	02/18/1973	M	Family
Active	32547	09/11/1962	M	Family
Active	32539	04/19/1979	M	Family
Active	32531	01/07/1975	M	Family
Active	36442	05/10/1972	M	Family
Active	32539	12/24/1971	F	Family
Active	32579	07/28/1988	F	Family
Active	32531	08/08/1987	M	Family
Active	32539	12/30/1986	M	Family
Active	32567	05/23/1975	M	Family
Active	32547	07/14/1983	F	Family
Active	32531	11/24/1966	M	Family
Active	32539	10/29/1959	M	Family
Active	32541	12/06/1959	M	Family
Active	32539	05/18/1977	M	Family
Active	32564	11/25/1965	M	Family
Active	36483	05/23/1958	F	Family
Active	32531	01/10/1985	M	Family
Active	32536	08/17/1967	F	Family
Active	32539	10/01/1969	F	Family
Active	32536	05/31/1978	M	Family
Active	32548	07/01/1969	M	Family
Active	32569	02/12/1973	M	Family
Active	32548	12/30/1962	M	Family
Active	32578	01/25/1967	F	Family
Active	32536	02/05/1976	M	Family
Active	32564	09/13/1972	M	Family
Active	32536	11/02/1977	M	Family
Active	32536	01/18/1963	M	Family
Active	32536	06/05/1979	M	Family
Active	32539	02/13/1963	M	Family
Active	32578	05/11/1959	M	Family
Active	32536	10/08/1983	M	Family
Active	32536	08/17/1964	M	Family
Active	32541	04/29/1968	M	Family
Active	32564	05/18/1971	M	Family
Active	32531	07/16/1969	M	Family
Active	32433	10/26/1961	M	Family
Active	32539	11/25/1980	M	Family
Active	32566	11/04/1969	M	Family
Active	32567	04/10/1957	M	Family
Active	32541	12/30/1958	M	Family
Active	32539	04/29/1964	M	Family
Active	32579	11/02/1979	F	Family
Active	32578	10/04/1967	F	Family
Active	32548	05/16/1964	M	Family
Active	32583	01/28/1980	F	Family
Active	32569	12/29/1976	M	Family

Active	32578	09/08/1991	M	Family
Active	32547	10/23/1979	F	Family
Active	32579	01/01/1980	M	Family
Active	32539	11/28/1958	F	Family
Active	32536	11/02/1966	M	Family
Active	32531	11/22/1967	M	Family
Active	32536	09/27/1963	M	Family
Active	32547	03/03/1965	F	Family
Active	32564	09/17/1960	F	Family
Active	32563	06/16/1990	M	Family
Active	32539	04/24/1961	M	Family
Active	32548-5361	08/15/1977	F	Family
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Active	32536	04/24/1979	F	Family
Active	32566	10/02/1967	M	Family
Active	32539	02/25/1980	M	Family
Active	32547	09/11/1959	F	Family
Active	32539-8175	05/28/1959	F	Family
Active	32547	12/08/1982	F	Family
Active	32456	09/16/1972	M	Family
Active	32539	12/15/1958	F	Family
Active	32539	11/03/1975	M	Family
Active	32536	10/17/1966	M	Family
Active	32547	07/31/1969	F	Family
Active	32541	08/16/1955	M	Family
Active	32564	02/16/1986	M	Family
Active	32548	08/03/1976	M	Family
Active	32539	12/15/1970	F	Family
Active	32579	07/21/1953	M	Family
Active	32539	09/16/1972	F	Family
Active	32566	01/18/1987	M	Family
Active	32566	07/23/1964	F	Family
Active	32547	05/19/1987	F	Family
Active	32531	12/04/1977	F	Family
Active	32583	02/28/1978	M	Family
Active	32547	03/20/1987	F	Family
Active	32541	06/25/1983	M	Family
Active	32569	07/23/1960	F	Family
Active	32536	08/21/1982	F	Family
Active	32536	11/26/1976	F	Family
Active	32539	09/15/1973	M	Family
Active	32539	06/02/1986	F	Family
Active	32583	01/29/1970	M	Family
Active	32580	08/15/1957	F	Family
Active	36608	01/15/1972	M	Family
Active	32539	12/01/1991	M	Family
Active	32536	08/01/1975	M	Family
Active	32566	08/11/1966	M	Family
Active	32566	11/13/1960	M	Family

Active	32571	02/28/1986	M	Family
Active	32548	06/21/1956	M	Family
Active	32539	11/30/1962	M	Family
Active	32531	03/24/1969	F	Family
Active	32579	01/02/1971	M	Family
Active	32564	07/08/1982	M	Family
Active	32583	10/23/1977	M	Family
Active	32536	10/19/1960	M	Family
Active	32566	01/09/1967	F	Family
Active	32548	08/07/1950	M	Family
Active	32566	09/08/1972	M	Family
Active	32539	01/31/1956	M	Family
Active	32536	02/25/1963	M	Family
Active	32536	08/05/1973	M	Family
Active	32539	05/31/1967	M	Family
Active	32536	04/24/1985	F	Family
Active	32536	08/15/1958	M	Family
Active	32580	12/19/1980	M	Family
Active	32531	11/02/1967	M	Family
Active	32531	03/16/1971	M	Family
Active	32578	07/05/1964	M	Family
Active	32526	04/01/1986	F	Family
Active	32567	12/21/1971	M	Family
Active	32569	08/30/1966	M	Family
Active	32536	05/30/1963	M	Family
Active	32539	06/02/1969	M	Family
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Active	32539	04/04/1956	M	Family
Active	32531	03/05/1967	M	Family
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Active	32539	12/26/1959	M	Family
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Active	32578	01/03/1987	M	Family
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Active	32567	03/03/1975	M	Family
Active	32539	01/28/1965	M	Family
Active	32531	07/31/1961	M	Family
Active	32539	09/27/1962	F	Family
Active	32536	10/20/1973	F	Family
Active	32578	08/04/1965	M	Family
Active	36483	08/27/1975	M	Family
Active	32531	03/20/1956	M	Family
Active	32531	10/16/1975	F	Family
Active	32531	04/23/1968	M	Family
Active	32578	07/29/1983	F	Family
Active	32579	02/02/1975	M	Family

Active	32547	09/06/1960	M	Family
Active	32539	12/07/1972	M	Family
Active	32569	11/26/1969	F	Family
Active	32539	04/14/1980	F	Family
Active	32539	12/29/1955	F	Family
Active	32536	12/25/1984	F	Family
Active	32564	03/19/1959	M	Family
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Active	32531	08/28/1970	M	Family
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Active	32536	06/10/1958	M	Single
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Active	32548	01/27/1968	M	Single
Active	32539	04/02/1988	M	Single
Active	32536	01/15/1983	M	Single
Active	32547	08/08/1997	M	Single
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Active	32531	07/19/1959	M	Single

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Active	32539	05/15/1982	M	Single
Active	32536	03/08/1981	M	Single
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Active	32564	05/01/1992	F	Single
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Active	32539	01/06/1974	F	Single
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Active	32583	03/27/1983	M	Single
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Active	32539	03/14/1988	M	Single
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Active	32578	09/09/1994	F	Single
Active	32578	11/07/1997	F	Single
Active	32569	04/12/1959	F	Single
Active	32547	04/26/1982	F	Single
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Active	32536	12/18/1982	F	Single
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Active	32531	10/07/1969	F	Single
Active	32566	11/05/1960	F	Single
Active	32539	12/27/1961	M	Single
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Active	32566	01/13/1964	M	Single
Active	32579	04/12/1962	M	Single
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Active	32541	12/19/1946	F	Single
Active	32564	04/09/1961	F	Single
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Active	32531	07/18/1962	F	Single
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Active	32531	03/27/1959	F	Single
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Active	32548	11/07/1975	F	Single
Active	32578	10/16/1952	F	Single
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Active	32225	09/07/1974	M	Single
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Active	32539	07/22/1999	M	Single
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Active	32531	02/09/1968	M	Single
Active	32547	12/18/1974	M	Single
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Active	32539	01/05/1999	F	Single
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Active	32531	09/11/1963	M	Single
Active	32531	08/03/1966	F	Single
Active	32547	02/23/1965	M	Single
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Active	32548	10/13/1970	M	Single
Active	32570	04/06/1960	M	Single
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Active	32579	05/01/1976	M	Single
Active	32539	11/15/1969	F	Single
Active	32539	09/18/1965	M	Single
Active	32536	06/30/1954	M	Single
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Active	32567	03/07/1980	M	Single
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Active	32536	10/08/1989	M	Single
Active	32531	06/28/1983	M	Single
Active	32571	07/30/1959	M	Single
Active	32578	07/28/1973	F	Single
Active	32547	01/09/1959	M	Single
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Active	32531	02/02/1976	M	Single
Active	32580	01/06/1964	F	Single
Active	32531	09/24/1970	M	Single
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Active	32531	07/08/1973	M	Single
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Active	32548	05/05/1992	F	Single
Active	32531	08/06/1971	M	Single
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Active	32566	10/21/1980	M	Single
Active	32547	11/09/1961	F	Single
Active	32539	05/06/1979	M	Single
Active	32547	04/23/1984	M	Single
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Active	32531	07/30/1958	M	Single
Active	32531	04/08/1985	M	Single
Active	32531	10/06/1989	F	Single
Active	32547	06/27/1975	F	Single
Active	32433	04/21/1955	M	Single
Active	32539	03/12/1988	M	Single
Active	32539	08/18/1988	F	Single
Active	32583	04/17/1956	M	Single
Active	32547	04/25/1957	M	Single
Active	32536	10/12/1994	F	Single
Active	32531	02/04/1962	F	Single
Active	32539	04/19/1980	M	Single
Active	32570	02/01/1988	M	Single
Active	32539	12/14/1966	F	Single
Active	32579	01/28/1984	F	Single
Active	32539	07/27/1962	F	Single
Active	32547	09/29/1986	F	Single
Retired	32547	05/29/1951	M	Family
Retired	36580	07/08/1968	M	Single
Retired	32536	12/28/1957	M	Family
Retired	32567	05/27/1957	M	Single
Retired	32579	02/04/1957	M	Family
Retired	32536	08/30/1950	F	Single
Retired	32536	01/16/1955	M	Single
Retired	32536	01/13/1953	F	Single
Retired	32456	12/26/1950	M	Family
Retired	32578	01/25/1962	M	Single
Retired	32526	02/28/1959	M	Family

Retired	32569	02/02/1956	F	Family
Retired	32536	09/21/1953	F	Single
Retired	32579	07/13/1945	M	Single
Retired	32539	05/20/1955	F	Single
Retired	32578	07/18/1949	M	Family
Retired	32531	06/17/1954	M	Single
Retired	32536	07/04/1947	M	Family
Retired	78253	05/12/1951	F	Single
Retired	32309	08/23/1948	M	Single
Retired	32536	03/25/1947	F	Single
Retired	32580	11/21/1953	M	Single
Retired	32578	04/11/1957	M	Single
Retired	32578	03/12/1937	M	Single
Retired	32579	09/10/1952	F	Single
Retired	32539	02/01/1948	M	Family
Retired	32539	02/26/1964	F	Single
Retired	32531	04/04/1941	M	Single
Retired	32547	07/08/1951	F	Single
Retired	32536	05/14/1951	F	Single
Retired	32539	11/08/1954	M	Family
Retired	32539	11/22/1940	F	Family
Retired	32539	01/27/1959	M	Family
Retired	32566	05/17/1956	M	Single
Retired	32539	05/10/1955	F	Single
Retired	32578	11/04/1956	M	Single
Retired	32536	10/16/1938	F	Single
Retired	32539	01/19/1945	F	Single
Retired	27332	04/20/1950	F	Single
Retired	32579	07/21/1953	M	Single
Retired	32539	05/21/1953	F	Single
Retired	32539	12/04/1942	F	Single
Retired	32569	11/22/1956	F	Single
Retired	32539	06/15/1940	M	Family
Retired	36049	12/14/1946	M	Family
Retired	32439	06/21/1943	M	Single
Retired	32531	06/17/1953	F	Single
Retired	32547	01/07/1943	F	Single
Retired	32536	03/01/1955	F	Single
Retired	32536	03/22/1966	F	Single
Retired	32547	04/12/1957	F	Single
Retired	32531	08/02/1946	F	Single
Retired	32539	05/16/1961	M	Single
Retired	32579	09/01/1944	F	Single
Retired	32536	07/04/1955	M	Family
Retired	32541	09/22/1960	M	Family
Retired	32536	08/08/1948	M	Family
Retired	71119	05/20/1936	F	Single
Retired	32536	01/19/1951	F	Single
Retired	32570	09/30/1955	F	Family
Retired	32940	01/20/1956	M	Single

Retired	32539	08/30/1944	F	Single
Retired	33935	09/11/1951	F	Family
Retired	32547	03/01/1957	F	Family
Retired	32547	11/28/1950	F	Single
Active	32547	10/10/1979	F	Single
Active	32548	11/16/1976	F	Single
Active	32578	12/14/1962	M	Family
Active	32539	10/02/1989	F	Family
Active	32536	06/15/1958	M	Family
Active	32578	06/11/1966	F	Family
Active	36442	07/23/1970	F	Family
Active	32536	08/01/1954	M	Single
Active	32578	11/02/1956	F	Single
Active	32578	05/03/1979	M	Family
Active	32578	05/29/1961	F	Single
Active	32578	07/10/1989	M	Single
Active	32547	11/09/1974	M	Single
Active	32578	09/27/1954	M	Family
Active	32536	06/27/1957	F	Single
Active	32548	12/13/1994	F	Single
Active	32579	08/30/1948	M	Single
Active	32578	01/08/1959	F	Single
Active	32433	07/02/1974	M	Family
Active	32536	07/23/1980	M	Single
Active	32536	10/23/1984	M	Single
Active	32547	05/30/1985	F	Family
Active	32531	12/21/1957	M	Single
Active	32536	03/11/1957	F	Single
Active	32536	09/17/1994	F	Single
Active	32547	03/07/1973	M	Family
Active	32536	06/23/1956	F	Family
Active	32536	12/12/1979	M	Family
Active	32578	02/12/1976	M	Single
Active	32547	12/18/1953	F	Single
Active	32578	01/31/1990	M	Single
Active	32439	11/07/1991	M	Single
Active	32569	07/03/1976	M	Family
Active	32548	01/13/1977	F	Single
Active	32536	08/29/1949	M	Single
Active	32541	08/19/1967	F	Single
Active	32539	04/13/1969	M	Single
Active	32579	04/10/1947	M	Single
Retired	32547	11/12/1947	M	Family
Retired	32547	03/11/1948	M	Family
Retired	32531	03/18/1948	M	Family
Retired	32531	08/26/1940	F	Single
Retired	32433	02/23/1952	F	Single
Retired	32569	04/21/1946	M	Single
Retired	32578	10/27/1953	M	Single
Retired	32439	12/14/1946	M	Single
Retired	32547	08/06/1947	M	Single
Retired	32531	03/16/1949	M	Single

Active	32578	05/31/1971	M	Family
Active	32531	05/16/1955	M	Single
Active	32578	07/23/1970	M	Family
Active	32548	11/04/1969	F	Single
Active	32578	01/22/1971	F	Family
Active	32531	09/17/1957	F	Family
Active	32539	09/06/1971	F	Family
Active	32536	02/27/1975	F	Single
Active	32536	09/08/1969	F	Family
Active	32548	03/19/1989	F	Family
Active	32547	08/31/1972	F	Family
Active	32539	11/26/1963	F	Family
Active	32539	02/13/1972	F	Family
Active	32539	04/17/1969	F	Family
Active	32539	09/20/1965	F	Family
Active	32536	09/16/1959	F	Single
Active	32548	05/02/1983	F	Single
Active	32547	02/05/1974	F	Single
Active	32439	06/21/1965	M	Family
Active	32531	01/17/1969	F	Family
Active	32536	12/29/1960	F	Single
Active	32539	10/12/1978	F	Single
Active	32531	09/24/1971	F	Single
Active	32531	07/12/1967	F	Single
Active	32578	11/18/1974	M	Single
Active	32578	04/29/1975	F	Single
Active	32536	01/31/1969	M	Family
Active	32539	12/15/1961	F	Single
Active	32566	10/31/1973	F	Single
Active	32566	10/03/1968	F	Family
Active	32536	02/05/1974	F	Family
Active	32531	11/14/1963	F	Single
Active	32536	05/14/1956	F	Family
Active	32547	07/07/1984	F	Family
Active	32539	12/05/1977	F	Single
Active	32580	10/01/1980	F	Single
Active	32578	11/23/1968	F	Single
Active	32580	09/01/1964	M	Family
Active	32579	06/25/1958	F	Family
Active	32580	08/20/1993	F	Family
Active	32569	04/10/1965	F	Single
Active	32564	12/22/1988	F	Family
Active	32539	09/27/1990	F	Single
Active	32547	06/18/1991	F	Family
Active	32569	06/25/1989	F	Family
Active	32579	05/30/1978	F	Single
Active	32536	09/03/1986	F	Family
Active	32579	09/19/1968	F	Single
Active	32547	08/28/1964	M	Single
Active	32539	09/17/1961	F	Family
Active	32539	05/07/1959	F	Family
Active	32536	11/15/1973	F	Family

Active	32579	09/14/1991	M	Single
Active	32579	09/01/1978	F	Single
Active	32539	07/11/1979	F	Single
Active	32579	10/01/1964	F	Family
Active	32536	01/04/1978	F	Single
Active	32539	11/04/1963	M	Single
Active	32539	06/10/1964	F	Single
Active	32579	10/17/1965	M	Single
Active	32579	08/15/1958	F	Single
Active	32547	11/23/1973	F	Family
Active	32531	11/12/1965	F	Family
Active	32531	03/12/1983	F	Family
Active	32539	09/24/1964	F	Single
Active	32548	05/23/1961	M	Single
Active	32578	10/14/1971	F	Single
Active	32539	07/02/1972	F	Single
Active	32539	09/06/1989	M	Single
Active	32547	06/16/1968	M	Single
Active	32547	03/04/1971	F	Single
Active	32548	02/23/1945	M	Single
Active	32539	05/09/1980	M	Single
Active	32536	07/09/1990	F	Single
Active	32536	08/11/1982	F	Single
Active	32539	08/23/1988	M	Family
Active	32539	04/20/1983	F	Family
Active	32531	01/23/1977	F	Family
Active	32531	07/23/1954	F	Single
Active	32548	07/22/1971	F	Single
Active	32565	09/17/1963	F	Single
Retired	32539	01/01/1955	F	Single
Retired	32539	11/05/1954	F	Single
Retired	32536	09/22/1967	F	Single
Retired	32539	02/25/1955	F	Single
Retired	32578	12/10/1936	F	Single
Retired	32536	07/24/1957	M	Single
Retired	32539	09/24/1939	F	Single
Retired	32537	08/25/1957	M	Family
Retired	32564	12/11/1942	F	Family
Retired	32548	08/20/1950	F	Family
Retired	32567	12/07/1949	F	Family
Retired	32536	05/28/1953	F	Single
Retired	32407	05/14/1942	F	Single
Retired	32536	12/01/1953	F	Family
Retired	32536	02/28/1948	F	Single
Retired	32536	03/29/1957	M	Single
Retired	32539	12/22/1943	F	Single
Retired	32531	01/02/1945	F	Single
Retired	32536	11/24/1952	M	Family
Retired	32311	11/19/1949	M	Single
Retired	32531	11/09/1955	F	Single
Retired	32536	12/02/1955	M	Single
Retired	32537	04/18/1954	F	Single

Retired	32536	10/15/1952	F	Family
Active	32569	10/23/1989	F	Family
Active	32531	08/25/1980	M	Family
Active	32547	06/25/1951	M	Family
Active	32536	11/07/1979	F	Family
Active	32547	03/04/1986	F	Single
Active	32578	12/05/1967	M	Family
Active	32547	05/10/1970	F	Family
Active	32539	07/11/1991	F	Family
Active	32547	05/26/1967	F	Family
Active	32536	03/21/1985	F	Single
Active	32541	07/03/1978	F	Family
Active	32536	12/08/1970	F	Single
Active	32547	09/30/1981	F	Family
Active	32547	12/23/1980	F	Family
Active	32536	10/07/1988	F	Single
Active	32539	01/26/1983	F	Family
Active	32548	08/23/1964	F	Single
Active	32536	05/26/1990	F	Single
Active	32578	07/20/1977	F	Family
Active	32579	03/02/1973	F	Single
Active	32539	12/12/1986	F	Family
Active	32531	07/10/1988	F	Family
Active	32536	09/08/1988	F	Single
Active	32566	03/08/1971	M	Family
Active	32548	10/25/1962	F	Family
Active	32539	06/03/1963	F	Single
Active	32539	03/04/1988	F	Family
Active	32547	05/10/1984	M	Family
Active	32578	07/19/1996	F	Single
Active	32439	10/07/1988	F	Family
Active	32579	12/21/1966	M	Family
Active	32548	09/14/1987	F	Family
Active	32539	01/26/1984	F	Single
Active	32578	10/02/1983	F	Single
Active	32547	10/11/1978	F	Family
Active	32578	12/11/1987	F	Family
Active	32578	04/19/1973	F	Single
Active	32578	07/01/1974	F	Family
Active	32548	04/28/1975	F	Family
Active	32578	09/09/1978	F	Single
Active	32548	11/25/1979	F	Family
Active	32531	07/22/1996	F	Single
Active	32579	05/27/1977	F	Family
Active	32547	10/06/1963	F	Family
Active	32539	10/15/1972	F	Single
Active	32541	05/02/1987	F	Single
Active	32578	04/12/1977	F	Single
Active	32539	04/19/1987	F	Family
Active	32579	10/19/1976	F	Family
Active	32548	11/29/1991	M	Single
Active	32536	12/14/1972	F	Single

Active	32578	04/15/1968	M	Family
Active	32539	02/07/1989	F	Family
Active	32579	07/10/1965	F	Family
Active	32548	03/03/1956	F	Single
Active	32539	09/19/1980	F	Family
Active	32566	11/25/1980	F	Single
Active	32539	09/05/1991	F	Family
Active	32536	09/08/1998	F	Single
Active	32566	05/04/1976	F	Single
Active	32536	10/06/1961	F	Family
Active	32541	03/22/1985	F	Family
Active	32579	10/25/1990	F	Family
Active	32548	10/31/1962	F	Family
Active	32539	09/04/1990	F	Single
Active	32566	01/01/1991	F	Single
Active	32548	05/22/1985	F	Family
Active	32548	11/05/1989	F	Single
Active	32547	06/06/1981	F	Family
Active	32539	01/23/1984	F	Single
Retired	36420	06/14/1958	F	Family
Retired	32536	12/20/1952	F	Single
Retired	32539	05/07/1955	F	Family
Retired	32539	01/12/1955	F	Single

Dental Benefits

Savings, flexibility and service. For healthier smiles.



MetLife

Overview of Benefits for: THE OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS

Date Prepared: 07-05-2018

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.

Coverage Type	In-Network: % of Negotiated Fee	Out-of-Network: % of R&C Fee ¹
Type A	100%	100%
Type B	80%	80%
Type C	50%	50%
Orthodontia	50%	50%
Deductible: Individual/Family*	\$50 (Type B & C)	\$50 (Type B & C)
Annual Maximum Benefit: Per Individual	\$1200	\$1200
Orthodontia Lifetime Maximum: Per Individual	\$1000	\$1000
Ortho applies to Child Only (up to age 19)		

Understanding Your Dental Benefits Plan

With the MetLife Preferred Dentist Program you can visit the dentist of your choice – an “in-network” dentist (a participating MetLife dentist) or an “out-of-network” dentist.

- Plan benefits for in-network services are based on the percentage of the Negotiated fee –the fee that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefit maximums. Negotiated fees are subject to change.
- Plan benefits for out-of-network services are based on a percentage of the Reasonable and Customary (R&C) charge. If you choose a dentist who does not participate in the network, your out-of-pocket expenses may be higher, since you will be responsible for paying any difference between the dentist's fee and your plan's payment for the approved service. Please refer to the Selected Covered Services and Frequency Limitations page of this document for details regarding how R&C charges are defined under this plan.

Take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits online

If you are not already registered, just go to www.metlife.com/mybenefits and follow the easy registration instructions.

Certain plan benefits are based on a percentage of the negotiated fee. This is the amount that participating dentists have agreed to accept as payment in full. If your plan benefits are based on a percentage of the Reasonable and Customary (R&C) charges, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist's fee and your plan's payment for the approved service.

* If you are enrolled for dependent coverage, a maximum family deductible may apply.

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.

Selected Covered Services and Frequency Limitations*

Type A	
• Oral Examinations	1 in 6 months.
• Cleanings	1 in 6 months.
• Fluoride	Children to age 14 / 2 in 12 months.
• Bitewing X-rays	Adult - 1 in 12 months / Children - 1 in 12 months.
• Full Mouth X-rays	1 in 5 years.
• Space Maintainers	
• Emergency Palliative Treatment	
• Sealants (1st & 2nd permanent molars)	1 per tooth in 3 years of a dependent child up to 17 th birthday.
Type B	
• Periodontal Maintenance	4 in 1 year less the number of teeth cleanings.
• Periodontal Root Planing & Scaling	1 per quadrant in any 12 months period.
• Periodontal Surgery	1 in 24 months.
• Amalgam & Composite Fillings	1 per surface in 24 months.
• Simple Extractions	
• Root Canal	One per tooth per Lifetime.
• Surgical Extractions	
• Repairs (Crowns)	1 in 12 months.
Type C	
• Crowns	1 in 5 years.
• Dentures	1 in 5 years.
• Bridges	1 in 5 years.
• Implants	1 in 5 years.
• Bruxism Appliances	
Orthodontia	
<ul style="list-style-type: none"> • Dependent children are covered up to their 19th birthday. • 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 in this document represent an overview of your plan benefits, but are not a complete description of the plan. Before making any purchase or enrollment decision you should review the certificate of insurance which is available through MetLife or your employer. In the event of a conflict between this overview and your certificate of insurance, your certificate of insurance governs. Like most group dental insurance policies, MetLife group policies contain certain exclusions, limitations and waiting periods and terms for keeping them in force. The certificate of insurance sets forth all plan terms and provisions, including all exclusions and limitations.

***Alternate Benefits:** Your dental plan provides that if there are two or more professionally acceptable dental treatment alternatives for a dental condition, 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 that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Actual

payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

1. The Reasonable and Customary charge is based on the lowest of the: "Actual Charge" (the dentist's actual charge); or "Usual Charge" (the dentist's usual charge for the same or similar services); or "Customary Charge" (the 90th percentile charge of most dentists in the same geographic area for the same or similar services as determined by MetLife).

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.

Exclusions

We will not pay Dental Insurance benefits for charges incurred for:

1. 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.
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 primarily cosmetic (For residents of Texas, see notice page section in your certificate).
5. 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.
6. Services or appliances which restore or alter occlusion or vertical dimension.
7. Restoration of tooth structure damaged by attrition, abrasion or erosion.
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, personalization or inscription of any tooth, device, appliance, crown or other dental work.
12. Missed appointments.
13. Services:
 - covered under any workers' compensation or occupational disease law;
 - covered under any employer liability law;
 - for which the employer of the person receiving such services is not required to pay; or
 - received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
14. Services covered under other coverage provided by the Employer.
15. Temporary or provisional restorations.
16. Temporary or provisional appliances.
17. Prescription drugs.
18. Services for which the submitted documentation indicates a poor prognosis.
19. The following when charged by the Dentist on a separate basis:
 - claim form completion;
 - infection control such as gloves, masks, and sterilization of supplies; or
 - local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
20. 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.
21. Caries susceptibility tests.
22. Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
23. Other fixed Denture prosthetic services not described elsewhere in this certificate.
24. Precision attachments.
25. Adjustment of a Denture
26. Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of Minnesota.¹
27. Repair or replacement of an orthodontic device.¹
28. Duplicate prosthetic devices or appliances.
29. Replacement of a lost or stolen appliance, Cast Restoration, or Denture.
30. Intra and extraoral photographic images.

¹ Some of these exclusions may not apply. Please see your plan design and certificate for details.

COMMON QUESTIONS... IMPORTANT ANSWERS

Who is a participating dentist?

A participating dentist is a general dentist or specialist who has agreed to accept MetLife's negotiated fees as payment in full for services provided to plan participants. Based on internal analysis by MetLife, negotiated fees typically range from 15-45% below the average fees charged for the same services by dentists in the same geographic area.

*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.

How do I find a participating dentist?

You can access a list of participating dentists with directions and mapping capabilities online at www.metlife.com/dental or call 1-800-ASK-4-MET (800-275-4638) to have a list faxed or mailed to you based upon the requested ZIP code. **Please Note:** Be sure to verify provider participation when you make your appointment.

May I choose a non-participating dentist?

Yes. You are always free to select the dentist of your choice. However, if you choose a dentist who does not participate in the MetLife program, your out-of-pocket expenses may be greater, since you will be responsible to pay for any difference between the dentist's fee and your plan's payment for the approved service. If you receive services from a participating dentist, you are only responsible for the difference between the in-network fee for the service provided and your plan's payment for the approved service. Please note: any plan deductibles must be met before benefits are paid.

Can my dentist apply for participation in network?

Yes. If your current dentist does not participate in the MetLife network and you would like to encourage him or her to apply, tell your dentist to visit www.metdental.com, or call 1-877-MET-DDS9 for an application. The website and phone number are designed for use by dental professionals only.

How are claims processed?

Dentists may submit your claims for you, which means you have little or no paperwork. You can track your claims online and even receive e-mail alerts when a claim has been processed. If you need a claim form, you can find one online at www.metlife.com/dental or request one by calling 1-800-ASK-4-MET (800-275-4638).

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

Yes. With pre-treatment estimates, you never have to wonder what your out-of-pocket expense will be. MetLife recommends that you request a pre-treatment estimate for services in excess of \$300 (This often applies to services such as crowns, bridges, inlays, and periodontics). To receive a benefit estimate, simply have your dentist submit a request for a pre-treatment estimate online at www.metdental.com or call 1-877-MET-DDS9 (638-3379). You and your dentist will receive a benefit estimate online or by fax for most procedures while you are still in the office so you can discuss treatment and payment options and have the procedure scheduled on the spot. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

Do I need an ID card?

No, you do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you participate in MetLife's PDP. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

Do my dependents have to visit the same dentist that I select?

No, you and your dependents each have the freedom to choose any dentist.

If I do not enroll during my initial enrollment period can I still purchase Dental Insurance at a later date?

Yes, eligible employees who do not elect coverage during their 31-day application period may still elect coverage later. Dental coverage elected after the 31-day application period is subject to the following waiting periods:*

- No waiting period for Preventive Services
- 6 months on Basic Restorative (Fillings)

- 12 months on all other Basic Services
- 24 months on Major Services
- 24 months on Orthodontia Services (if applicable)

*If the policy holder participates in a section 125 plan and has an annual open enrollment period, the dental coverage will not be subject to any waiting periods. Please consult your Benefits Administrator or your certificate for this plan information.

Am I eligible for all benefits the first day of coverage?

Your plan may include benefit waiting periods. Please refer to the certificate of insurance or your Benefits Administrator for details about the services that are subject to the waiting periods and the length of time they apply.

How can I learn about what dentists in my area charge for different procedures?

If you have MyBenefits you can access the Dental Procedure Tool. You can use the tool to look up average in- and out-of-network fees for dental services in your area. * You'll find fees for services such as exams, cleanings, fillings, crowns, and more. Just log in at www.metlife.com/mybenefits.

* The Dental Procedure Fee Tool application is provided by VerifPoint, an independent vendor. Network fee information is supplied to VerifPoint by MetLife and is not available for providers who participate with MetLife through a third-party. Out-of-network fee information is provided by VerifPoint. This tool does not provide the payment information used by MetLife when processing your claims. Prior to receiving services, pretreatment estimates through your dentist will provide the most accurate fee and payment information

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

Yes. Through MetLife's International Dental Travel Assistance program¹ you can obtain a referral to a local dentist by calling 1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network² benefits. Please remember to hold on to all receipts to submit a dental claim.

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

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

**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 թարգմանչական ծառայություններ: Ձեզ կտրամադրվի հայերենի թարգմանիչ, որի օգնությամբ կարող եք հայերենով կարդալ վիստաթղթերը: 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:

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

Keu 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 lwv yam hu rau lub CA Hauv Paus lvsaws-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 معاوضه مترجم دی خدمات مل سکدی اے۔** تسی ایک مترجم دی خدمات حاصل کرسکدے او جو توڈے واسطے دستاویزات پنجابی وچ پڈ سکدا اوسے۔ مدد واسطے اپڑیں 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 کال کرو۔

CA LAP STANDALONE NOTICE

September 2008