



## MetLife

**Plan Design for:** Foremost Management, Inc.

**Effective Date:** August 1, 2018

**Choice, Service, Savings.**

To help you enroll, this overview includes rate information and a Q&A so you can make the most informed decision possible.

<b>Coverage Type:</b>	<b><u>In-Network</u><sup>1</sup></b> % of PDP Fee <sup>2</sup>	<b><u>Out-of-Network</u><sup>1</sup></b> % of R&C Fee <sup>4</sup>
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	80%
Type C - Major Restorative	50%	50%
<b>Deductible<sup>3</sup></b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Annual Maximum Benefit:</b>		
Per Person	\$1000	\$1000

<sup>±</sup> Changes have been made to your Plan as of the Amendment Effective Date listed above. Please refer to your Certificate of Insurance/Certificate Rider for more details or contact your benefits administrator with any questions.

- <sup>1</sup> "In-Network Benefits" means benefits provided under this plan for covered dental services that are provided by a Participating PDP Provider. "Out-of-Network Benefits" means benefits provided under this plan for covered dental services that are not provided by a Participating PDP Provider.
- <sup>2</sup> PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full.
- <sup>3</sup> Applies to Type B and C services only.
- <sup>4</sup> Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:
  - the dentist's actual charge (the 'Actual Charge'),
  - the dentist's usual charge for the same or similar services (the 'Usual Charge') or
  - the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.

**IMPORTANT RATE INFORMATION**

Monthly Premium Payment	
Employee	\$28.70
Employee + Spouse	\$58.46
Employee + Child(ren)	\$64.19
Employee + Spouse + Child(ren)	\$93.93

**Cancellation/Termination of Benefits:**

Coverage is provided under a group insurance policy (Policy form GPN99) issued by Metropolitan Life Insurance Company. In Pennsylvania, coverage is provided under a group insurance policy (Policy form G.2130P-S) issued by Metropolitan Life Insurance Company. Subject to the terms of the group policy, rates are effective for one year from your plan's effective date. Once coverage is issued, the terms of the group policy permit Metropolitan Life Insurance Company to change rates during the year in certain circumstances. Coverage terminates when your full-time employment ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder. The group policy may also terminate if participation requirements are not met, or on the date of the employee's death, if the Policyholder fails to perform any obligations under the policy, or at MetLife's option. The dependent's coverage terminates when a dependent ceases to be a dependent. There is a 30-day limit for the following services that are in progress: Completion of a prosthetic device, crown or root canal therapy after individual termination of coverage.

**IMPORTANT ENROLLMENT INFORMATION**

**Benefits Plan Effective Date:** Please see the enclosed cover sheet for specifics on your Plan's effective date.

**Important Enrollment Provisions:** If Timely Request Is Made - A timely request for Dental Expense Benefits is one that is made on or prior to the date thirty-one days after your Eligibility Date.

If Late Request Is Made - If a request is not a timely request, it is a late request. Dental Expense Benefits will become effective for late requests after you satisfy the waiting period(s) shown below. The waiting period begins on the date of your request.

Preventive Services.....	No waiting period
Basic Restorative Services (Fillings).....	6 month waiting period
Basic - All Other Services.....	12 month waiting period
Major Services.....	24 month waiting period
Orthodontia Services (if applicable).....	24 month waiting period

**Qualifying Event:** Request to be covered, or to change your coverage, upon a Qualifying Event

If there is a Qualifying Event you may request to be covered, or to change your coverage only within 31 days of a Qualifying Event. Such a request will not be a late request. Except for marriage or the birth or adoption of a child, you must give us proof of prior dental coverage under your spouse's plan if you are requesting coverage under This Plan because of a loss of the prior dental coverage. If you make a request to be covered for Dental Expense Benefits or a request for change(s) in Dental Expense Benefits within thirty-one days of a Qualifying Event, your Dental Expense Benefits or the change(s) in Dental Expense Benefits will become effective on the first day of the month following the date of your request, subject to the Active Work Requirement, and provided that the change in coverage is consistent with your new family status.

## List of Covered Services & Limitations\*

### Type A - Preventive

#### How Many/How Often:

Oral Examinations X-rays Bitewing X-rays  Prophylaxis (cleanings) Topical Fluoride Applications  Space Maintainers Oral Surgery	<ul style="list-style-type: none"> <li>• Oral exams but not more than once every 6 months.</li> <li>• Full mouth X-rays: once every 60 months.</li> <li>• Not more than 1 set every 6 months for Dependent Children under 19 years of age, no more than 1 set every 12 months for all other Covered Persons. Child age to 19</li> <li>• Cleaning of teeth (oral prophylaxis) but not more than once every 6 months.</li> <li>• Topical fluoride treatment for a Dependent child under 14 years of age but not more than once in 12 months.</li> <li>• Space Maintainers for dependent children to 19 years of age.</li> </ul>
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### Type B - Basic Restorative

#### How Many/How Often:

Fillings Periodontal Maintenance  Emergency Palliative Treatment General Anesthesia  Consultations Injections of Antibiotic Drugs	<ul style="list-style-type: none"> <li>• Amalgam and Resin-based Fillings.</li> <li>• Periodontal maintenance where periodontal treatment has been previously performed, but the total of covered periodontal maintenance treatments and the number of covered oral prophylaxes will not exceed four treatments in a calendar year.</li> <li>• When dentally necessary in connection with oral surgery, extractions or other covered dental services.</li> <li>• Consultations, but not more than twice in a 12 month period.</li> </ul>
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### Type C - Major Restorative

#### How Many/How Often:

Crowns/Inlays/Onlays  Prefabricated Crown Repairs of Dentures, Crowns, Inlays, and Onlays Endodontics Periodontal Surgery  Periodontics  Relining and Rebasing Simple Extractions Oral Surgery Bridges and Dentures	<ul style="list-style-type: none"> <li>• Replacement of crowns, inlays or onlays but not more than once for the same tooth in a 10 Year period.</li> <li>• Prefabricated stainless steel crowns but not more than once in any 10 Year period.</li> <li>• Simple Repairs of Cast Restorations.</li> <li>• Root canal treatment, but not more than once in any 24 month period for the same tooth.</li> <li>• Periodontal surgery but no more than one surgical procedure per quadrant in any 36 month period.</li> <li>• Periodontal scaling and root planing, but not more than once per quadrant in any 24 month period.</li> <li>• Relining and Rebasing of existing removable dentures but not more than once in 36 months.</li> <li>• Replacing an existing removable denture or fixed bridgework if: it is needed because of the loss of one or more natural teeth after the existing denture or bridgework was installed and the denture or bridgework cannot be made serviceable; or it is needed because the existing denture or bridgework can no longer be used and was installed more than 10 Years prior to its replacement.</li> </ul>
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Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plans 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.

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

Like most group dental insurance policies, MetLife group policies contain certain exclusions, exceptions, limitations, reductions 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..

## **The MetLife® Preferred Dentist Program (PDP) Exclusions**

### **The following expenses are not Covered Dental Expenses**

#### **x Services or Supplies...**

- related to teeth lost before dental benefits began or for congenitally missing natural teeth;
- received by a covered person before the dental expense benefits start for that person;
- which are covered by any worker's compensation laws or occupational disease laws;
- which are covered by any employer's liability laws;
- which an employer is required by law to furnish in whole or in part;
- received through the medical department or similar facility which is maintained by the covered person's employer;
- received by a covered person for which no charge would have been made in the absence of dental expense benefits for that covered person;<sup>2</sup>
- for which a covered person is not required to pay;<sup>1</sup>
- which are not necessary, according to generally accepted dental standards, or which are not recommended or approved by a dentist;
- which do not meet generally accepted dental standards, including experimental treatment;
- received as a result of dental disease, defect, or injury due to an act of war, or warlike act in time of peace, which occurs while the dental expense benefits for the covered person are in effect;
- which are provided by any other plan which the employer (or an affiliate) contributes to or sponsors.<sup>2</sup>
- x** Services not performed by a dentist except for those of a licensed dental hygienist which are supervised and billed by a dentist and which are for cleaning and scaling of teeth or fluoride treatments.
- x** Cosmetic surgery or supplies. However, any such surgery or supply will be covered if it otherwise is a covered dental expense; it is required for reconstructive surgery that is incidental to or follows surgery that results from a trauma, an infection or other disease of the involved part; or is required for re-constructive surgery because of a congenital disease or anomaly of a dependent child that has resulted in a functional defect.
- x** Replacement of a lost, missing or stolen crown, bridge or denture.
- x** Repair or replacement of an orthodontic appliance.
- x** Adjustment of a denture or a bridgework which is made within six months after it is installed by the same dentist who installed it.
- x** Any duplicate appliance or prosthetic device.
- x** Use of materials or home health aids, to prevent decay, such as toothpaste or fluoride gels, other than the topical application of fluorides.
- x** Instruction for oral care such as hygiene or diet.
- x** Periodontal splinting.
- x** Charges by a dentist for completing dental forms.<sup>2</sup>
- x** Charges for broken appointments.<sup>3</sup>
- x** Temporary or provisional restorations.
- x** Temporary or provisional appliances.
- x** Sterilization supplies.<sup>3</sup>
- x** Services or supplies furnished by a family member.<sup>3</sup>
- x** Treatment of temporomandibular joint disorders.
- x** Implant Services.
- x** Application of sealant material.
- x** Orthodontia.
- x** Myofunctional therapy or correction of harmful habits.
- x** Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.

#### **In Maryland:**

x Services or supplies furnished as a result of a Referral prohibited by Section 1-302 of the Maryland Health Occupations Article. A prohibited Referral is one in which a Health Care Practitioner:

- a. refers a covered person to; or
- b. directs an employee or a person under contract with the Health Care Practitioner to refer a covered person to a Health Care Entity in which:
  - a. the Health Care Practitioner; or
  - b. the Health Care Practitioner's immediate family; or
  - c. both own a Beneficial Interest or have a Compensation Agreement.

For the purposes of this provision, the terms "Referral," "Health Care Practitioner," "Health Care Entity," "Beneficial Interest," and "Compensation Agreement" have the same meaning as provided in Section 1-301 of the Maryland Health Occupations

<sup>1</sup> In policies situated in **MD**, these exclusions do not apply to Medicaid.

<sup>2</sup> Not applicable in **MD**.

<sup>3</sup> Not applicable in **FL, MD, NJ** and **TN**.

## Common Questions... Important Answers

**Who is a participating Preferred Dentist Program (PDP) 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. PDP fees typically range from 15-45%\* below the average fees charged in a dentist's community for the same or substantially similar services.

\*Based on internal analysis by MetLife.

**How do I find a participating PDP dentist?** There are more than 150,000 participating PDP dentist locations nationwide, including over 37,000 specialist locations. You can receive a list of these participating PDP dentists online at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call 1-800-275-4638 to have a list faxed or mailed to you.

**What services are covered by my plan?** All services defined under your group dental benefits plan are covered. Please review the enclosed plan benefits to learn more.

**Does the Preferred Dentist Program (PDP) offer any discounts on non-covered services?** MetLife's negotiated fees with PDP (in-network) dentists may extend to services not covered under your plan and services received after your plan maximum has been met, where permitted by applicable state law. If you receive services from a PDP dentist that are not covered under your plan or where the maximum has been met, in those states where permitted by law, you may only be responsible for the PDP (in-network) fee.

**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 PDP, your out-of-pocket expenses may be more, 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 PDP dentist, you are only responsible for the difference between the PDP 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 PDP participation?** Yes. If your current dentist does not participate in the PDP and you'd like to encourage him or her to apply, tell your dentist to visit [www.metdental.com](http://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, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or request one by calling 1-800-275-4638.

**Can I find out what my out-of-pocket expenses will be before receiving a service?** Yes. MetLife recommends that you request a pre-treatment estimate for services in excess of \$300. Simply have your dentist submit a request online at [www.metdental.com](http://www.metdental.com) or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you're still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

**How can I learn about what dentists in my area charge for different procedures?** If you have MyBenefits you can access the Dental Procedure Fee Tool provided by [go2dental.com](http://go2dental.com) where you can learn more about approximate fees for services such as exams, cleanings, fillings, crowns and more. Simply visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) and use the Dental Procedure Fee Tool to help you estimate the in-network (PDP fees) and out-of-network fees\* for dental services in your area.

\* Out-of-network fee information is provided by [go2dental.com](http://go2dental.com), Inc., an industry source independent of MetLife. This site does not provide the benefit payment information used by MetLife when processing your claims. Prior to receiving services, we recommend that you obtain pre-treatment estimates through your dentist.

**Can MetLife help me find a dentist outside of the U.S. if I am traveling?** Yes. Through international dental travel assistance services\* you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.\*\* Please remember to hold on to all receipts to submit a dental claim.

\* International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. AXA Assistance is not affiliated with MetLife and any of its affiliates, and the services they provide are separate and apart from the benefits provided by MetLife. Referral services are not available in all locations.

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

**How does MetLife coordinate benefits with other insurance plans?** Coordination of benefits provision in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan.

**Do I need an ID card?** No, you do not need to present an ID card to confirm that you're 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, employees who do not elect coverage during their 31-day application period may still elect coverage later. Dental coverage would be subject to the following waiting periods.

- No waiting period on 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)

# Basic Term Life / AD&D



## MetLife

**Plan Design for: Foremost Management, Inc.**

**Effective Date: August 01, 2018**

**For All Active Full Time Employees working at least 30 hours per week**

<b>Basic Life</b>	\$20,000
<b>Accidental Death &amp; Dismemberment</b>	An amount equal to Your Basic Life Insurance.
<b>Plan Maximum</b>	\$20,000
<b>Non-Medical Maximum</b>	\$20,000
<b>Age Reduction Formula</b>	Reduces by 35% at age 65, and to 50% of the original amount at age 70
<b>Employee Contribution</b>	
• <b>Basic Life</b>	1%
• <b>AD&amp;D</b>	1%

#### **Term Life Features (1)**

- Continuation of Life insurance while totally disabled as defined by the Group Policy (2)
- Accelerated Benefits Option (3)
- Life Settlement Account (4)

#### **AD&D Features (1)**

- Seat Belt Benefit (5)
- Common Carrier Benefit
- Air Bag Benefit
- Total Control Account®

## What Is Not Covered?

Like most insurance plans, this plan has exclusions. In addition, a reduction schedule may apply. Please see your benefits administrator or certificate for specific details.

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

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99 or G2130-S) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates when your employment ceases when your Life and AD&D contributions cease, or upon termination of the group insurance policy. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and your employer. Specific details regarding these provisions can be found in the certificate. If you have additional questions regarding the Life Insurance program underwritten by MetLife, please contact your benefits administrator or MetLife. Like most group life insurance policies, MetLife group policies contain exclusions, limitations, terms and conditions for keeping them in force. Please see your certificate for complete details.

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- (1) Features may vary depending on jurisdiction.
  - (2) Total disability or totally disabled means your inability to do your job and any other job for which you may be fit by education, training or experience, due to injury or sickness. Please note that this benefit is only available after you have participated in the Basic/Supplemental Term Life Plan for 1 year and it is only available to the employee.
  - (3) When life expectancy is certified by a physician to be 6 months or less. The Accelerated Benefits Option (ABO) is subject to state availability and regulation. The ABO benefits are intended to qualify for favorable federal tax treatment in which case the benefits will not be subject to federal taxation.

This information was written as a supplement to the marketing of life insurance products. Tax laws relating to accelerated benefits are complex and limitations may apply. You are advised to consult with and rely on an independent tax advisor about your own particular circumstances. Receipt of ABO benefits may affect your eligibility, or that of your spouse or your family, for public assistance programs such as medical assistance (Medicaid), Temporary Assistance to Needy Families (TANF), Supplementary Social Security Income (SSI) and drug assistance programs. You are advised to consult with social service agencies concerning the effect that receipt of ABO benefits will have on public assistance eligibility for you, your spouse or your family.
  - (4) The Total Control Account (TCA) is provided for all Life and AD&D benefits of \$5,000 or more. The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. The assets backing TCAs are maintained in MetLife's general account and are subject to MetLife's creditors. MetLife bears the investment risk of the assets backing the TCAs, and expects to receive a profit. Regardless of the investment experience of such assets, the interest credited to TCAs will never fall below the guaranteed minimum rate. Guarantees are subject to the financial strength and claims paying ability of MetLife.
  - (5) Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers are pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the discount is available for "At Need" services only. Not approved in AK, FL, KY, MT, ND, NY and WA.
  - (6) The Seat Belt Benefit is payable if an insured person dies as a result of injuries sustained in an accident while driving or riding in a private passenger car and wearing a properly fastened seat belt \_or\_ a child restraint if the insured is a child\_. In such case, his or her benefit can be increased by 10 percent of the Full Amount — but not less than \$1,000 or more than \$25,000.



# Supplemental Term Life



## MetLife

### Plan Design for: Foremost Management, Inc.

**Effective Date: August 01, 2018**

**For All Active Full Time Employees working at least 30 hours per week**

**Build Your Benefit** With MetLife's Supplemental Term Life insurance, your employer gives you the opportunity to buy valuable life insurance coverage for yourself, your spouse and your dependent children -- all at affordable group rates.

	Employee	Spouse & Child	
		Spouse <sup>1</sup>	Child
<b>Life Coverage: provides a benefit in the event of death Schedules:</b>	Increments of \$10,000	Increments of \$5,000	Flat Amount: \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000
<b>Non Medical Maximum</b>	\$100,000	\$25,000	\$10,000
<b>Overall Benefit Maximum</b>	The lesser of 5 times Your Basic Annual Earnings, or \$500,000	\$100,000	\$10,000
<b>AD&amp;D Coverage: provides a benefit in the event of death or dismemberment resulting from a covered accident Schedules:</b>	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)
<b>AD&amp;D Maximum</b>	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage
<b>Employee Contribution</b>	100%	100%	100%

Any purchase or increase in benefits, which does not take place within 31 days of employee's or dependent's eligibility effective date is subject to evidence of insurability. Coverage is subject to the approval of MetLife.

#### To request coverage:

1. Choose the amount of employee coverage that you want to buy.
2. Look up the premium costs for your age group for the coverage amount you are selecting on the chart below.
3. Choose the amount of coverage you want to buy for your spouse. Again, find the premium costs on the chart below. Note: Premiums are based on your age, not your spouse's.
4. Choose the amount of coverage you want to buy for your dependent children. The premium costs for each coverage option are shown below.
5. Fill in the enrollment form with the amounts of coverage you are selecting. (To request coverage over the non-medical maximum, please see your Human Resources representative for a medical questionnaire that you will need to complete.) Remember, you must purchase coverage for yourself in order to purchase coverage for your spouse or children.

Employee Age	Employee & Spouse Coverage -- Monthly Premium For:					
	\$1,000	\$10,000	\$20,000	\$40,000	\$50,000	\$100,000
Under 30	\$0.10	\$1.05	\$2.10	\$4.20	\$5.25	\$10.50
30-34	\$0.16	\$1.55	\$3.10	\$6.20	\$7.75	\$15.50
35-39	\$0.20	\$1.95	\$3.90	\$7.80	\$9.75	\$19.50
40-44	\$0.22	\$2.25	\$4.50	\$9.00	\$11.25	\$22.50
45-49	\$0.34	\$3.35	\$6.70	\$13.40	\$16.75	\$33.50
50-54	\$0.58	\$5.75	\$11.50	\$23.00	\$28.75	\$57.50
55-59	\$0.94	\$9.45	\$18.90	\$37.80	\$47.25	\$94.50
60-64	\$1.42	\$14.15	\$28.30	\$56.60	\$70.75	\$141.50
65-69	\$2.04	\$20.45	\$40.90	\$81.80	\$102.25	\$204.50
70+	\$3.60	\$35.95	\$71.90	\$143.80	\$179.75	\$359.50

Dependent Child Coverage <sup>2</sup> Monthly Premium For:	
\$1,000	\$0.26
\$2,000	\$0.52
\$4,000	\$1.04
\$5,000	\$1.30
\$10,000	\$2.60

Due to rounding, your actual payroll deduction amount may vary slightly.

### Features available with Supplemental Life

**Grief Counseling<sup>3</sup>:** You, your dependents, and your beneficiaries access to grief counseling sessions and funeral related concierge services to help cope with a loss – at no extra cost. Grief counseling services provide confidential and professional support during a difficult time to help address personal and funeral planning needs. At your time of need, you and your dependents have 24/7 access to a work/life counselor. You simply call a dedicated 24/7 toll-free number to speak with a licensed professional experienced in helping individuals who have suffered a loss. Sessions can either take place in-person or by phone. You can have up to five face-to-face grief counseling sessions per event to discuss any situation you perceive as a major loss, including but not limited to death, bankruptcy, divorce, terminal illness, or losing a pet.<sup>3</sup> In addition, you have access to funeral assistance for locating funeral homes and cemetery options, obtaining funeral cost estimates and comparisons, and more. You can access these services by calling 1-1-888-319-7819 or log on to [www.metlifegc.lifeworks.com](http://www.metlifegc.lifeworks.com) (Username: metlifeassist; Password: support).

**Funeral Discounts and Planning Services<sup>4</sup>:** As a MetLife group life policyholder, you and your family may have access to funeral discounts, planning and support to help honor a loved one's life - at no additional cost to you. Dignity Memorial provides you and your loved ones access to discounts of up to 10% off of funeral, cremation and cemetery services through the largest network of funeral homes and cemeteries in the United States.

When using a Dignity Memorial Network you have access to convenient planning services - either online at [www.finalwishesplanning.com](http://www.finalwishesplanning.com), by phone (1-866-853-0954), or by paper - to help make final wishes easier to manage. You also have access to assistance from compassionate funeral planning experts to help guide you and your family in making confident decisions when planning ahead as well as bereavement travel services - available 24 hours, 7 days a week, 365 days a year - to assist with time-sensitive travel arrangements to be with loved ones.

**Will Preparation<sup>5</sup>:** Like life insurance, a carefully prepared Will is important. With a Will, you can define your most important decisions such as who will care for your children or inherit your property. By enrolling for Supplemental Term Life coverage, you will have in person access to Hyatt Legal Plans' network of 14,000+ participating attorneys for preparing or updating a will, living will and power of attorney. When you enroll in this plan, you may take advantage of this benefit at no additional cost to you if you use a participating plan attorney. To obtain the legal plan's toll-free number and your company's group access number, contact your employer or your plan administrator for this information.

**MetLife Estate Resolution Services (ERS)<sup>5</sup>:** is a valuable service offered under the group policy. A Hyatt Legal Plan attorney will consult with your beneficiaries by telephone or in person regarding the probate process for your estate. The attorney will also handle the probate of your estate for your executor or administrator.. This can help alleviate the financial and administrative burden upon your loved ones in their time of need.

**Portability<sup>6</sup>:** If your present employment ends, you can choose to continue your current life benefits.

### What Is Not Covered?

Like most insurance plans, this plan has exclusions. Supplemental and Dependent Life Insurance do not provide payment of benefits for death caused by suicide within the first two years (one year in North Dakota) of the effective date of the certificate, or payment of increased benefits for death caused by suicide within two years (one year in North Dakota or Colorado) of an increase in coverage. In addition, a reduction schedule may apply. Please see your benefits administrator or certificate for specific details.

Accidental Death & Dismemberment insurance does not include payment for any loss which is caused by or contributed to by: physical or mental illness, diagnosis of or treatment of the illness; an infection, unless caused by an external wound accidentally

sustained; suicide or attempted suicide; injuring oneself on purpose; the voluntary intake or use by any means of any drug, medication or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion or riot; committing or trying to commit a felony; any poison, fumes or gas, voluntarily taken, administered or absorbed; service in the armed forces of any country or international authority, except the United States National Guard; operating, learning to operate, or serving as a member of a crew of an aircraft; while in any aircraft for the purpose of descent from such aircraft while in flight (except for self preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99 or G2130-S) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates when your employment ceases, when your Life and AD&D contributions cease, or upon termination of the group insurance policy. Dependent Life coverage will terminate when a dependent no longer qualifies as a dependent. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

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

If you have additional questions regarding the Life Insurance program underwritten by MetLife, please contact your benefits administrator or MetLife. Like most group life insurance policies, MetLife group policies contain exclusions, limitations, terms and conditions for keeping them in force. Please see your certificate for complete details.

1. Spouse amount cannot exceed 50% of the employee's Supplemental Life benefit.
2. Child benefits for children under 6 months old are limited.
3. Grief Counseling services are provided through an agreement with LifeWorks US Inc. LifeWorks is not an affiliate of MetLife, and the services LifeWorks provides are separate and apart from the insurance provided by MetLife. LifeWorks has a nationwide network of over 30,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues, or marital/relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources department about available company resources. This program is available to insureds, their dependents and beneficiaries who have received a serious medical diagnosis or suffered a loss. Events that may result in a loss are not covered under this program unless and until such loss has occurred. Services are not available in all jurisdictions and are subject to regulatory approval. Not available on all policy forms.
4. Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers are pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the discount is available for "At Need" services only. Not approved in AK, FL, KY, MT, ND, NY and WA.
5. Will Preparation and MetLife Estate Resolution Services are offered by Hyatt Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. Will Preparation and Estate Resolution Services are subject to regulatory approval and currently available in all states. For New York sitused cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Please note that certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.
6. Subject to state availability. To take advantage of this benefit, coverage of at least \$20,000 must be elected.