

Producers' Health Benefits Plan Disability Plan Benefits California Residents

*Explore the coverage that helps you protect your income and your lifestyle.
the coverage that helps you protect your income and your lifestyle.*

What is the difference between Short Term and Long Term Disability insurance?

Short Term Disability (STD) insurance can help you replace a portion of your income during the initial weeks of a Disability and pays a weekly benefit.

Long Term Disability (LTD) insurance helps replace a portion of your income for an extended period of time and pays a monthly benefit.

Eligibility Requirements

Short Term Disability:

All Freelancers of participating employers who reside in CA but not temporary or seasonal employees are eligible to participate.

Long Term Disability:

All Freelancers of participating employers who reside in CA but not temporary or seasonal employees are eligible to participate.

How is "Disability" defined under the Plan?

Disability or Disabled means that as a result of Sickness or injury you are either Totally Disabled or Partially Disabled.

Totally Disabled or Total Disability means:

- For Short Term Disability benefits: You are unable to perform with reasonable continuity the Substantial and Material Acts necessary to pursue your Usual Occupation in the usual and customary way
- For Long Term Disability benefits:
 - During the elimination period and the next 24 months, you are unable to perform with reasonable continuity the Substantial and Material Acts necessary to pursue your Usual Occupation in the usual and customary way.
 - After such period, you are not able to engage with reasonable continuity in any occupation in which you could reasonably be expected to perform satisfactorily in light of your age; education; training; experience; station in life; and physical and mental capacity that exists within any of the following locations: a reasonable distance or travel time from your residence in light of the commuting practices of your community; a distance of travel time equivalent to the distance or travel time you traveled to work before becoming disabled; or the regional labor market, if you reside or resided prior to becoming disabled in a metropolitan area.

Partially Disabled or Partial Disability means while actually working in an occupation, you are unable to earn **80%** or more of your predisability earnings.

If you are Partially Disabled and have received a monthly benefit for 12 months, MetLife will adjust your predisability earnings only for the purposes of determining whether you continue to be Partially Disabled and for calculating the return to work incentive, if any. MetLife will make the initial adjustment as follows: MetLife will add to your predisability earnings an amount equal to the product of your predisability earnings times the annual rate of increase in the consumer price index for the prior calendar year.

Annually thereafter, MetLife will add an amount to your adjusted predisability earnings calculated by the method set forth above but substituting your adjusted predisability earnings from the prior year for your predisability earnings. This adjustment is not a cost of living benefit.

For purposes of determining whether a Disability is the direct result of an injury, the Disability must have occurred within 90 days of the injury and not as a result of Sickness. If your occupation requires a license, the fact that you lose your license for any reason will not, in itself, constitute Disability.

Sickness means illness, disease or pregnancy, including complications of pregnancy.

Substantial and Material Acts means the important tasks, functions and operations generally required by employers from those engaged in your Usual Occupation that cannot be reasonably omitted or modified. In determining what substantial and material acts are necessary to pursue your Usual Occupation, MetLife will first look at the specific duties required by your job. If you are unable to perform one or more of these duties with reasonable continuity, MetLife will then determine whether those duties are customarily required of other employees engaged in your Usual Occupation. If any specific, material duties required of you by your job differ from the material duties customarily required of other employees engaged in your Usual Occupation, then MetLife will not consider those duties in determining what substantial and material acts are necessary to pursue your Usual Occupation.

Usual Occupation means any employment, business, trade or profession and the Substantial and Material Acts of the occupation you are regularly performing for the employer when the Disability began. Usual Occupation is not necessarily limited to the specific job that you performed for the employer.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance provided by your Employer or contact your MetLife benefits administrator with any questions.

What is the benefit amount?

Short Term Disability:

The Short Term Disability benefit replaces a portion of your predisability earnings, less the income that was actually paid to you for the same Disability from other sources¹ (e.g., state disability benefits, sick pay, etc.) for which you are claiming benefits under the plan.

The benefit amount is 60% of your predisability weekly; subject to the plan's maximum weekly benefit of \$3,000.

Long Term Disability:

The Long Term Disability benefit replaces a portion of your predisability monthly earnings, less other income you may receive from other sources¹ during the same Disability (e.g., Social Security Disability Income, Social Security Retirement Benefits, vacation pay, etc)

The benefit amount is 60% of your predisability monthly earnings; subject to the plan's maximum monthly benefit.

What is the maximum monthly benefit?

The amount of the Long Term Disability benefit may not exceed the maximum monthly benefit established under the plan, regardless of your annual salary amount. The maximum under this plan is \$12,500. If your monthly salary exceeds \$20,833, your LTD benefit will be limited to this maximum.

When do benefits begin and how long do they continue?

Short Term Disability:

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. The elimination periods are as follows:

For Injury: 7 days.

For Sickness (includes pregnancy): 7 days.

Benefits continue for as long as you are disabled up to a maximum duration of 52 weeks of Disability.

Long Term Disability:

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Long Term Disability is 360 days.

Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance provided by your Employer.

Additional Disability Plan Benefits:**Coverage with Your Best Interests in Mind...**

When you are ill or injured for a long time, MetLife believes you need more than a supplement to your income. That's why we offer return-to-work services, and financial incentives and assistance in obtaining Social Security Disability Benefits to help you get the maximum benefits from your coverage. (Please note – this assistance is only offered if you are approved for LTD benefits).

Services to Help You Get Back to Work Can Include:***Nurse Consultant or Case Manager Services:***

Specialists who personally contact you, your physician and your employer to coordinate an early return-to-work plan when appropriate.

Vocational Analysis:

Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your employer.

Job Modifications/Accommodations:

Adjustments (e.g., redesign of work station tools) that enable you to return to work.

Retraining:

Development programs to help you return to your previous job or educate you for a new one.

Financial Incentives:

Allow you to receive Disability benefits or partial benefits while attempting to return to work.

The Services of Social Security Specialists:

Once you are approved for Disability benefits, MetLife can help you obtain Social Security Disability benefits. Our specialists can guide you through the initial application and appeals processes, and may also help you access assistance from attorneys or vendors to pursue Social Security benefits.

Answers to Some Important Questions...

Q. Can I still receive benefits if I return to work part time?

A. Yes. As long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted Disability benefits.

Your plan offers financial incentives designed to help you to return to work when appropriate, even on a part-time basis. While disabled, you may receive up to 100% of your predisability earnings for 24 months while receiving LTD benefits, Rehabilitation Incentives, other income sources such as Social Security Disability Benefits and state disability benefits, and part-time earnings. (Please note – the Social Security Disability Benefit assistance is only offered if you are approved for LTD benefits).

Under both Short Term Disability coverage and Long Term Disability coverage you can get a 10% increase in your weekly benefit with the Rehabilitation Incentive.

If you work or participate in a rehabilitation program while disabled, following the 4th weekly benefit payment, the Family Care Incentive provides reimbursement up to \$100 per week for eligible expenses, such as child care.

You may be eligible for the Moving Expense Incentive if you incur expenses in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

Q. Are there any exclusions for Pre-Existing Conditions?

A. Yes. Your plan may not cover a Disability that is caused by a Pre-Existing Condition. A "**Pre-Existing Condition**" means you received medical treatment, care or services for a diagnosed condition; or took prescribed medication for a diagnosed condition in the 3 months immediately prior to the effective date of coverage under this certificate; and the Disability caused or substantially contributed to by the condition begins in the first 12 months after the effective date of coverage under this certificate.

You are not covered for a Disability caused or substantially contributed to by a Pre-Existing Condition or medical or surgical treatment of a Pre-Existing Condition.

Q. Does my plan require being under the Regular Care of a Doctor?

A. Yes. You must be under the Regular Care of a Doctor unless Regular Care will not improve the condition(s) causing your Disability; or will not prevent a worsening of the condition(s) causing your Disability.

Regular Care means you personally visit a Doctor(s) as frequently as is medically required to effectively manage and treat the condition(s) causing your Disability; and you are receiving appropriate treatment and care which conforms with generally accepted medical standards for the condition(s) causing your Disability.

Q. Are there any exclusions to my coverage?

A. Yes. Under Short Term Disability, no payment will be made for any Disability caused or contributed to by:

- Elective treatment or procedures, such as cosmetic surgery, sex-change surgery, reversal of sterilization, liposuction, visual correction surgery, in-vitro fertilization, embryo transfer procedure, artificial insemination or other specific procedures.

However, pregnancies and complications from any of these procedures will be treated as a sickness.

Under *Short Term and Long Term Disability* coverage no payment will be made for any Disability caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide;
- Commission of or attempt to commit a felony.

Additionally, for STD no payment will be made for a Disability caused or contributed to by any injury or sickness for which you are entitled to benefits under Workers' Compensation or a similar law.

Q. Are there any limitations to my coverage?

A. For Long Term Disability, limited benefits apply for specific conditions:

If you are disabled due to alcohol, drug or substance abuse or addiction, we will limit your disability benefits to one occurrence for a lifetime maximum of Disability for 24 months. During Your Disability, we require you to participate in an alcohol, drug or substance abuse or addiction recovery program recommended by a physician.

Benefits will end at the earliest of

- The date you receive 24, months of disability benefit payments;
- The date you cease or refuse to participate in the recovery program referred above; or
- The date you complete such recovery program.

If you are disabled due to mental or nervous disorders or diseases, neuromuscular, musculoskeletal or soft tissue disorder, fibromyalgia, chronic fatigue syndrome and related conditions, we will limit your Disability benefits to a per occurrence period limit equal to the lesser of:

- 24 months; or
- The Maximum Benefit Period.

Your Disability benefits will be limited as stated above for mental or nervous disorder or disease except for:

- schizophrenia;
- neurocognitive disorders; or
- bi-polar 1 disorder

Other limitations or exclusions to your coverage may apply. Please review your Certificate of Insurance provided by your Employer for specific details or contact your benefits administrator with any questions.

The "Plan Benefits" provides only a brief overview of the LTD and STD plans. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance/Summary Plan Description. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Long Term Disability ("LTD") and Short Term Disability ("STD") coverages are provided under a group insurance policy (Form GPNP99) issued to your employer by MetLife. This LTD and STD coverages terminates when your employment ceases, when you cease to be an eligible employee, when your LTD and STD contributions cease (if applicable) or upon termination of the group contract by your employer. Like most group insurance policies, MetLife's group policies contain certain exclusions, elimination periods, reductions, limitations and terms for keeping them in force. State variations may apply.

1. MetLife may estimate the amount of income you are eligible to receive from the following sources: Federal Social Security Act (Primary and/or Family Benefits); and/or any state compulsory/statutory benefit law.



Producers' Health Benefits Plan Life Plan Benefits

Explore the coverage that helps you give yourself and your loved ones more security today...and in the future.

Basic Life and Accidental Death and Dismemberment Insurance (AD&D)

Your employer provides you with Basic Life insurance coverage and Accidental Death and Dismemberment insurance in the amount of \$25,000.

Once Enrolled, You have Access to MetLife AdvantagesSM - Services to Help Navigate What Life May Bring

This insurance offering from your employer and MetLife comes with a variety of added features that can provide assistance to you and your family members today and during a difficult time.

Grief Counseling¹

To help you, your dependents, and your beneficiaries cope with loss

You, your dependents, and your beneficiaries have access to grief counseling¹ 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 pet¹. 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 1-888-319-7819 or log on to www.metlifegc.lifeworks.com (Username: metlifeassist; Password: support).

Download this helpful Funeral Planning Guide at www.metlife.com/funeralguide.

Life Settlement Account²

For immediate access to death proceeds

The Total Control Account[®] (TCA) settlement option provides your loved ones with a safe and convenient way to manage the proceeds of a life or accidental death and dismemberment claim payments of \$5,000 or more, backed by the financial strength and claims paying ability of Metropolitan Life Insurance Company. TCA death claim payments relieve beneficiaries of the need to make immediate decisions about what to do with a lump-sum check and enable them to have the flexibility to access funds as needed while earning a guaranteed minimum interest rate on the proceeds as they assess their financial situations. Call 1-800-638-7283 for more information about options available to you.

WillsCenter.com³

Self-service online legal document preparation

Employees and spouses/domestic partners have access to WillsCenter.com, an online document service to prepare and update a will, living will, power of attorney, funeral directive, memorandum of wishes or

HIPAA authorization form in a secure 24/7 environment at no additional cost. This service is available with all life coverages. Log on to www.willscenter.com to register as a new user.

Transition Solutions³

Assistance identifying solutions for your financial situations

Transition Solutions is a service designed to help provide assistance in making financial decisions based on the major events in your life including changes in employment or your benefits status or your retirement. Contact your employer or plan administrator for more information. Call 1-877-275-6387 to get in touch with a MassMutual Transition Solutions Specialist.

Additional Features

This insurance offering from your employer and MetLife comes with additional features that can provide assistance to you and your family.

Accelerated Benefits Option⁴

For access to funds during a difficult time

If you become terminally ill and are diagnosed with 12 months or less to live, you have the option to receive up to 80% of your life insurance proceeds. This can help your family meet medical and other expenses at a difficult time. Amounts not accelerated will continue under your employer's plan for as long as you remain eligible per the certificate requirements and as long as the group policy remains in effect.

The accelerated life insurance benefits offered under your certificate are intended to qualify for favorable tax treatment under Section 101(g) of the Internal Revenue Code (26 U.S.C. Sec 101(g)).⁹

Accelerated Benefits Option is not the same as long term care insurance (LTC).

Conversion

For protection after your coverage terminates

You can generally convert your group term life insurance benefits to an individual whole life insurance policy if your coverage terminates in whole or in part due to your retirement, termination of employment, or change in employee class. Conversion is available on all group life insurance coverages. Please note that conversion is **not** available on AD&D coverage. If you experience an event that makes you eligible to convert your coverage, please call 1-877-275-6387 to begin the conversion process. Please contact your plan administrator.

Waiver of Premiums for Total Disability (Continued Protection)

Offering continued coverage when you need it most

If you become Totally Disabled, you may qualify to continue certain insurance. You may also be eligible for waiver of your basic term life insurance premium until you reach age 65, die, or recover from your disability, whichever is sooner.

Total Disability or Totally Disabled means you are unable to do your job and any other job for which you are fit by education, training or experience due to injury or sickness. The Total Disability must begin before age 60, and your waiver will begin after you have satisfied a 9-month waiting period of continuous disability. The waiver of premium will end when you turn age 65, die, or recover. Please note that this benefit is only available after you have participated in the term life plan for one year and it is not available on dependent coverage. This one-year requirement applies to new participants in the plan.

If you return to work after completing part or all of the 9-month waiting period and later cease active work due to the same or a related Total Disability while your coverage is being continued, you will be given credit for the prior partial or total completion of the waiting period and it will be considered a continuation

of the original Total Disability. This means that if you completed the waiting period of continuous disability in the original period of disability, you will not need to complete another one.

- You must notify MetLife of the later period of cessation of active work within 12 months of when that period began.
- The amount of insurance being continued will be the same as during the original period of disability, subject to any reductions in coverage amount due to age.

Accidental Death & Dismemberment (AD&D) coverage complements your Basic Life insurance coverage and helps protect you 24 hours a day, 365 days a year.

Accidental Death & Dismemberment Coverage

This valuable coverage is available to you even if you already have accident insurance. It provides benefits beyond your disability or life insurance for losses due to covered accidents — while commuting, traveling by public or private transportation and during business trips. MetLife’s AD&D insurance pays you benefits if you suffer a covered accident that results in paralysis or the loss of a limb, speech, hearing or sight, or brain damage or coma. If you suffer a covered fatal accident, benefits will be paid to your beneficiary.

Coverage Amounts for You

Your employer provides you with Accidental Death and Dismemberment insurance in an amount equal to your Basic Life coverage amount of \$25,000.

Table of Covered Losses

This AD&D insurance pays benefits for covered losses that are the result of an accidental injury or loss of life. The full amount of your AD&D coverage is called the “Full Amount” and is equal to the benefit payable to the loss of life. Benefits for other losses are payable as a predetermined percentage of the Full Amount, and are listed in the following table of covered losses. The maximum amount payable for all Covered Losses sustained in any one accident is capped at 100% of the Full Amount.

Covered Losses	Percent of Full Amount
Life	100% of Full Amount
Hand	50% of Full Amount
Foot	50% of Full Amount
Arm	75% of Full Amount
Leg	75% of Full Amount
Sight of one eye	50% of Full Amount
Thumb & index finger of same hand	25% of Full Amount
Speech & hearing	100% of Full Amount
Speech or hearing	50% of Full Amount
Paralysis of both arms and both legs	100% of Full Amount
Paralysis of both legs	50% of Full Amount
Paralysis of the arm & leg on either side of the body	50% of Full Amount
Paralysis of one arm or leg	25% of Full Amount
Brain Damage	100% of Full Amount
Coma	1% monthly up to 60 months

Standard Additional Benefits Include

The following benefits are payable in addition to the covered losses listed in the above table:

- Air Bag
- Seat Belt
- Common Carrier
- Child Care Center

What Is Not Covered?

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.

Additional Coverage Information

Who Can Be A Designated Beneficiary?

You can select any beneficiary(ies) other than your employer, and you may change your beneficiary(ies) at any time. You can also designate more than one beneficiary.

About Your Coverage Effective Date

You must be Actively at Work on the date your coverage is scheduled to become effective.

If Actively at Work requirements are met, coverage will become effective on 1/1/2019 or the first of the month following the receipt of your completed application for all requests that do not require additional medical information. A request for an amount that requires additional medical information and is not approved by the date listed above will not be effective until the later of: (1) the date that MetLife approves the coverage or increase if you meet Actively at Work requirements on that date, or (2) the date that Actively at Work requirements are met after MetLife has approved the coverage or increase.

1 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.

2 Subject to state law, and/or group policyholder requests, 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 claims of MetLife's creditors. MetLife bears the investment risk of the assets backing 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.

3 WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc.

is not affiliated with MetLife and the WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters.

4 The Accelerated Benefits Option is subject to state availability and regulation. The accelerated life insurance benefits offered under your certificate are intended to qualify for favorable federal tax treatment. If the accelerated benefits qualify for favorable tax treatment, the benefits will be excludable from your income and not 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 accelerated 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 accelerated benefits will have on public assistance eligibility for you, your spouse or your family.

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 Producers' Health Benefits Plan and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the booklet certificate.

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

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99/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 contract. 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.



Vision Plan Summary

With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in-network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical and Visionworks.
- Take advantage of our service agreement with Walmart and Sam's Club—they check your eligibility and process claims even though they are out-of-network.

In-network value added features:

Additional lens enhancements: In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements.¹

Savings on glasses and sunglasses: Get 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.¹

Laser vision correction:² Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.

We're here to help

Find a Vision provider at www.metlife.com/vision

Download a claim form at www.metlife.com/mybenefits

For general questions go to www.metlife.com/mybenefits or call 1-855-MET-EYE1 (1-855-638-3931)

Metropolitan Life Insurance Company

In-network benefits

There are no claims for you to file when you go to an in-network vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

	Frequency
Eye exam	Once every 12 months
<ul style="list-style-type: none"> • Eye health exam, dilation, prescription and refraction for glasses: Covered in full after a \$10 copay. • Retinal imaging: Up to a \$39 copay on routine retinal screening when performed by a private practice. 	
Frame	Once every 12 months
<ul style="list-style-type: none"> • Allowance: \$200 allowance • Costco: \$110 allowance <p>You will receive an additional 20% savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco.</p>	
Standard corrective lenses	Once every 12 months
<ul style="list-style-type: none"> • Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after \$25 eyewear copay. 	
Standard lens enhancements¹	Once every 12 months
<ul style="list-style-type: none"> • Polycarbonate (child up to age 18) and Ultraviolet (UV) coating: Covered in full. • Progressive, Polycarbonate (adult), Photochromic, Anti-reflective and Scratch-resistant coatings and Tints: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at metlife.com/mybenefits. 	
Contact lenses (instead of eye glasses)	Once every 12 months
<ul style="list-style-type: none"> • Contact fitting and evaluation: Covered in full with a maximum copay of \$60. • Elective lenses: \$200 allowance. • Necessary lenses: Covered in full after eyewear copay. 	



Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **in-network benefits** apply. Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefits information.

• Eye exam: up to \$45	• Single vision lenses: up to \$30	• Lined trifocal lenses: up to \$65
• Frames: up to \$70	• Lined bifocal lenses: up to \$50	• Progressive lenses: up to \$50
• Contact lenses:	• Lenticular lenses: up to \$100	
- Elective up to \$105		
- Necessary up to \$210		

Exclusions and Limitations of Benefits

This plan does not cover the following services, materials and treatments

SERVICES AND EYEWEAR

- Services and/or materials not specifically included in the Vision Plan Benefits Overview (Schedule of Benefits).
- Any portion of a charge above the Maximum Benefit Allowance or reimbursement indicated in the Schedule of Benefits.
- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your dependent before the Vision Insurance starts.
- Missed appointments.
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Local, state, and/or federal taxes, except where MetLife is required by law to pay.
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.
- Services and materials obtained while outside the United States, except for emergency vision care.

- Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
- Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
- 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 Vision 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.
- Plano lenses (lenses with refractive correction of less than ± 0.50 diopter).
- Two pairs of glasses instead of bifocals.
- Replacement of lenses, frames and/or contact lenses, furnished under this Plan which are lost, stolen, or damaged, except at the normal intervals when Plan Benefits are otherwise available.

- Contact lens insurance policies and service agreements.
- Refitting of contact lenses after the initial (90 day) fitting period.
- Contact lens modification, polishing, and cleaning.

TREATMENTS

- Orthoptics or vision training and any associated supplemental testing.
- Medical and surgical treatment of the eye(s).

MEDICATIONS

- Prescription and non-prescription medications.

¹ All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco to confirm your availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

² Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

Important: If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

Producers' Health Benefits Plan

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with Metropolitan Life Insurance Company or its affiliates.

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

