It’s time to enroll for your benefits
ODU Research Foundation

Here are the benefits in which you're eligible to participate.

- Dental Insurance
- Disability Insurance
- Life Insurance

Take advantage of the valuable benefits available to you through your employer and enroll today.
Overview Dental Insurance

Why dental insurance makes sense

What does dental insurance protect?

Dental problems can be unpredictable and expensive. For example, did you know that a crown can cost up to $1,451? Dental insurance not only help you pay for your dental care, but it can help prevent problems. When your preventive care is covered, you’re more likely to go for cleanings and checkups — this can help you avoid problems before they become too costly or complicated.

More to smile about

- See whatever dentist you want. Even if your dentist isn’t in the network, you can go to him or her — just remember you usually save more when you stay in network.
- You have a wide choice of participating dentists. Plus, dentists in the network are carefully selected.
- Take advantage of negotiated fees that are typically 30–45% less than average charges in the same area.
- Your dentist usually handles claims — which means less paperwork for you.
- Find out what you’ll pay ahead of time. Your dentist can request a pre-treatment estimate for any service that is more than $300. This helps you manage your costs and care.

Understanding your PPO plan is as easy as 1, 2, 3:

1. Understand the types of procedures
   Different plans pay different percentages for these procedures. And, while they may change depending on your plan, the definitions below usually describe the standard service types.
   - Preventive Care — cleanings, X-rays and exams
   - Basic Care — fillings and extractions
   - Major Care — bridges, crowns and dentures

2. Know the percentages
   - Look on your Plan Summary — next to each of these categories is a percentage. That’s the percentage MetLife will pay for covered services, and you’ll be responsible for the rest.

3. Look at out-of-pocket costs
   - Next, check to see if the plan has an Annual Deductible — that’s the amount you’ll have to pay each year before your benefits kick in.
   - Also, check the Annual Maximum Benefit — that’s the most MetLife will pay in a year. There’s also a difference between the Individual Maximum (for each family member) and the Family Annual Maximum (which applies to the total that is paid for everyone in your family).

Now that you know the benefits of having dental coverage, learn more and enroll today!

1. Based on MetLife data for a crown (D2740) in ZIP code 19151. This cost reflects the 80th percentile Reasonable and Customary (R&C) fee. R&C fees are calculated based on the lowest of 1) the dentist’s actual charge, 2) the dentist’s usual charge for the same or similar services or 3) the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife. This example is used for informational purposes only. Fees in your area may be different.

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

3. Certain providers may participate with MetLife through an agreement that MetLife has with a vendor. Providers available through a vendor are subject to the vendor’s credentialing process and requirements, not MetLife’s. If you should have any questions, contact MetLife Customer Service.

4. Negotiated Fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

5. MetLife strongly recommends that you have your dentist submit a pretreatment estimate to MetLife if the cost is expected to exceed $300. When your dentist suggests treatment, have him or her send a claim form, along with the proposed treatment plans and supporting documentation to MetLife. An explanation of benefits (EOB) will be sent to you and the dentist detailing an estimate of what services MetLife will cover and at what payment level. Actual payments may vary from the pretreatment estimate depending upon annual maximums, deductibles, plan frequency limits and other plan provisions at time of payment.

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

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166

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

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

**Freedom of choice to go to any dentist.**

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

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

To check out the general dentists and specialists in the PDP Plus network, visit [www.metlife.com/dental](http://www.metlife.com/dental).

**Additional savings when you visit participating dentists.**

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

**Service where and when you want it.**

MyBenefits, your secure self-service website, is available 24/7. You can use the site to get estimates on care or check coverage and claim status. Plus, if you are on the go and need to find an in-network provider, view a claim or see your ID card, there’s an app for that. Search “MetLife” at the iTunes App Store or Google Play to download the app.

**Educational tools and resources.**

The right dental care is an essential part of good overall health. That’s why you and your dentist get resources to help make informed decisions about your oral health. You’ll find a range of topics on our online dental education website, [www.oralfitnesslibrary.com](http://www.oralfitnesslibrary.com). Read up on the link between dental and overall health, kids’ dental health and more. You can also put your oral health to the test by taking an online risk assessment.
The information below explains certain terms to make it easier for you to understand and use your benefits.

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

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

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

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

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

- Make the most of your benefits — visit a participating dentist to reduce your out-of-pocket costs.
- Keep a healthy dental regimen by getting routine exams and cleanings – the cost of preventive services (Type A) is usually less than the cost for fillings, root canals, extractions, etc. – and can help to prevent the need for these higher-cost treatments.
- It is recommended that you request a pre-treatment estimate for services that cost more than $300. The estimate will give you an idea of what your out-of-pocket costs will be. To receive a benefit estimate, have your dentist submit a request online at www.metdental.com or by calling 1-877-MET-DDS9 (phone number and website for dental professionals only).
- Visit the dental education website at www.oralfitnesslibrary.com for important tools and resources to help you become more informed about dental care.

Remember, dental coverage can be an important part of protecting your health and finances. By using the educational tools and benefits made available to you through this plan, you'll be better prepared to protect your oral health and your budget.

1 Negotiated Fees refers to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.
2 Certain providers may participate with MetLife through an agreement that MetLife has with a vendor. Providers available through a vendor are subject to the vendor’s credentialing process and requirements, not MetLife’s. If you should have any questions, contact MetLife Customer Service.
3 With the exception of scheduled or unscheduled systems maintenance or interruptions, the MyBenefits website is typically available 24 hours a day, 7 days a week.
4 The features of the MetLife Dental Mobile App are not available for all MetLife Dental Plans.
5 Before using the MetLife Dental Mobile App, you must register at www.metlife.com/mybenefits from a computer. Registration cannot be done from your mobile device.

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

**Network: PDP Plus**

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>In-Network % of Negotiated Fee*</th>
<th>Out-of-Network % of R&amp;C Fee**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type A: Preventive (cleanings, exams, X-rays)</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Type B: Basic Restorative (fillings, extractions)</td>
<td>80%</td>
<td>70%</td>
</tr>
<tr>
<td>Type C: Major Restorative (bridges, dentures)</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Type D: Orthodontia</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

**Deductible†**

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$25</td>
<td>$75</td>
</tr>
</tbody>
</table>

**Annual Maximum Benefit**

<table>
<thead>
<tr>
<th></th>
<th>Per Person</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>$2,000</td>
<td>$2,000</td>
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</tbody>
</table>

**Orthodontia Lifetime Maximum**

<table>
<thead>
<tr>
<th></th>
<th>Per Person</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

**Child(ren)'s eligibility** for dental coverage is from birth up to age 26.

* Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

** R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist’s actual charge, (2) the dentist’s usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

† Applies to Type B and C Services.
<table>
<thead>
<tr>
<th>List of Primary Covered Services &amp; Limitations</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Type A - Preventive</strong></th>
<th><strong>How Many/How Often</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prophylaxis (cleanings)</td>
<td>• Once every 6 months</td>
</tr>
<tr>
<td>Oral Examinations</td>
<td>• Once every 6 months</td>
</tr>
<tr>
<td>Topical Fluoride</td>
<td>• One fluoride treatment per fiscal year for dependent children up to 19th birthday</td>
</tr>
<tr>
<td>Applications</td>
<td></td>
</tr>
</tbody>
</table>
| X-rays                  | • Full mouth X-rays: one per 36 months  
                        | • Bitewing X-rays: one set every 6 months for children; one set every fiscal year for adults |
| Space Maintainers       | • Space Maintainers for dependent children up to 19th birthday |
| Sealants                | • One application of sealant material per tooth every 60 months for dependent child up to age 16 |

<table>
<thead>
<tr>
<th><strong>Type B - Basic Restorative</strong></th>
<th><strong>How Many/How Often</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fillings</td>
<td></td>
</tr>
<tr>
<td>Simple Extractions</td>
<td></td>
</tr>
<tr>
<td>Crown, Denture, and Bridge</td>
<td></td>
</tr>
<tr>
<td>Repair/Recementations</td>
<td></td>
</tr>
<tr>
<td>Endodontics</td>
<td>• Root canal treatment limited to once per tooth per 24 months</td>
</tr>
<tr>
<td>General Anesthesia</td>
<td>• When dentally necessary in connection with oral surgery, extractions or other covered dental services</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td></td>
</tr>
</tbody>
</table>
| Periodontics                  | • Periodontal scaling and root planing once per quadrant, every 24 months  
                        | • Periodontal surgery once per quadrant, every 36 months  
                        | • Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a fiscal year |

<table>
<thead>
<tr>
<th><strong>Type C - Major Restorative</strong></th>
<th><strong>How Many/How Often</strong></th>
</tr>
</thead>
</table>
| Implants                      | • Replacement once every 5 years  
                        | • Repair of implants once every 12 months. |
| Bridges and Dentures          | • Initial placement to replace one or more natural teeth, which are lost while covered by the Plan  
                        | • Dentures and bridgework replacement: one every 10 years  
                        | • Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed |
| Crowns/Inlays/Onlays          | • Replacement once every 5 years. |

<table>
<thead>
<tr>
<th><strong>Type D - Orthodontia</strong></th>
<th><strong>How Many/How Often</strong></th>
</tr>
</thead>
</table>
|                               | • You, Your Spouse, and Your Children, up to age 26, are covered while Dental Insurance is in effect. 
                        | • All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia  
                        | • Payments are on a repetitive basis  
                        | • 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit’s coinsurance level for Orthodontia as defined in the Plan Summary.  
                        | • Orthodontic benefits end at cancellation of coverage |

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.
**Frequently Asked Questions**

**Who is a participating dentist?**
A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees typically range from 15%-45% below the average fees charged in a dentist's community for the same or substantially similar services.†

**How do I find a participating dentist?**
There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at www.metlife.com/mybenefits or call 1-800-942-0854 to have a list faxed or mailed to you.

**What services are covered under this plan?**
All services defined under the group dental benefits plan are covered.

**May I choose a non-participating dentist?**
Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist, your out-of-pocket costs may be higher. He/she hasn’t agreed to accept negotiated fees. So you may be responsible for any difference in cost between the dentist's fee and your plan's benefit payment.

**Can my dentist apply for participation in the network?**
Yes. If your current dentist does not participate in the network and you would like to encourage him/her to apply, ask your dentist to visit www.metdental.com, or call 1-866-PDP-NTWK for an application. †† The website and phone number are 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 email alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/mybenefits or request one by calling 1-800-942-0854.

**Can I find out what my out-of-pocket expenses will be before receiving a service?**
Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend 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 or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

**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.

**How does MetLife coordinate benefits with other insurance plans?**
Coordination of benefits provisions 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, subject to applicable law. 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, subject to applicable law.
**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 are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

†Based on internal analysis by MetLife. Negotiated Fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.
††Due to contractual requirements, MetLife is prevented from soliciting certain providers.
*AXA Assistance USA, Inc. provides Dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations.
**Refer to your dental benefits plan summary for your out-of-network dental coverage.
Exclusions

This plan does not cover the following services, treatments and supplies:

- 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;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- 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;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- 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;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- 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.
- 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;
- Caries susceptibility tests;
- 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;
- Initial installation of a full or removable 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;
- Addition of teeth to a partial removable 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;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders.
- Repair or replacement of an orthodontic device;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images
Limitations

Alternate Benefits: 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 pre-treatment 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. Procedure charge schedules are subject to change each plan year. You can obtain an updated procedure charge schedule for your area via fax by calling 1-800-942-0854 and using the MetLife Dental Automated Information Service. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

Cancellation/Termination of Benefits: Coverage is provided under a group insurance policy (Policy form GPNP99) issued by MetLife. Coverage terminates when your membership ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

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. For complete details of coverage and availability, please refer to the group policy form GPNP99 or contact MetLife.
Overview

Long Term Disability Insurance

Why long term disability insurance makes sense

Protect your paycheck

Long term disability insurance can replace a portion of your income should you become unable to work and earn a paycheck for an extended period of time due to an illness or injury. This plan can help protect you and your family from the impact of your lost income by replacing a portion of it during an extended disability.

A disability can become a reality. Be prepared if it does.
The risk of suffering a disabling illness or injury is greater than you may think. Just over 1 in 4 of today’s 20 year olds will likely become disabled before reaching age 67.1 While disabilities are typically unexpected, they don’t have to threaten your financial security. Protect your income and enroll in MetLife Long Term Disability Insurance today.

Your coverage.
Long term disability coverage from MetLife may pay between 40–70% of your pre-disability income for an extended disability lasting one year or more. You receive benefits for as long as you remain disabled and unable to work, until retirement age. That means you have a steady income stream to help pay your bills during your disability. You can also earn financial incentives by participating in MetLife approved rehabilitation programs. These programs are designed to help you recover financially and functionally.

What’s more, given its strict definitions of what qualifies as a disability, you may not be able to count on federal help.
Chances are you may not be able to count on Social Security Disability Insurance (SSDI) to help you. Approximately 67% of initial SSDI claims are actually denied.2 Social Security benefits are not available if you are expected to be out of work for less than a year.1

Your name is on the check.
Monthly payments are made directly to you. You decide how to spend the money — for medical expenses not covered by your medical plan, like copays, deductibles, out-of-network care, or for non-medical needs like household bills, childcare, or home modifications. If you have a spouse/domestic partner and/or children, most likely they rely on you to help keep the household running. But with 58% of employees surveyed being very concerned about the ability to pay bills during a sudden income loss,3 you need to make sure your family is financially prepared to handle essential living expenses.
If you are single, and don’t prepare ahead to cover your expenses, you may need to use your savings, sell your property, or borrow money from friends or family to meet your ongoing financial obligations while you recover. Premiums will be automatically deducted from your paycheck making this coverage more convenient for you.

Now that you know how long term disability insurance can help protect your financial security, take a few minutes to learn more and apply today!


Like most group disability insurance policies, MetLife group policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your MetLife sales representative for complete costs and details.

Metropolitan Life Insurance Company  |  200 Park Avenue  |  New York, NY 10166
1705 856486F  L0617495716 [exp0618][All States][DC, GU, MP, PR, VI]  © 2017 METLIFE, INC.

Navigating life together

ADF# Di1207.16
Explore the coverage that helps you protect your income and your lifestyle.

What is Long Term Disability insurance?
Long Term Disability (LTD) insurance helps replace a portion of your income for an extended period of time.

Eligibility Requirements
Long Term Disability:
All active full-time employees working at least 30 hours per week are eligible to participate.

Class 1 Employees: All Full-Time employees of the policyholder earning $30,000 a year and above, but not temporary or seasonal employees.

Class 2 Employees: All Full-Time employees of the policyholder earning less than $30,000 a year, but not temporary or seasonal employees.

How is “Disability” defined under the Plan?

Class 1 Employees:
Generally, you are considered disabled and eligible for long term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of the treatment and you are unable to earn more than 80% of your predisability earnings at your own occupation for any employer in your local economy.

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

Class 2 Employees:
Generally, you are considered disabled and eligible for long term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of the treatment and you are unable to earn more than 80% of your predisability earnings at your own occupation for any employer in your local economy.
Following the Own Occupation period, you are considered disabled if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of treatment and you are unable to earn 60% of your predisability earnings at any gainful occupation for which you are reasonably qualified taking into account your training, education and experience.

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?

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, Workers’ Compensation, vacation pay etc.).

Class 1 Employees:
The Benefit amount is 60% of your predisability monthly earnings; subject to the plan’s maximum monthly benefit.

Class 2 Employees:
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.

**Class 1 Employees:**
The maximum under this plan is $7,500. If your salary exceeds $12,500, your LTD benefit will be limited to this maximum.

**Class 2 Employees:**
The maximum under this plan is $5,000. If your salary exceeds $8,333, your LTD benefit will be limited to this maximum.

**When do benefits begin and how long do they continue?**

**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 90 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.

**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 Experts:**
Once you are approved for Disability benefits, MetLife can help you obtain Social Security Disability benefits. Our experts 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 and Rehabilitation incentives designed to help you to return to work when appropriate, even on a part-time basis when you participate in an approved Rehabilitation Program.

While disabled, you may receive up to 100% of your predisability earnings when combining benefits, rehabilitation Incentives, other income sources such as Social Security Disability Benefits and state disability benefits, and part-time earnings.

With the Rehabilitation Incentive you can get a 10% increase in your monthly benefit.

The Family Care Incentive provides reimbursement up to $400 per month for eligible expenses, such as child care, during the first 24 months of Disability.

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 sickness or accidental injury that arose in the months prior to your participation in the plan. A complete description of the pre-existing condition exclusion is included in the Certificate of Insurance provided by your Employer, or contact your MetLife benefits administrator with any questions.

Q. Are there any exclusions to my coverage?
A. Yes. Your plan does not cover any Disability which results from or is 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.

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 mental or nervous disorders or diseases, neuromuscular, musculoskeletal or soft tissue disorder, chronic fatigue syndrome and related conditions, we will limit your Disability benefits to a combined lifetime maximum for any and all of the above 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;
   • dementia
   • organic brain disease

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 plan. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Long Term Disability (“LTD”) coverage is provided under a group insurance policy (Form GPNP99) issued to your employer by MetLife. This LTD coverage terminates when your employment ceases, when you cease to be an eligible employee, when your LTD 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 Under certain circumstances, MetLife may estimate the amount of income you may receive from other source.
Why life insurance makes sense

What does term life insurance protect?

Let’s start with your peace of mind.
- Life insurance can cover your family’s needs if you’re not there, including food, bills and debt.
- It can help pay for your children’s education.
- It can help ensure your family stays in their home.
- And help take care of those who depend on you.

In short, life insurance can help replace your paycheck if you aren’t there to earn it.

When life changes, so should your life insurance.
- New family members, a new job, a move or even a raise all mean that your life insurance needs have changed.
- Review your protection every year during your benefits enrollment.
- There’s even a possibility your financial needs may decrease over time.

Life insurance costs less than you may think.
- With term life insurance, you can protect your family for a small fraction of your annual salary — about 1%, according to MetLife estimates.¹
- Compare that to the fact you’re insuring years of income.

Life insurance is a smart financial move.
- Life insurance is a predictable financial option.
- Beneficiaries usually receive the proceeds of your policy income-tax free.

Get an idea of how much life insurance might be right for you.
- A rule of thumb is 60% of your annual income times years to retirement. This incorporates an estimate of your salary, assuming some normal raises over time, and adds the value of your employee benefits, like healthcare. Then it subtracts the effect of taxes, and what it costs your family to have you around. Try our coverage estimator tool at metlife.com/MyBenefits.

Get more insurance on your life by adding accidental death & dismemberment (AD&D) insurance.
This extra protection can help provide financial security should a sudden accident take your life or cause you serious loss or harm. This coverage complements your life insurance coverage and helps protect you 24 hours a day, 365 days a year (please see your Plan Summary for details). This protection covers you for:
- Paralysis
- Fatal accident
- Brain damage or coma
- Loss of limb, speech, hearing or sight

Some additional benefits that may be included in your AD&D insurance coverage include:
- Air bag benefit
- Child care center benefit
- Seat belt benefit
- Hospitalization benefit

Now that you know how life insurance and AD&D insurance can help you protect those who depend on you, take a moment and get the coverage you need.
Make sure you learn more and enroll today!

¹ Source: MetLife premium data. Your actual cost can vary based upon the amount of coverage and the rate. Rates for term insurance vary depending upon such things as gender, age, class, health and other underwriting factors.

Like most group life insurance policies, MetLife Group Life Insurance policies have certain exclusions, limitations, reductions of benefits and terms for keeping them in force. A MetLife representative can provide you with costs and complete details.

Metropolitan Life Insurance Company  |  200 Park Avenue  |  New York, NY 10166
1705 856496B  L0917498677[exp1118][All States][DC, GU, MP, PR, VI] © 2017 METLIFE, INC.
Old Dominion University Research Foundation
Plan Benefits

Explore the coverage that makes it easy to give yourself and your loved ones more security today…and in the future.

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

Your employer provides you with Basic Term Life and Accidental Death and Dismemberment insurance coverage in the amount of 2 times your base annual earnings, rounded to the next higher $1,000, up to a maximum of $300,000.

Supplemental Term Life Insurance Coverage Options

<table>
<thead>
<tr>
<th>For You</th>
<th>$10,000 increments up to a maximum of the lesser of 5 times your base annual earnings rounded to the next higher $10,000, or $500,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Your Spouse</td>
<td>$5,000 increments up to a maximum of the lesser of 100% of your basic and supplemental coverage amount or $250,000</td>
</tr>
</tbody>
</table>
| For Your Dependent Children* | 15 days to 6 months old: $1,000  
6 months and older: $10,000 |

*Child(ren)’s Eligibility: Dependent children from 15 days to 26 years, are eligible for coverage. In TX, regardless of student status, child(ren) are covered until age 25.

Monthly Costs* for Supplemental Term Life Insurance

You have the option to purchase Supplemental Term Life Insurance. Listed below are your monthly rates (based on your age as of your last birthday) as well as those for your spouse (based on your age as of your last birthday). Rates to cover your child(ren) are also shown.

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly Cost Per $1,000 of Employee Coverage</th>
<th>Monthly Cost Per $1,000 of Spouse Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 25</td>
<td>$0.065</td>
<td>$0.065</td>
</tr>
<tr>
<td>25 - 29</td>
<td>$0.065</td>
<td>$0.065</td>
</tr>
<tr>
<td>30 – 34</td>
<td>$0.084</td>
<td>$0.084</td>
</tr>
<tr>
<td>35 – 39</td>
<td>$0.102</td>
<td>$0.102</td>
</tr>
<tr>
<td>40 – 44</td>
<td>$0.132</td>
<td>$0.132</td>
</tr>
<tr>
<td>45 – 49</td>
<td>$0.205</td>
<td>$0.205</td>
</tr>
<tr>
<td>50 – 54</td>
<td>$0.336</td>
<td>$0.336</td>
</tr>
<tr>
<td>55 – 59</td>
<td>$0.566</td>
<td>$0.566</td>
</tr>
<tr>
<td>60 – 64</td>
<td>$0.872</td>
<td>$0.872</td>
</tr>
<tr>
<td>65 – 69</td>
<td>$1.648</td>
<td>$1.648</td>
</tr>
<tr>
<td>70 +</td>
<td>$2.670</td>
<td>$2.670</td>
</tr>
<tr>
<td>Cost for your Child(ren)†</td>
<td>$1.100 per employee</td>
<td></td>
</tr>
</tbody>
</table>

† Covers all eligible children

*Note: rates are subject to the policy’s right to change premium rates, and the employer’s right to change employee contributions.
Use the table below to calculate your premium based on the amount of life insurance you will need.

**Example:** $100,000 Supplemental Life Coverage

| 1. Enter the rate from the table (example age 36) | $0.102 |
| 2. Enter the amount of insurance in thousands of dollars (Example: for $100,000 of coverage enter $100) | $10.20 |
| 3. Monthly premium (1) x (2) | $ ___________ |

Repeat the three easy steps above to determine the cost for each coverage selected.

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

**Grief Counseling** To help you, your dependents, and your beneficiaries cope with loss

You, your dependents, and your beneficiaries have 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. 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.

**Funeral Discounts and Planning Services** Ensuring your final wishes are honored

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, 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.

**Beneficiary Claim Assistance** For support when beneficiaries need it most

This program is designed to help beneficiaries sort through the details and serious questions about claims and financial needs during a difficult time. MetLife has arranged for Massachusetts Mutual Life Insurance Company (Mass Mutual) financial professionals to be available for assistance in-person or by telephone to help with filing life insurance claims, government benefits and help with financial questions.

**Travel Assistance** A travel assistance benefit is available when you enroll in MetLife’s AD&D coverage.

Travel assistance services, offered on your AD&D coverage, offers you and your family access to emergency services while you travel, plus the advantage of concierge assistance for personal and work-related travel and entertainment.
requests. This service provides you and your dependents with medical, legal, transportation and financial assistance 24 hours a day, 365 days a year when you are more than 100 miles away from home. You also have access to Mobile Assist Service to provide you information to help avoid expensive mobile telephone charges and help effectively use overseas options. Mobile Assist Service also offers a detailed guide that includes essential applications and resources and connects employees to their concierge services. Identity Theft Solutions is also available to help educate you on identity theft prevention and provide assistance in the event you are a victim of identity theft. Please visit the AXA website for more information.

http://webcorp.axa-assistance.com
Login: axa
Password: travelassist

Will Preparation 7
To help ensure your decisions are carried out
When you enroll for Supplemental term life coverage, you will automatically receive access to Will Preparation Services at no extra cost to you. Both you and your spouse will have unlimited in-person or telephone access to one of Hyatt Legal Plans’ nationwide network of 14,000+ participating attorneys for preparation of or updating a will, living will or power of attorney.* When you use a participating plan attorney, there will be no charge for the services.* Like life insurance, a carefully prepared will (simple or complex), living will and power of attorney are important.

- A will lets you define your most important decisions, such as who will care for your children or inherit your property.
- A living will ensures your wishes are carried out and protects your loved ones from having to make very difficult and personal medical decisions by themselves. Also called an "advanced directive," it is a document authorized by statutes in all states that allows you to provide written instructions regarding use of extraordinary life-support measures and to appoint someone as your proxy or representative to make decisions on maintaining extraordinary life-support if you should become incapacitated and unable to communicate your wishes.
- Powers of attorney allow you to plan ahead by designating someone you know and trust to act on your behalf in the event of unexpected occurrences or if you become incapacitated

Call 1-800-821-6400 and a Client Service Representative will assist you.

* You also have the flexibility of using an attorney who is not participating in the Hyatt Legal Plans network and being reimbursed for covered services according to a set fee schedule. In that case you will be responsible for any attorney’s fees that exceed the reimbursed amount.

Estate Resolution Services SM7 (ERS)
Personal service and compassion assistance to help probate your and your spouse’s estates.
MetLife Estate Resolution Services SM provides probate services in person or over the phone to the representative (executor or administrator) of the deceased employee's estate and the estate of the employee's spouse. Estate Resolution Services include preparation of documents and representation at court proceedings needed to transfer the probate assets from the estate to the heirs and completion of correspondence necessary to transfer non-probate assets. ERS covers participating plan attorneys’ fees for telephone and face-to-face consultations or for the administrator or executor to discuss general questions about the probate process.

WillsCenter.com SM8
Self-service online legal document preparation
Employees and spouses 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.

Digital Storage SM9
MetLife Infinity is a resource that can help you create a digital legacy for your beneficiaries, estate administrators and others who play important roles in your major life events. It is available to anyone regardless of affiliation with MetLife.
MetLife Infinity offers a unique way to capture and securely store your important documents, audio files, photos, and videos. Items you can store using MetLife Infinity include deeds, wills and executor instructions and financial and life stage planning documents. Once you’ve captured your digital legacy, MetLife Infinity allows you to designate individuals to receive your collection electronically in the event of your death or at another time you indicate. To access MetLife Infinity, visit https://metlifeinfinity.com to register and learn more.

Retirement Planning
A four-part workshop series that offers you comprehensive retirement education. You also have the option to meet with a local financial professional to discuss your specific circumstances and individual goals.

Range of solutions for continuing workplace coverage

Portability
So you can keep your coverage even if you leave your current employer
Should you leave Old Dominion University Research Foundation for any reason, and your Supplemental and Dependent Term Life and Voluntary Accidental Death and Dismemberment insurance under this plan terminates, you will have an opportunity to continue group term coverage (“portability”) under a different policy, subject to plan design and state availability. Rates will be based on the experience of the ported group and MetLife will bill you directly. Rates may be higher than your current rates. To take advantage of this feature, you must have coverage of at least $10,000 up to a maximum of $2,000,000

Portability is also available on coverage you’ve selected for your spouse and dependent child(ren). The maximum amount of coverage for spouses is $250,000; the maximum amount of dependent child coverage is $25,000. Increases, decreases and maximums are subject to state availability.

Generally, there is no minimum time for you to be covered by the plan before you can take advantage of the portability feature. Please see your employer or certificate for specific details. Please note that if you experience an event that makes you eligible for portable coverage, please call a MetLife representative at 1-888-252-3607 or contact your employer for more information.

Transition Solutions
Assistance identifying solutions for your financial situations
Transition Solutions provides assistance for important, time-sensitive benefit and financial decisions due to change in benefits including:
- Group Life Insurance Continuation Options
- Lump-sum distributions
- Reduction in benefits for active or retired employees
- Benefits coordination due to layoffs, merger, acquisition or bankruptcy
- Define Contribution Plan termination
- Retiree Group Life elimination

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 Option
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 go a long way towards helping 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 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)).

Accelerated Benefits Option is not the same as long term care insurance (LTC). LTC provides nursing home care, home-health care, personal or adult day care for individuals above age 65 or with chronic or disabling conditions that require constant supervision.

The Accelerated Benefits Option is also available to spouses insured under Dependent Life insurance plans. This option is not available for dependent child coverage.

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 employer for more information.

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 and Supplemental 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 90 consecutive day 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 Supplemental 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.

What’s Not Covered?

Like most insurance plans, this plan has exclusions. Supplemental and Dependent Life Insurance does not provide payment of benefits for death caused by suicide within the first two years (one year for group policies issued in Missouri, North Dakota and Colorado) of the effective date of the certificate or an increase in coverage. This exclusionary period is one year for residents of Missouri and North Dakota. If the group policy was issued in Massachusetts, the suicide exclusion does not apply to dependent life coverage. The suicide exclusion does not apply to residents of Washington, or to individuals covered under a group policy issued in Washington.

Please note that a reduction schedule may apply. Please see your employer or certificate for specific details.
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 Options

This valuable coverage benefits beyond your disability or life insurance for losses due to covered accidents — including 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.

Voluntary AD&D Coverage Amounts for You

You have the option to enroll for Voluntary AD&D insurance. You can choose the Voluntary AD&D option that meets your needs:

- $10,000 to $500,000 coverage in increments of $10,000

The maximum amount of coverage you can receive is the lesser of 10 times your base annual earnings or $500,000.

Voluntary AD&D Coverage Amounts for Spouse and Child(ren)

You can choose to cover your dependent spouse and child(ren) with AD&D coverage. Your dependents will be eligible for coverage amounts equal to their amounts of Dependent Term Life coverage.

Dependent Spouse and Child(ren):
Spouse — 40% of your coverage amount
Child(ren) — 10% of your coverage amount

Dependent Spouse only:
50% of your coverage amount

Dependent Child(ren) only:
15% of your coverage amount

*Child(ren)’s Eligibility: Dependent children ages from birth to 26 years old, are eligible for coverage. In TX, regardless of student status, child(ren) are covered until age 25.

Monthly Cost for Accidental Death & Dismemberment (AD&D) Insurance

<table>
<thead>
<tr>
<th>Voluntary AD&amp;D Coverage</th>
<th>Monthly Cost Per $1,000 of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$0.020</td>
</tr>
<tr>
<td>Employee &amp; Family</td>
<td>$0.030</td>
</tr>
</tbody>
</table>

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 AD&D coverage you select is called the “Full Amount” and is equal to the benefit payable for the loss of life. Benefits for other losses are payable as a predetermined percentage of the Full Amount, and will be listed in your coverage in a table of Covered Losses. Such losses include loss of limbs, sight, speech and hearing, various forms of paralysis, brain damage and coma. The maximum amount payable for all Covered Losses sustained in any one accident is capped at 100% of the Full Amount.
Standard Additional Benefits Include
Some of the standard additional benefits included in your coverage that may increase the amounts payable to you and/or defray additional expenses that result from accidental injury or loss of life are:
- Air Bag
- Seat Belt
- Common Carrier
- Child Care Center
- Child Education
- Spouse Education
- Hospitalization

What Is Not Covered by AD&D?
AD&D 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 active participation in a 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

How To Apply
Complete your enrollment form and return it to your Human Resources Manager today! Be sure to indicate your Beneficiary. Act Now During the Enrollment Period.

*All applications are subject to review and approval by Metropolitan Life Insurance Company. Based on the plan design and the amount of coverage requested, a Statement of Health may need to be submitted to complete your application.

For Employee Coverage
Enrollment in this Supplemental Term Life insurance plan is available without providing medical information as long as:

For Annual Enrollment
- The enrollment takes place prior to the enrollment deadline, and
- You are continuing the coverage you had in the last year, or
- You are requesting to increase existing coverage by one increment, and the total amount of coverage does not exceed $140,000.

For New Hires
- The enrollment takes place within 31 days from the date you become eligible for benefits, and
- You are enrolling for coverage equal to/less than $140,000

If you do not meet all of the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form. A Statement of Health is included in this booklet.

For Dependent Coverage†
You must be covered in order to obtain coverage for your spouse and child(ren).
Your spouse and dependent children do not need to provide medical information as long as:
For Annual Enrollment

- The enrollment takes place prior to the enrollment deadline, and
- You are continuing the coverage you had for your spouse and child(ren) in the last year
- You are requesting to increase existing coverage for your spouse by one increment, and the total amount of coverage does not exceed $25,000.

For New Hires

- The enrollment takes place within 31 days from the date you become eligible for benefits, and
- You are enrolling for spouse coverage equal to/less than $25,000

If you do not meet all of the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form. A Statement of Health is included in this booklet.

About Your Coverage Effective Date

You must be Actively at Work on the date your coverage becomes effective. Your coverage must be in effect in order for your spouse’s and eligible children’s coverage to take effect. In addition, your spouse and eligible child(ren) must not be home or hospital confined or receiving or applying to receive disability benefits from any source when their coverage becomes effective.

If Actively at Work requirements are met, coverage will become effective 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 your amount that requires additional medical information and is not approved by the date listed above will not be effective until the later of the date that notice is received that MetLife has approved the coverage or increase if you meet Actively at Work requirements on that date, or the date that Actively at Work requirements are met after MetLife has approved the coverage or increase. The coverage for your spouse and eligible child(ren) will take effect on the date they are no longer confined, receiving or applying for disability benefits from any source or hospitalized.

Who Can Be A Designated Beneficiary?

You can select any beneficiary(ies) other than your employer for your Basic and Supplemental coverages, and you may change your beneficiary(ies) at any time. You can also designate more than one beneficiary. You are the beneficiary for your Dependent coverage.

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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 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.

3 The financial professionals involved in the programs Delivering the Promise, Transition Solutions and Retirewise were affiliated with MetLife until July 2016, when Massachusetts Mutual Life Insurance Company (MassMutual) acquired MSI Financial Services Inc. MetLife continues to administer these programs, but has arranged with MassMutual for specially-trained financial professionals associated with MassMutual to offer financial education and provide personal guidance to employees and former employees of firms providing this program through MetLife.
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 Old Dominion University Research Foundation are subject to each state’s laws and availability. Specific details regarding these provisions can be found in the booklet certificate.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99) 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. 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.
Like most insurance policies, insurance policies offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details.

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

The companies listed in this communication operate independently and are not responsible for each other’s financial obligations.
**Facts:**

<table>
<thead>
<tr>
<th>What the MetLife Companies Do With Your Personal Information?</th>
</tr>
</thead>
<tbody>
<tr>
<td>This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, group insurance or annuity contract, or as an executive benefit. In this notice, &quot;you&quot; refers to these individuals.</td>
</tr>
</tbody>
</table>

**Why?**

| Financial companies choose how they share your personal information. The law gives consumers the right to limit some but not all sharing. The law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do. |

**What?**

| The types of personal information we collect and share depend on the product or service you have with us. This information can include: |
| Social Security number and employment information | income and assets | driving record |
| credit information and other consumer report information | medical information and insurance history | information about any business you have with us, our affiliates, or other companies |

**How Does MetLife Get Your Information?**

| We collect personal information from you as well as through third parties. We also use outside sources to help ensure our records are correct and complete. Third parties include consumer reporting agencies, employers, other financial institutions and adult relatives. Information collected may be kept by the consumer reporting agency and later given to others as permitted by law. We don’t control the accuracy of information outside sources give us. If you want to make changes to information we receive about you, you must contact those sources. If we have asked for a consumer report about you, and you write or call us, we will give you the name, address, and phone number of the consumer reporting agency. The agency will give you a copy of the report, if you ask the agency and provide proper identification. Consumer reports may tell us about a lot of things, including: |
| reputation | work history | driving record |
| finances | hobbies and dangerous activities |

In some limited circumstances, we may ask an agency for an investigative report about you. They will ask others about you. We will ask them to contact you as well.

**How Does MetLife Use Your Information?**

| We collect personal information to help decide if you’re eligible for our products or services. We may also use it to help deter fraud or money laundering. How we use this information depends on what products and services you have or want from us. We may also use it to: |
| administer your products and services | market new products to you |
| confirm or correct your information | help us run our business |
| process claims and other transactions | comply with applicable laws |
| perform business research |

**How Does MetLife Protect Your Information?**

| We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our service providers must also protect it, and use it only to meet our business needs. We take steps to protect our systems from unauthorized access. We comply with all laws that apply to us. |

**Reasons MetLife Shares Your Information**

| All financial companies need to share personal information to run their everyday business. We may share your personal information with others with your consent, by agreement, or as permitted or required by law. We may share your personal information without your consent if permitted or required by law. For example, we may share your information with our sales agents and businesses hired to carry out services for us. We may share your information with our regulators or with law enforcement. If you have MetLife products because of your relationship with an employer, association or other sponsoring organization, we may share information with it and its agents as permitted by law. In the section below, we list the reasons financial companies can share their customers’ personal information; the reasons MetLife chooses to share; and whether you can limit this sharing. |

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

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

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CALIFORNIA HEALTHCARE LANGUAGE ASSISTANCE PROGRAM NOTICE TO INSUREDs

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.


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。您可要求翻譯員向您口譯文件，或可要求向您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。

為收取臨時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

請指明翻譯文件收件人的姓名及地址。

姓名

地址

MetLife

PO Box 14587

Lexington, KY 40512

 miejscowości仓库

SALES

 Metrópolis

Life Insurance Company

PO Box 14587

Lexington, KY 40512

(09/08)
REQUIRED DISCLOSURE STATEMENT FOR ACCELERATED BENEFITS

Limitations Of The Accelerated Benefit Option:

The Accelerated Benefit Option is available to insureds under the group life insurance policy. The Accelerated Benefit Option may provide benefits to pay for long-term care services but it is NOT part of a long-term care or nursing home insurance policy and the amount this benefit pays may not be enough to cover medical, nursing home or other bills. You may use the money received from the Accelerated Benefit Option for any purpose. Unlike conventional life insurance proceeds, accelerated benefits payable under this policy COULD BE TAXABLE IN SOME CIRCUMSTANCES. We recommend contacting a tax advisor when making tax-related decisions about electing to receive and use benefits under the Accelerated Benefit Option.

A. Consequences Of This Benefit:

Receipt of accelerated benefits MAY AFFECT MEDICAID and SUPPLEMENTAL SECURITY INCOME ("SSI") ELIGIBILITY. The mere fact that you are insured under a group policy with an accelerated benefits feature may affect your eligibility for these government programs. In addition, exercising the Accelerated Benefit Option and receiving those benefits before you apply for these programs, or while you are receiving government benefits, may affect your initial or continued eligibility. Contact the Medicaid Unit of your local Division of Medical Assistance and the Social Security Administration for more information.

B. Medical Condition Enabling Acceleration Of Life Benefits:

Terminal Illness is the only medical condition which qualifies for accelerated benefits under the group policy. “Terminal illness” is a condition that a physician certifies will reasonably be expected to result in a drastically limited life span as specified in the group policy.

C. Payment Options:

The accelerated benefit is payable as a LUMP SUM. You or your legal representative may select another payment mode, such as 3 monthly installment payments.

D. Premium For Accelerated Benefit:

The cost of the Accelerated Benefit Option is included in your regular monthly premium.

E. Administrative Expense Charge:

No additional administrative expense changes apply.
 Benefit Identification (ID) Cards

Below are your benefit ID cards. You are not required to show your card as proof of coverage, but we've provided them for your convenience. You can also view your ID card on the MetLife mobile app.¹ Search "MetLife" at iTunes App Store or Google Play to download the app.²

1. Certain features of the MetLife Mobile App are not available for all MetLife Dental Plans.
2. Before using the MetLife Mobile App, you must register at metlife.com/mybenefits from a computer. Registration cannot be done from your mobile device.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force.

Please contact MetLife or your plan administrator for complete details.