Welcome to the 2015–2016
VOLUNTARY STUDENT DENTAL PLAN
Administered by the Office of Student Health Benefits

- Preventive care covered 100% at participating providers
- Benefit of up to $1,000 per plan year
- International Dental Travel Assistance
Welcome

June 1, 2015

Dear University of Minnesota students and parents,

The University of Minnesota is pleased to offer the University-sponsored Voluntary Student Dental Plan administered by the Office of Student Health Benefits and underwritten by Metropolitan Life Insurance Company.

MetLife provides the network and claims administration services for the Voluntary Student Dental Plan, giving you access to thousands of providers in their national network.

All eligible students who wish to take advantage of the 2015–2016 Voluntary Student Dental Plan must complete the enrollment process online at www.shb.umn.edu/dental by September 15, 2015. Enrollment is on a yearly basis and must be completed during the open enrollment period. The deadline to enroll is September 15, 2015.

The cost of the Voluntary Student Dental Plan for the 2015–2016 academic year is $440.30. Plan members will see a charge of $220.15 (cost per semester) on their University bill at the beginning of fall semester and again at the beginning of spring semester. The coverage period for 2015–2016 is September 1, 2015 to August 31, 2016.

Highlights of the plan include:
• Preventive dental care covered 100% at participating providers
• Benefit of up to $1,000 per plan year

Enclosed you’ll find information on eligibility criteria, enrollment procedures, and benefits. More detail is available on the Office of Student Health Benefits website. To make the most of your coverage, and to be sure that you are aware of deadlines, policies, and procedures that affect you, please review the information found in this brochure and on the website carefully.

We look forward to serving you!

Susann Jackson
Director of Student Health Benefits
Office of Student Health Benefits
University of Minnesota
410 Church Street S.E., N323
Minneapolis, MN 55455
Phone: 612-624-0627 or 1-800-232-9017
Fax: 612-626-5183 or 1-800-624-9881
umshbo@umn.edu
www.shb.umn.edu
Eligibility and How To Enroll

Eligibility

All students who are 1) admitted to a degree program and 2) registered for six or more credits per semester that count toward the automatic assessment of the Student Services Fee are eligible to enroll in the Voluntary Student Dental Plan.

All admitted Academic Health Center students registered for one or more credits in an Academic Health Center program are eligible for the Voluntary Student Dental Plan.

Enrollment in the Voluntary Student Dental Plan is only available in the fall semester, unless a student becomes newly eligible spring semester. Please contact the Office of Student Health Benefits to determine exact eligibility status.

Students enrolled in the Twin Cities Graduate Assistant Health Plan have dental benefits included in their GAHP package and are not eligible for enrollment in the Voluntary Student Dental Benefit Plan.

How to Enroll

All eligible students who wish to enroll in the 2015–2016 Voluntary Student Dental Plan must complete the enrollment process before September 15, 2015, unless a student becomes newly eligible spring semester.

Online enrollment

Visit www.shb.umn.edu/dental to complete the online enrollment form. After you submit your online enrollment form and eligibility has been confirmed, you will see a semester charge to your student account. Plan Identification Cards will be mailed by MetLife to the U.S. mail address you have on record with the University.
Eligibility and How To Enroll After Graduation

Dental Plan Coverage After Graduation: MetLife Continuation Plan

Students enrolled in the Voluntary Student Dental Plan have the option to continue coverage after graduation through the MetLife Continuation Plan.

Many parent plans drop dependent coverage for students after graduation. The University of Minnesota has partnered with MetLife to offer a guaranteed coverage option for up to 24 months after graduation. It’s called the MetLife Continuation Plan.

The MetLife Continuation Plan has the same benefits as the University-sponsored Voluntary Student Dental Plan.

To be eligible for the MetLife Continuation Plan after you graduate, you must be enrolled in the University-sponsored Voluntary Student Dental Plan the previous academic year.

If you are currently covered by a different dental insurance plan, consider switching to the Voluntary Student Dental Plan prior to your last year. This can only be done at the beginning of the fall semester during open enrollment. Students who remain on a parent’s plan or other dental insurance plan will not be able to take advantage of the MetLife Continuation Plan after graduation.

The MetLife Continuation Plan enrollment opens near the end of your Voluntary Student Dental Plan coverage. Students must enroll within 60 days of termination from Voluntary Student Dental Plan coverage. MetLife Continuation Plan coverage is effective retroactively to the last day of the Voluntary Student Dental Plan coverage. Once enrolled, the participant is in the plan for 12 months and may stay on the MetLife Continuation Plan for up to 24 months.

To request an enrollment form for the continuation plan, contact MetLife at 1-866-293-5610.
Understanding Your Dental Plan

MetLife helps you get the dental coverage you need. And with these valuable features, your dental benefits are sure to keep you smiling:

- Lower costs.
- Freedom of choice.
- Commitment to your oral health.
- International Dental Travel Assistance.

**Lower costs for covered and non-covered services.**
The MetLife Preferred Dentist Program featuring the PDP Plus dental network offers you plan benefits based on negotiated fees that typically range from 15% to 45% less than the average fees for the same or similar services charged by dentists in your area. All PDP Plus dentists have agreed to negotiated fees for services—and where permitted by state law, these fees may even apply to services not covered by your plan or those provided after you’ve exceeded your annual benefits maximum.

**Freedom of choice.**
With MetLife, you can go to the dentist you’re most comfortable with, even if he or she isn’t in our network. As a convenience, you should note that services performed on campus by providers at Boynton Health Service Dental Clinic or University of Minnesota Faculty Dental Clinic are covered under the plan. To confirm availability for an appointment or coverage, contact Boynton Health Service Dental Clinic directly at 612-624-9998 or University of Minnesota Faculty Dental Clinic at 612-626-3233.

With thousands of in-network dentist locations, there’s a good chance your dentist is part of the PDP Plus network or you can use your on-campus dentists even though they are not part of the MetLife PDP Plus network. And if you need to find a dentist, you can easily find one in our national network and you’ll be assured they’ve passed a rigorous selection process.

**Commitment to your oral health.**
The right dental care is an essential part of good overall health. That’s why we developed MetLife’s Quality Initiative Program to promote good dental health. By providing dentists with access to materials relevant to the latest dental research and trends in patient care, they can stay abreast of the latest developments and technologies in oral health. Plus, it gives you tools to make better choices about your dental benefits and health.

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Today, the Academy of General Dentistry tells us that more than 90% of all diseases produce oral signs and symptoms. Dentists now play a key role in screening for conditions such as cancer, diabetes, leukemia, heart disease, and kidney diseases.
With MetLife, there’s no paperwork if your dentist submits your claims for you. We can even give you pre-treatment estimates of the cost of treatment while you’re at the dentist.

Plus, any time you want to check coverage, claim status or history, or get an estimate, you or your dentist can get a quick answer by phone, fax, or online, so you can get the information you want, when you want it.

International Dental Travel Assistance
This dental benefits plan also includes international dental travel assistance services—providing referrals for immediate dental care while traveling internationally. This service is available 24/7, offering you access to international dental providers in over 200 countries. With just one phone call you will be connected to a multilingual assistance coordinator who will gather all the necessary information to ensure you receive the care you need when you need it. Coverage will be considered under your out-of-network benefits. Be sure to hold on to all receipts to submit a dental claim. Claim forms are available online at www.metlife.com/mybenefits.

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1 Negotiated Fees refers to the fees that in-network dentists have agreed to accept as payment in full, subject to any co-payments, deductibles, cost sharing and benefits maximums. Savings from enrolling in a dental benefits plan will depend on various factors, including how often participants visit the dentist and the cost of services rendered. Negotiated fees on non-covered services may not be available in all states.

2 Benefits are paid for these facilities at the same coverage level as out-of-network providers. Please note that in some instances your out-of-pocket expenses for Type B and Type C services may be higher than if you had utilized a MetLife PDP Plus network provider. Refer to your dental benefits plan summary for your out-of-network dental coverage.

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.


5 International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. AXA Assistance is not affiliated with MetLife, and the services they provide are separate and apart from the benefits provided by MetLife.

6 Refer to your dental benefits plan summary for your out-of-network dental coverage.
University-sponsored Voluntary Student Dental Plan Benefits

For the savings you need, the flexibility you want, and service you can trust.

Benefit Summary

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Twin Cities Campus: Boynton Health Service Dental Clinic and University of Minnesota Faculty Dentists</th>
<th>PDP Plus In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type A—cleanings, oral</td>
<td>100%*</td>
<td>100%**</td>
<td>100%*</td>
</tr>
<tr>
<td>examinations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type B—fillings, non-</td>
<td>80%*</td>
<td>80%**</td>
<td>80%*</td>
</tr>
<tr>
<td>surgical periodontics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type C—anesthesia, crowns,</td>
<td>50%*</td>
<td>50%**</td>
<td>50%*</td>
</tr>
<tr>
<td>oral surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Deductible†                    $25                                                                                             $25                  $25

Annual Maximum Benefit         $1,000                                                                 $1,000                $1,000

* The percentage listed is based on the Reasonable and Customary (R&C) charge, which is 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 charge of most dentists in the same geographic area for the same or similar services as determined by MetLife. Please note, however, that for Type B and Type C services, your out-of-pocket expenses may be higher than if you had utilized an in-network provider.

** The percentage listed is based on the negotiated fee. This fee refers to the fees that in-network dentists have agreed to accept as payment in full, subject to any coinsurance, deductibles, cost sharing, and benefits maximums.

† Applies to Type B and Type C services only

Coverage Dates, Rates, and Payment:

Coverage is effective September 1, 2015—August 31, 2016. The cost of coverage will be billed to your student account. Financial aid can be applied for to cover the cost of the plan.

Plan Options

<table>
<thead>
<tr>
<th>Plan Options</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Plan</td>
<td>$440.30/year ($220.15 charged to student account at the beginning of each semester)</td>
</tr>
<tr>
<td>Continuation Plan (after graduation)</td>
<td>$45.23/month as of 9/1/15</td>
</tr>
</tbody>
</table>
## List of Primary Covered Services and Limitations

<table>
<thead>
<tr>
<th>Service Type</th>
<th>How Many/How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type A – Preventive</strong></td>
<td></td>
</tr>
<tr>
<td>Prophylaxis (cleanings)</td>
<td>Two per academic year, separated by a six-month period.</td>
</tr>
<tr>
<td>Oral Examinations</td>
<td>Two exams per academic year, separated by a six-month period.</td>
</tr>
<tr>
<td>X-rays</td>
<td>• Full mouth X-rays: one per 60 months.</td>
</tr>
<tr>
<td></td>
<td>• Bitewing X-rays: one set per academic year.</td>
</tr>
<tr>
<td>Sealants</td>
<td>One application of sealant material every five years for each non-restored, non-decayed 1st and 2nd molar.</td>
</tr>
<tr>
<td><strong>Type B – Basic Restorative</strong></td>
<td></td>
</tr>
<tr>
<td>Fillings</td>
<td>One per tooth surface per 24 consecutive months.</td>
</tr>
<tr>
<td>Periodontics</td>
<td>• Periodontal scaling and root planing once per quadrant, every 24 months.</td>
</tr>
<tr>
<td></td>
<td>• Periodontal surgery once per quadrant, every 36 months.</td>
</tr>
<tr>
<td></td>
<td>• Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in an academic year.</td>
</tr>
<tr>
<td><strong>Type C – Major Restorative</strong></td>
<td></td>
</tr>
<tr>
<td>Simple Extractions</td>
<td></td>
</tr>
<tr>
<td>Crowns</td>
<td>One replacement per 84 consecutive months.</td>
</tr>
<tr>
<td>Endodontics</td>
<td>Root canal treatment limited to once per tooth per lifetime.</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>

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.
Common Questions...Important Answers

Can I see providers at Boynton Health Service Dental Clinic and the University of Minnesota Faculty Dental Clinic? As a convenience, you should note that services performed on the Twin Cities campus by providers at Boynton Health Service Dental Clinic or University of Minnesota Faculty Dentists are covered under the plan, even though they are not part of the MetLife network. Benefits are paid for these facilities at the same coverage level as out-of-network providers.¹ To confirm availability for an appointment or coverage, contact Boynton Health Service Dental Clinic directly at 612-624-9998 or University of Minnesota Faculty Dental Clinic at 612-626-3233.

Who is a PDP Plus network dentist? A network dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for services provided to plan participants. Negotiated fees typically range from 15–45%² below the average fees charged in a dentist’s community for the same or substantially similar services.

How do I find a participating PDP Plus network dentist? There are thousands of in-network locations nationwide, including both general dental providers and specialists. You can receive a list of these participating network dentists online at www.metlife.com/mybenefits or call 1-866-293-5610 to have a list faxed or mailed to you.

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

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

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

How are claims processed? Dentists may submit your claims for you, which means you have little or no paperwork. You can track your claims online and even receive e-mail alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/mybenefits or request one by calling 1-866-293-5610.

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

Can MetLife help me find a dentist outside of the United States if I am traveling? Yes. Through international dental travel assistance services³ you can obtain a referral to a local dentist by calling 312-356-5970 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.⁴ 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. 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.

¹ Please note that in some instances your out-of-pocket expenses for Type B and Type C services may be higher than if you had utilized an in-network provider. Refer to your dental benefits plan summary for your out-of-network dental coverage.
² Based on internal analysis by MetLife.
³ International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. AXA Assistance is not affiliated with MetLife, and the services they provide are separate and apart from the benefits provided by MetLife.
⁴ 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 before the dental insurance starts;
- 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;
- 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;
- Other fixed denture prosthetic services not described elsewhere in the certificate;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Initial installation or replacement 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 six months after installation by the same dentist who installed it;
- Implants including, but not limited to any related surgery, placement, restorations, maintenance, and removal;
- Repair of implants;
- Implant-supported prosthetics;
- Fixed and removable appliances for correction of harmful habits;
- 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.
Alternate Benefits: Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement, and the associated procedure charge, on the least costly treatment alternative. If you and your dentist have agreed on a treatment which 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 academic year. You can obtain an updated procedure charge schedule for your area via fax by calling 1-866-293-5610 and using the MetLife Dental Automated Information Service.

Cancellation/Termination of Benefits: Coverage is provided under a group insurance policy (Policy form GPNP99 / G.2130-S) 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.
Focus on oral health: Why having the right dental coverage may help you maintain good health.

Maybe you have good oral health, but have you considered how unexpected dental problems can affect you? Or, maybe you have some type of dental coverage now, but the question is—is it enough?

Although much emphasis has been put on healthy living these days, you may not have thought to include your mouth as part of your health regimen. The fact is, more and more studies are finding links between your oral health and your overall health. According to the U.S. Department of Health and Human Services, research has revealed an association between dental disease and a person’s increased risk for certain medical conditions.¹

When you consider how dental problems can affect people of all ages—and how costly they can be to treat—you may want to carefully consider whether you have adequate dental coverage. With MetLife, you have access to dental benefit plans with easy-to-understand coverage and savings that may extend to non-covered services.²

Want to know if you are at risk for dental disease?

Visit the dental education website at www.metlife.com/mybenefits for important tools and resources to help you become more informed about dental care. The site offers risk assessments and information on many oral health topics.

2. Savings from enrolling in a dental benefits plan will depend on various factors, including how often participants visit the dentist and the cost of services covered. Negotiated fees for non-covered services may not apply in all states.
Our Privacy Notice

We know that you buy our products and services because you trust us. This notice explains how we protect your privacy and treat your personal information. It applies to current and former customers. “Personal information” as used here means anything we know about you personally.

Plan Sponsors and Group Insurance Contract Holders

This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, or group insurance or annuity contract. In this notice, “you” refers to these individuals.

Protecting 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 outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

Collecting Your Information

We typically collect your name, address, age, and other relevant information. We may also collect information about any business you have with us, our affiliates, or other companies. Our affiliates include life, car, and home insurers. They also include a bank, a legal plans company, and securities broker-dealers. In the future, we may also have affiliates in other businesses.

How We Get Your Information

We get your personal information mostly from you. We may also use outside sources to help ensure our records are correct and complete. These sources may include consumer reporting agencies, employers, other financial institutions, adult relatives, and others. These sources may give us reports or share what they know with others. We don’t control the accuracy of information outside sources give us. If you want to make any changes to information we receive from others about you, you must contact those sources.

Using Your Information

We collect your personal information to help us decide if you’re eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

- administer your products and services
- process claims and other transactions
- perform business research
- confirm or correct your information
- market new products to you
- help us run our business
- comply with applicable laws

Sharing Your Information With Others

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

- doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
- telling another company what we know about you if we are selling or merging any part of our business
- giving information to a governmental agency so it can decide if you are eligible for public benefits

CPN-Inst-Ann-2009v2
• giving your information to someone with a legal interest in your assets (for example, a creditor with a lien on your account)
• giving your information to your health care provider
• having a peer review organization evaluate your information, if you have health coverage with us
• those listed in our “Using Your Information” section above

**HIPAA**

We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. If you have dental, long-term care, or medical insurance from us, the Health Insurance Portability and Accountability Act (“HIPAA”) may further limit how we may use and share your information.

**Accessing and Correcting Your Information**

You may ask us for a copy of the personal information we have about you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you anything we learned as part of 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, and we will include your statement whenever we give your disputed information to anyone outside MetLife.

**Questions**

We want you to understand how we protect your privacy. If you have any questions about this notice, please contact us. When you write, include your name, address, and policy or account number.

Send privacy questions to:

MetLife Privacy Office  
P. O. Box 489  
Warwick, RI 02887-9954  
privacy@metlife.com

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of these MetLife companies:

Metropolitan Life Insurance Company  MetLife Insurance Company of Connecticut  
General American Life Insurance Company  SafeGuard Health Plans, Inc.  
SafeHealth Life Insurance Company
CALIFORNIA HEALTHCARE LANGUAGE ASSISTANCE PROGRAM NOTICE TO INSURED

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

To receive a copy of the attached MetLife document translated into Spanish or Chinese, please mark the box by the requested language statement below, and mail the document with this form to:
Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512

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


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

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