

SERFF Tracking Number: META-128305417 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number:
Company Tracking Number: NY12-21 (SB)
TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
Product Name: Group Vision Certificate Series
Project Name/Number: GCERT2000 Series/NY12-21 (SB-AL)

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Group Vision Certificate Series SERFF Tr Num: META-128305417 State: Arkansas

TOI: H20G Group Health - Vision SERFF Status: Closed-Approved State Tr Num:

Sub-TOI: H20G.000 Health - Vision Co Tr Num: NY12-21 (SB) State Status: Approved-Closed

Filing Type: Form Reviewer(s): Donna Lambert

Authors: Sandra Bennett, Ruth Disposition Date: 05/11/2012

Rivera, Linda Williams

Date Submitted: 04/25/2012 Disposition Status: Approved

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: GCERT2000 Series

Project Number: NY12-21 (SB-AL)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Association, Trust

Filing Status Changed: 05/11/2012

State Status Changed: 05/11/2012

Created By: Sandra Bennett

Corresponding Filing Tracking Number:

Filing Description:

April 25, 2012

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Sandra Bennett

Arkansas Department of Insurance

1200 West 3rd Street

Little Rock, Arkansas 72201-1904

Re: GCERT2000 Series- Group Health Insurance Forms

Group Vision Certificate Series

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Variable Material

With the prior installments of the GCERT2000 certificate series we provided an explanation of variable material. This filing necessitates that some changes be made to the previously approved explanation of variable material. We are including the following:

- several replacement pages for certain previously approved pages;
- new section of variable material explaining the variable material set forth in the vision forms enclosed for your review; and
- new definition pages that will be included with vision certificates.

We have included an additional set of Explanations of Variable Material where all changes that we are making to the previously filed EOV are highlighted for your ease of review.

If you have any questions or comments regarding this filing, please feel free to contact me via telephone (212-578-7995) or e-mail (jtigro@metlife.com).

Very truly yours,

Joseph Tigro
Senior Analyst – Contracts Development
State Narrative:

Company and Contact

Filing Contact Information

Joseph Tigro, Senior Analyst
1095 Avenue of the Americas
New York, NY 10036

jtigro@metlife.com
212-578-7995 [Phone]

Filing Company Information

Metropolitan Life Insurance Company
MetLife
1095 Avenue of the Americas
New York, NY 10036-6796
(212) 578-2211 ext. [Phone]

CoCode: 65978
Group Code: 241
Group Name:
FEIN Number: 13-5581829

State of Domicile: New York
Company Type: Life
State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 50.00 per filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$50.00	04/25/2012	58559374

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	05/11/2012	05/11/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	05/09/2012	05/09/2012	Linda Williams	05/11/2012	05/11/2012
Pending Industry Response	Donna Lambert	04/27/2012	04/27/2012	Sandra Bennett	05/02/2012	05/02/2012

SERFF Tracking Number: *META-128305417* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company* *State Tracking Number:*
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Disposition

Disposition Date: 05/11/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	L-A&H NAIC Transmittal Document	Approved	Yes
Supporting Document	ARCERTREG19	Approved	Yes
Supporting Document	Explanation of Variable	Approved	Yes
Supporting Document	Explanation of Variable	Approved	Yes
Supporting Document	ATTACHMENT A	Approved	Yes
Supporting Document	ATTACHMENT B	Approved	Yes
Supporting Document	Analyst Response Letter	Approved	Yes
Supporting Document (<i>revised</i>)	GCERT2000 vis claimrev (Form Removed)	Approved	Yes
Supporting Document	GCERT2000 vis claimrev	Replaced	Yes
Supporting Document	GCERT2000 vis claimrev_redline	Approved	Yes
Form	Certificate Insert Pages	Replaced	Yes
Form	Certificate Insert Pages	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/09/2012
Submitted Date 05/09/2012
Respond By Date 06/11/2012

Dear Joseph Tigro,

Please attach a revised copy of the certificate to the Form Schedule tab so I can approve your filing.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 05/11/2012
 Submitted Date 05/11/2012

Dear Donna Lambert,

Comments:

This will respond and acknowledge the objection letter.

Response 1

Comments: We have placed the revised form on the Form Schedule tab as requested.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: GCERT2000 vis claimrev (Form Removed)

Comment: Form placed on the Form Schedule Tab.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Certificate Insert Pages	GCERT2000 vis claimrev		Certificate Amendment, Insert Page, Endorsement or Rider	Initial			GCERT2000 vis claimrev.pdf

No Rate/Rule Schedule items changed.

Thank you

Sincerely,

Linda Williams, Ruth Rivera, Sandra Bennett

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/27/2012
Submitted Date 04/27/2012
Respond By Date 05/28/2012

Dear Joseph Tigro,

This will acknowledge receipt of the captioned filing.

Objection 1

- Certificate Insert Pages, GCERT2000 (Form)

Comment: The first two sentences of the Time of Action provision on page 23 are inconsistent with ACA 23-79-203, which states:

- (a) No insurance policy or annuity contract shall contain any condition, provision, or agreement which directly or indirectly deprives the insured or beneficiary of the right to trial by jury on any question of fact arising under the policy or contract.
- (b) All such provisions, conditions, or agreements shall be void.

Please remove "prior to the Covered Person exhausting his/her rights under this Policy" from the first sentence; and remove the second sentence entirely.

Please revise the Insurance Fraud provision, also on page 23, to more closely mirror ACA 23-66-503(a).

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/02/2012
Submitted Date 05/02/2012

Dear Donna Lambert,

Comments:

The analyst is responding to your objection dated April 27, 2012.

Response 1

Comments: The requested items are attached below for your review.

Related Objection 1

Applies To:

- Certificate Insert Pages, GCERT2000 (Form)

Comment:

The first two sentences of the Time of Action provision on page 23 are inconsistent with ACA 23-79-203, which states:

- (a) No insurance policy or annuity contract shall contain any condition, provision, or agreement which directly or indirectly deprives the insured or beneficiary of the right to trial by jury on any question of fact arising under the policy or contract.
- (b) All such provisions, conditions, or agreements shall be void.

Please remove "prior to the Covered Person exhausting his/her rights under this Policy" from the first sentence; and remove the second sentence entirely.

Please revise the Insurance Fraud provision, also on page 23, to more closely mirror ACA 23-66-503(a).

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Analyst Response Letter

Comment: META-128305417

Satisfied -Name: GCERT2000 vis claimrev

Comment: GCERT2000 vis claimrev

Satisfied -Name: GCERT2000 vis claimrev_redline

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Form Schedule

Lead Form Number: GCERT2000 Series

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Replaced 05/11/2012	GCERT2000	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Insert Pages	Initial		56.000	vision forms for filing.pdf
Approved 05/11/2012	GCERT2000 vis claimrev	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Insert Pages	Initial			GCERT2000 vis claimrev.pdf

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

Notice Regarding Your Rights and Responsibilities

Rights:

- We will treat communications, financial records and records pertaining to your care in accordance with all applicable laws relating to privacy.
- Decisions with respect to vision treatment are the responsibility of You and the Vision Provider. We neither require nor prohibit any specified treatment. However, only certain specified services are covered for benefits. Please see the Vision Insurance sections of this certificate for more details.
- You may request a written response from MetLife to any written concern or complaint.

Responsibilities:

- You are responsible for the prompt payment of any charges for services performed by the Vision Provider not fully covered by your Vision Insurance.
- You should consult with the Vision Provider about treatment options, proposed and potential procedures, anticipated outcomes, potential risks, anticipated benefits and alternatives. You should share with the Vision Provider the most current, complete and accurate information about your medical and vision history and current conditions and medications.
- You should follow the treatment plans and health care recommendations agreed upon by You and the Vision Provider.

DEFINITIONS (continued)

- (1) **[Anisometropia** means a condition of unequal refractive state of the two eyes, one eye requiring a different lens correction than the other.]
- (2) **[Covered Person(s)** means an Employee and/or a Dependent as set forth in the Exhibit which applies to the Employee.]
- (3) **[Covered Services and Materials** means a vision service or materials used to treat Your or Your Dependent's vision condition which is:
 - prescribed or performed by a Vision Provider while such person is insured for Vision Insurance;
 - Necessary to treat the condition; and
 - described in the SCHEDULE OF BENEFITS, VISION INSURANCE, VISION INSURANCE: SUPPLEMENTAL PLAN BENEFITS or VISION INSURANCE: DESCRIPTION OF COVERED SERVICES AND MATERIALS sections of this certificate.]
- (4) **[In-Network Vision Provider** means an optometrist, ophthalmologist, or optician licensed and otherwise qualified to practice vision care and/or provide vision care materials who is contracted to provide Plan Benefits to Covered Persons of MetLife and accepts reimbursement at the negotiated rate.]
- (5) **[Keratoconus** means a development or dystrophic deformity of the cornea in which it becomes cone shaped due to a thinning and stretching of the tissue in its central area.]
- (6) **[Maximum Allowed Vision Charge** means the lesser of:
 - the amount charged by the Vision Provider; or
 - the maximum amount which the In-Network Vision Provider has agreed with Us to accept as payment in full for the Covered Services and Materials.]
- (7) **[Maximum Benefit Allowance** means the maximum amount We will allow for Covered Services and Materials provided by a Vision Provider.]
- (8) **[Necessary** means Covered Services and Materials that are necessary and meet with professionally recognized standards of practice. The fact that a Vision Provider may prescribe, order, recommend or approve a service or material does not, in itself, make it medically necessary, or make it a Covered Service and Material even though it is listed in the Group Policy or the Benefit Schedule as Covered Service and Material.]
- (9) **[Out-of-Network Vision Provider/Non-Network Vision Provider** means any optometrist, optician, ophthalmologist or other licensed and qualified vision care provider who has not contracted to provide vision care services and/or vision care materials to Covered Persons of MetLife.]
- (10) **[Plan or Plan Benefits** means the vision care services and vision care materials which a Covered Person is entitled to receive by virtue of coverage under this Certificate.]
- (11) **[Progressive Lens** means a multifocal lens that makes the transition from distance to near vision by a gradual, progressive addition of power. The result is a lens with a seamless appearance.]
- (12) **[Service Interval or Frequency** means a period of consecutive months, as shown in the SCHEDULE OF BENEFITS, in which You or Your Dependent may receive Covered Services and Materials. This period starts on Your or Your Dependent's effective date of coverage. A subsequent service interval starts after vision services or materials are received. Once Covered Services and Materials are received during any service interval, additional services are not covered during the same service interval and are subject to an additional charge.]

DEFINITIONS (continued)

(13) **[Vision Provider** means an eye care professional who is an optometrist, ophthalmologist, or registered dispensing optician, who:

- Is licensed as such by the proper authorities in the jurisdiction where such services are performed;
- Is acting within the scope of such license; and

The term does not include:

- You;
- Your Spouse; or
- any member of Your immediate family including Your and/or Your Spouse's:
 - parents;
 - children (natural, step or adopted);
 - siblings;
 - grandparents; or
 - grandchildren.]

VISION INSURANCE

- (1) Benefits are available for Covered Services and Materials provided by [either In-Network Vision Providers or Out-of-Network Vision Providers. However, You may be able to reduce Your out-of-pocket costs by using In-Network Vision Providers because Out-of-Network Vision Providers have not entered into an agreement to limit their charges. You are always free to receive services from any Vision Provider.] [You do not need any authorization from Us before seeing a Vision Provider.]
- (2)

In-Network Vision Providers have agreed to provide Covered Services and Materials as listed in the SCHEDULE OF BENEFITS.

- (3) [If You [or a Dependent] incur a charge for Covered Services and Materials from an Out-of-Network Vision Provider, Proof of such service must be sent to Us. When We receive such Proof, We will review the claim and if We approve it, will pay the insurance in effect on the date that service [was completed.]
- (4)

The benefits available under this Vision Insurance are set forth on the SCHEDULE OF BENEFITS. In addition to the Co-Payment, if applicable, You may be responsible for:

- (5)
 - the cost of any services or materials that are not Covered Services and Materials; and
 - the cost of any service or material that is in excess of the Maximum Benefit Allowance listed on the SCHEDULE OF BENEFITS.]

We do not provide vision services. Whether or not benefits are available for a particular service does not mean You should or should not receive the service. You and Your Vision Provider have the right and are responsible at all times for choosing the course of treatment and services to be performed.

When requesting Covered Services and Materials from an In-Network Vision Provider, We recommend that You confirm that the Vision Provider is currently an In-Network Vision Provider at the time that the Covered Services and Materials are provided.

- (6) You can obtain a customized listing of MetLife's In-Network Vision Providers either by calling [1-800 -XXXXXXX or by visiting Our website at XXXXXXXXXXXXX.]

PLAN BENEFITS

- (7) We will pay benefits for charges incurred by You or a Dependent for [Covered Services and Materials] as shown in the SCHEDULE OF BENEFITS, subject to the conditions set forth in this certificate.

If You receive Covered Services and Materials from an In-Network Vision Provider, We will pay the provider directly for all covered benefits.

- (8) [If You or Your Dependent receive Covered Services and Materials from an Out-of-Network Vision Provider, and You assign payment of Vision Insurance benefits to Your or Your Dependent's Vision Provider, We will pay benefits directly to the Vision Provider. Otherwise, We will pay Vision Insurance benefits to You.]

In-Network

If Covered Services and Materials are provided by an In-Network Vision Provider, We will base the benefit on the Plan Benefits listed on the SCHEDULE OF BENEFITS.

If an In-Network Vision Provider provides Covered Services and Materials, You will be responsible for paying:

- (9)
 - the Co-Payment, if applicable; and
 - the cost of any service or material that is in excess of the Plan Benefits listed on the SCHEDULE OF BENEFITS.]

VISION INSURANCE (CONTINUED)

(10) [Out-of-Network

If Covered Services and Materials are provided by an Out-of-Network Vision Provider, We will base the benefit on the Plan Benefits listed on the SCHEDULE OF BENEFITS, subject to the Maximum Benefit Allowance.

Out-of-Network Vision Providers may charge You more than the Maximum Benefit Allowance. If an Out-of-Network Vision Provider provides Covered Services and Materials, You will be responsible for paying any amount in excess of the Maximum Benefit Allowance charged by the Out-of-Network Vision Provider.]

(11) [Necessary Contact Lenses

Necessary contact lenses are a Plan Benefit when specific benefit criteria are satisfied and when prescribed by Covered Person's In-Network Vision Provider. Generally, coverage will be authorized for the following reasons:

- Aphakia—379.31 or 743.35.
- Nystagmus—379.50 through 379.56, 386.11, 386.12 or 386.2.
- Keratoconus—371.60, 371.61, 371.62, 743.41, or 743.42.
- Corneal transplant—V42.5.
- Corneal dystrophies—371.50 through 371.58.
- Anisometropia greater than or equal to 2.00 diopters difference in any meridian based on the spectacle prescription.
- High ametropia greater than or equal to ± 10.00 diopters in either eye in any meridian based on the spectacle prescription.
- Irregular astigmatism—367.22.

The codes listed above are from the International Classification of Diseases, Ninth Revision, Clinical Modification and are used to describe diseases, injuries, symptoms and conditions. If You have questions about the diagnoses listed above or the codes included with the diagnoses, please contact Your Vision Provider.]

VISION INSURANCE: DESCRIPTION OF COVERED SERVICES AND MATERIALS

Subject to the

- (1) [Service Intervals and] Plan Benefits indicated in the SCHEDULE OF BENEFITS, the following will be
(2) Covered Services and Materials:]

1. One complete visual examination, if indicated as a Covered Service on the SCHEDULE OF BENEFITS. Dilation is included as a Covered Service when provided by an In-Network Vision Provider.
2. Standard corrective lenses. We will cover a pair of standard single vision, lined bifocal, lined trifocal or lenticular lenses that are necessary to correct vision. Standard corrective lenses are as follows:
 - eyesizes up to and including 60mm;
 - multi-focal lenses in all segment widths
 - prism and slab off
 - base curves (regardless of curve)
 - lenses with the combined power in any meridian is +/- .50 diopters or greater in at least one eye
 - plastic or glass lenses.
3. The following lens options described in the SCHEDULE OF BENEFITS: tint (solid and gradient), standard plastic scratch coating, standard polycarbonate (if you are less than 18 years of age, standard anti-reflective coating, plastic photocromic, polarized premium anti-reflective.
4. Contact lenses.
 - A standard fitting and 1 follow-up visit by a Vision Provider.
 - The following contact lenses options, as described in the SCHEDULE OF BENEFITS: conventional, disposable, and Necessary.
5. Necessary low vision aids.
6. We do not cover costs above the Maximum Benefit Allowance shown in the SCHEDULE OF BENEFITS for frames. If frames are selected that are more expensive than that amount, You will be charged the difference between the Maximum Benefit Allowance and the Vision Provider's charge for the more expensive frame.
7. Necessary contact lenses in lieu of all benefits for vision materials.]

VISION INSURANCE: EXCLUSIONS

- (1) We will not pay Vision Insurance benefits for charges incurred for:
1. Services and/or materials not specifically included in the SCHEDULE OF BENEFITS as covered Plan Benefits.
 2. Any portion of a charge in excess of the Maximum Benefit Allowance or reimbursement indicated in the SCHEDULE OF BENEFITS.
 3. Plano lenses (lenses with refractive correction of less than $\pm .50$ diopter).
 4. Two pairs of glasses instead of bifocals.
 5. Replacement of lenses, frames and/or contact lenses furnished under this Plan which are lost, stolen or damaged, except at the normal intervals when Plan Benefits are otherwise available.
 6. Orthoptics or vision training and any associated supplemental testing.
 7. Medical or surgical treatment of the eye.
 8. Prescription or non-prescription medications.
 9. Contact lens insurance policies and service agreements.
 10. Refitting of contact lenses after the initial (90-day) fitting period.
 11. Contact lens modification, polishing and cleaning.
 12. Any eye examination or any corrective eyewear required as a condition of employment.
 13. Services or supplies received by You or Your Dependent before the Vision Insurance starts for that person.
 14. Missed appointments.
 15. Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
 16. Local, state and/or federal taxes, except where MetLife is required by law to pay.
 17. Services:
 - 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.
 18. Services, to the extent such services, or benefits for such services, are available under a Government Plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Vision Insurance under the Group Policy be paid first.

VISION INSURANCE: EXCLUSIONS (continued)

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

The term does not include:

- any plan, program or coverage provided by a government as an employer; or
 - Medicare.
19. Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.
 20. Services and materials obtained while outside the United States, except for emergency vision care.
 21. Services, procedures, or materials for which a charge would not have been made in the absence of insurance.]

VISION INSURANCE: SUPPLEMENTAL PLAN BENEFIT: LOW VISION

[PLAN BENEFITS

The Low Vision benefit is available when prescribed by the Covered Person's In-Network Vision Provider for severe visual problems that cannot be corrected with regular lenses. Covered Services and Materials for the Low Vision benefit include supplemental aids, evaluation, diagnosis and prescription of vision aids where indicated.

Supplemental testing includes evaluation, diagnosis and prescription of vision aids where indicated.

In-Network

Supplemental testing is covered in full, and includes evaluation, diagnosis and prescription of vision aids where indicated. A maximum of two supplemental tests within a two (2) year period are included.

Supplemental aids are covered at 75% of the In-Network Vision Provider's fee, up to [\$35-1000].

Out-of-Network

Supplemental testing is covered up to [\$35-1000]. A maximum of two supplemental tests within a two (2) year period are included.

Supplemental aids are covered at 75% of an Out-of-Network Vision Provider's fee, up to [\$35-1000].

EXCLUSIONS AND LIMITATIONS OF BENEFITS

Supplemental testing is covered in full, to a maximum of two supplemental tests within a two (2) year period. The maximum benefit for all Low Vision Covered Services and Materials is [\$35-1000] every two (2) years.

EXCLUSIONS

1. Services and/or materials not specifically included in this Schedule as covered Plan Benefits.
2. Plano lenses (lenses with refractive correction of less than $\pm .50$ diopter)
3. Two pairs of glasses instead of bifocals.
4. Replacement of lenses, frames and/or contact lenses furnished under this Plan which are lost or damaged, except at the normal intervals when Plan Benefits are otherwise available.
5. Orthoptics or vision training and any associated supplemental testing.
6. Medical or surgical treatment of the eyes.
7. Contact lens insurance policies or service agreements.
8. Refitting of contact lenses after the initial (90-day) fitting period.
9. Contact lens modification, polishing or cleaning.
10. Local, state and/or federal taxes, except where MetLife is required by law to pay.]

VISION INSURANCE: SUPPLEMENTAL PLAN BENEFIT: COVERED CONTACT LENSES

[PLAN BENEFITS

The Covered Contact Lenses benefit permits Covered Persons to obtain elective contact lenses with fitting and evaluation in addition to the standard lens and frame/contact lens benefit. This benefit does not affect, nor is it affected by, the Covered Person's eligibility for lenses and frames under any other MetLife vision plan.

A Co-payment is required for professional services related to the fitting of contact lenses and is not refundable to the Covered Person regardless of whether or not the fitting is successful.

In-Network

The Covered Person must pay a Co-payment amount of [\$50 - 500] at the time services are rendered. After payment of the Co-payment, the cost of elective contact lenses are covered in full.

Out-of-Network

The Covered Person must pay a Co-payment amount of [\$50 - 500] at the time services are rendered. After payment of the Co-payment, the cost of elective contact lenses are covered up to [\$35-500].

EXCLUSIONS

1. Services and/or materials not specifically included in this benefit as covered Plan Benefits.
2. Contact lenses used to change eye color cosmetically or artistically painted lenses are excluded.
3. Plano lenses (lenses with refractive correction of less than $\pm .50$ diopter)
4. Replacement of lenses, frames and/or contact lenses furnished under this Plan which are lost or damaged, except at the normal intervals when Plan Benefits are otherwise available.
5. Orthoptics or vision training and any associated supplemental testing.
6. Medical or surgical treatment of the eyes.
7. Contact lens insurance policies and service agreements.
8. Refitting of contact lenses after the initial (90-day) fitting period.
9. Contact lens modification, polishing and cleaning.
10. Local, state and/or federal taxes, except where MetLife is required by law to pay.]

VISION INSURANCE: SUPPLEMENTAL PLAN BENEFIT: COMPUTER VISION CARE

[PLAN BENEFITS

Computer Vision Care benefits are available if You use a computer monitor or digital display, and You have been diagnosed by an eye care professional as having a vision condition affecting Your computer use.

This benefit is not available to Your Dependents.

In-Network

After payment of any applicable Co-payment, the following are Covered Services or Materials:

- A comprehensive examination of visual functions and prescription of corrective eyewear is covered in full;
- Necessary corrective lenses with a minimum prescription of ± 0.50 diopters and a prescription difference of ± 0.50 diopters from Your everyday prescription, including single, lined bifocal, lined trifocal or lenticular lenses. Pink and Rose tints, 20% tint or less covered in full;
- Frames, up to [\$35-500] allowance;
- One annual supplemental evaluation for associated vision therapy may be available, and will be covered up to [\$750]. There is an annual allowance for therapy visits of up to [\$500-1000]. You must pay 25% of the allowable amount.
 - Associated vision therapy (specific to computer use) is available only if You are diagnosed as having one of the following conditions:
 - Accommodative Infacility: The inability (or the inefficiency) to change focus quickly when looking from one distance to another or the inability to maintain focus at one distance for a prolonged period of time. (Primarily when looking at objects up close.)
 - Convergence Insufficiency: The eye muscles' inability to point the eye straight when working up close.

Out-of-Network

After payment of any applicable Co-payment, the following are Covered Services or Materials:

- A comprehensive examination of visual functions and prescription of corrective eyewear is covered up to [\$25-500];
- Necessary corrective lenses, including single, lined bifocal, lined trifocal or lenticular lenses are covered at up to [\$35-500];
- Frames, up to [\$35-500];
- One annual supplemental evaluation for associated vision therapy is covered up to [\$85]. There is an annual allowance for therapy visits of up to [\$500-1000].

EXCLUSIONS AND LIMITATIONS OF BENEFITS

This benefit is not available for Your Dependents.

VISION INSURANCE: SUPPLEMENTAL PLAN BENEFIT: COMPUTER VISION CARE

EXCLUSIONS

1. Services and/or materials not specifically included in this benefit as covered Plan Benefits.
2. Services or materials provided to Your Dependent.
3. Contact lenses.
4. Photochromic, laminated lenses and tints greater than 20%.
5. Plano lenses (lenses with refractive correction of less than $\pm .50$ diopter)
6. Two pairs of glasses instead of bifocals.
7. Replacement of lenses, frames and/or contact lenses furnished under this Plan which are lost or damaged, except at the normal intervals when Plan Benefits are otherwise available.
8. Orthoptics or vision training and any associated supplemental testing.
9. Medical and surgical treatment of the eyes.
10. Local, state and/or federal taxes, except where MetLife is required by law to pay.]

VISION INSURANCE: SUPPLEMENTAL PLAN BENEFIT: DIABETIC EYECARE PLUS PROGRAM

[PLAN BENEFITS

The Diabetic Eyecare Plus Program (“DEP Plus”) is available to Covered Persons who have been diagnosed with:

- Type 1 or Type 2 Diabetes and
- specific ophthalmological conditions, including, but not limited to: diabetic retinopathy, rubeosis, and diabetic macular edema.

DEP Plus is intended to be a supplement to the Covered Person’s group medical plan. Any amounts not paid by the medical plan will be considered for payment by MetLife. If a Covered Person does not have a group medical plan, the In-Network Vision Provider will submit claims directly to MetLife.

If You or a Dependent incur a charge for Covered Services and Materials under DEP Plus from an Out-of-Network Vision Provider, Proof of such service must be sent to Us. When We receive such Proof, We will review the claim and if We approve it, will pay the insurance in effect on the date that service was completed.

Covered Services and Materials for the DEP Plus Program include eye examination(s) and special ophthalmological services.

Referrals

If Covered Person’s In-Network Vision Provider cannot provide Covered Services and Materials, the provider will refer the Covered Person to another In-Network Vision Provider or to a provider whose offices provide the necessary services.

If the Covered Person requires services beyond the scope of DEP Plus, the In-Network Vision Provider will refer the Covered Person to another provider.

Referrals are intended to insure that Covered Persons receive the appropriate level of care for their presenting condition. Covered Persons do not require a referral from an In-Network Vision Provider to obtain Plan Benefits.

In-Network

In-Network Vision Providers will first submit a claim to the Covered Person’s group medical insurance plan, and then to Us. The Covered Person must pay a Co-payment amount of [\$0 - 50] at the time services are rendered. After payment of the Co-payment, the cost of an eye examination is covered in full. Special ophthalmological services are covered in full.

Out-of-Network

The Covered Person must pay a Co-payment amount of [\$0 - 500] at the time services are rendered. After payment of the Co-payment, the cost of an eye examination is covered up to [\$25-100]. Special ophthalmological services are covered up to [\$25-100] per individual service.

DEFINITIONS

For purposes of DEP Plus, the following terms have the meanings given below:

Diabetes means a disease where the pancreas has a problem either making, or making and using, insulin.

Diabetic Macular Edema means swelling of the retina in diabetes mellitus due to leaking of fluid from blood vessels within the macula.

Diabetic Retinopathy means a weakening in the small blood vessels at the back of the eye of a diabetic.

VISION INSURANCE: SUPPLEMENTAL PLAN BENEFIT: DIABETIC EYECARE PLUS PROGRAM

Rubeosis means abnormal blood vessel growth on the iris and the structures in the front of the eye.

Type 1 Diabetes means disease in which the pancreas stops making insulin.

Type 2 Diabetes means a disease in which the pancreas either makes too little insulin or cannot properly use the insulin it makes to convert blood glucose to energy.

EXCLUSIONS AND LIMITATIONS OF BENEFITS

DEP Plus provides coverage for limited, vision-related medical services. A current list of these procedures will be made available to Covered Persons upon request. The frequency at which these services may be provided is dependent upon the specific service and the diagnosis associated with such service.

EXCLUSIONS

1. Services and/or materials not specifically included in this benefit as covered Plan Benefits.
2. Frames, lenses, contact lenses and any other ophthalmic materials.
3. Orthoptics or vision training and any associated supplemental testing.
4. Surgery of any type, and any pre- or post-operative services and/or supplies.
5. Treatment for any pathological conditions.
6. An eye exam required as a condition of employment.
7. Insulin and any medications or supplies of any type.
8. Local, state and/or federal taxes, except where MetLife is required by law to pay.]

VISION INSURANCE: SUPPLEMENTAL PLAN BENEFIT: VISION THERAPY PLAN

[PLAN BENEFITS

The Vision Therapy Plan is intended to correct or improve specific dysfunctions of the vision system. It includes, but is not limited to, coverage for:

- The treatment of strabismus (turned eye);
- Dysfunctions of binocularity (eye teaming);
- Amblyopia (lazy eye);
- Accommodation (eye focusing);
- Ocular motor function (general eye movement ability); and
- Visual-perception-motor abilities.

In-Network

For orthoptic and/or pleoptic training, and other services, the Covered Person must pay a Co-payment amount of 25% of the In-Network Vision Provider's fee at the time services are rendered. After payment of the Co-payment, the cost for orthoptic and/or pleoptic training, and other services is covered in full, up to up to a maximum of [\$35-1000] per year, once every [12-24] months.

There is no Co-payment required for supplemental testing. Supplemental testing is covered up to [\$35-1000] once every [12-24] months.

Out-of-Network

No benefits are available for services or materials received from an Out-of-Network Vision Provider.

EXCLUSIONS

1. Services and/or materials not specifically included in this program as covered Plan Benefits.
2. Frames, lenses and/or contact lenses.
3. Medical or surgical treatment of the eyes.
4. Perceptual training for a learning disability.
5. Services or materials received from an Out-of-Network Vision Provider.
6. Local, state and/or federal taxes, except where MetLife is required by law to pay.]

VISION INSURANCE: SUPPLEMENTAL PLAN BENEFIT: SAFETY EYECARE PLAN

[PLAN BENEFITS

The Safety Eyecare Plan is available to You if You require safety eyewear due to the nature of Your employment. In-Network Vision Providers shall ensure that lenses and frames provided under the Safety EyeCare Plan satisfy all current American National Standard Institute standards.

This benefit is not available to Your Dependents.

In-Network

After payment of any applicable Co-payment, the following are Covered Services or Materials:

- A limited level supplemental vision analysis of the eyes and related structures which addresses the specific visual needs relative to safety eyewear is covered in full;
- Lenses are covered in full, including single, lined bifocal, lined trifocal or lenticular lenses.
- Frames, up to [\$35-500] allowance;

Out-of-Network

After payment of any applicable Co-payment, the following are Covered Services or Materials:

- A limited level supplemental vision analysis of the eyes and related structures which addresses the specific visual needs relative to safety eyewear is covered up to [\$25-500];
- Lenses are covered up to a [\$35-500] allowance, including single, lined bifocal, lined trifocal or lenticular lenses.
- Frames, up to [\$35-500] allowance.

EXCLUSIONS AND LIMITATIONS OF BENEFITS

Examinations above a limited level is excluded from this plan unless You are not eligible for an eye examination under the SCHEDULE OF BENEFITS with this Plan, have received an examination from another In-Network Vision Provider during the same Service Interval, or has received an eye examination during the preceding six (6) months from a practitioner in the same In-Network Vision Provider's office that will be providing the Safety EyeCare Plan examination.

This benefit is not available to Your Dependents.

EXCLUSIONS

1. Services and/or materials not specifically included in this program as covered Plan Benefits.
2. Services and materials provided to Your Dependents.
3. Contact lenses are excluded from this benefit.
4. Rimless frames are excluded from this benefit.
5. Plano lenses (lenses with refractive correction of less than $\pm .50$ diopter)
6. Two pairs of glasses instead of bifocals.
7. Replacement of lenses, frames and/or contact lenses furnished under this Plan which are lost or damaged, except at the normal intervals when Plan Benefits are otherwise available.
8. Orthoptics or vision training and any associated supplemental testing.
9. Medical and surgical treatment of the eyes.
10. Local, state and/or federal taxes, except where MetLife is required by law to pay.]

VISION INSURANCE: SUPPLEMENTAL PLAN BENEFIT: PROTEC SAFETY PLAN

[PLAN BENEFITS

The ProTec Safety Plan is available to You if You require safety eyewear due to the nature of Your employment.

This benefit is not available to Your Dependents.

In-Network

After payment of any applicable Co-payment, the following are Covered Services or Materials:

- A limited level supplemental vision analysis of the eyes and related structures which addresses the specific visual needs relative to safety eyewear is covered in full;
- Lenses are covered in full, including single, lined bifocal, lined trifocal or lenticular lenses.
- ProTec Eyewear[®] frames, up to [\$35-500] allowance. In-Network Vision Providers shall ensure that lenses and frames provided under the ProTec Safety Plan satisfy all current American National Standard Institute standards.

Out-of-Network

After payment of any applicable Co-payment, the following are Covered Services or Materials:

- A limited level supplemental vision analysis of the eyes and related structures which addresses the specific visual needs relative to safety eyewear is covered with a [\$25-100] allowance;
- Lenses are covered in full, including single, lined bifocal, lined trifocal or lenticular lenses.
- ProTec Eyewear[®] frames, up to [\$35-500] allowance.

EXCLUSIONS AND LIMITATIONS OF BENEFITS

Frames available under the ProTec Safety Plan are those included in the ProTec Safety Eyewear frame kit. Only In-Network Vision Providers have access to the ProTec Eyewear[®] frames. If You choose a frame outside of the ProTec Eyewear[®] frame kit, You may incur out-of-pocket expenses.

EXCLUSIONS

1. Services and/or materials not specifically included in this program as covered Plan Benefits.
2. This benefit is not available to Your Dependents.
3. Contact lenses are excluded from this benefit.
4. Plano lenses (lenses with refractive correction of less than $\pm .50$ diopter)
5. Two pairs of glasses instead of bifocals.
6. Replacement of lenses, frames and/or contact lenses furnished under this Plan which are lost or damaged, except at the normal intervals when Plan Benefits are otherwise available.
7. Orthoptics or vision training and any associated supplemental testing.
8. Medical or surgical treatment of the eyes.
9. Local, state and/or federal taxes, except where MetLife is required by law to pay.]

VISION INSURANCE: COORDINATION OF BENEFITS

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

DEFINITIONS

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

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

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

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

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

The term does not include:

- (1)
 - expenses for services performed because of a Job-Related Injury or Sickness;
 - [any amount of expenses in excess of the higher reasonable and customary fee for a service, if two or more Plans compute their benefit payments on the basis of reasonable and customary fees;
 - any amount of expenses in excess of the higher negotiated fee for a service, if two or more Plans compute their benefit payments on the basis of negotiated fees;] and
 - any amount of benefits that a Primary Plan does not pay because the covered person fails to comply with the Primary Plan's managed care or utilization review provisions, these include provisions requiring:
 - second surgical opinions;
 - pre-certification of services;
 - use of providers in a Plan's network of providers; or
 - any other similar provisions.

If You or a Dependent are also covered under an HMO plan, we will not use this provision to refuse to pay benefits because an HMO member has elected to have vision services provided by a non-HMO provider and the HMO's contract does not require the HMO to pay for providing those services.

Claim Determination Period means a calendar year or plan year. A Claim Determination Period for any Covered Person will not include periods of time during which that person is not covered under This Plan.

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

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

- (3) **[Job-Related Injury or Sickness** means any injury or sickness:

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

- (4) **[Parent** means a person who covers a child as a dependent under a Plan.]

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

- a group insurance plan;
- an HMO;
- a blanket plan;

VISION INSURANCE: COORDINATION OF BENEFITS (CONTINUED)

- uninsured arrangements of group or group type coverage;
- a group practice plan;
- a group service plan;
- a group prepayment plan;
- any other plan that covers people as a group;
- any other coverage required or provided by any law or any governmental program, except Medicaid.

The term does not include any of the following:

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

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

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

will not be affected by these Coordination of Benefits provisions.

- (5) Each policy, contract or other arrangement for benefits is a separate Plan. If part of a Plan reserves the right to reduce what it pays based on benefits or services provided by other Plans, that part will be treated separately from any parts which do not. [If two people are both insured under This Plan as employees, each person's insurance will be treated as a separate Plan.]

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

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

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

RULES TO DECIDE WHICH PLAN IS PRIMARY

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

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

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

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

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

VISION INSURANCE: COORDINATION OF BENEFITS (CONTINUED)

regulations, Medicare is:

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

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

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

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

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

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

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

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

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

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

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

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

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

VISION INSURANCE: COORDINATION OF BENEFITS (CONTINUED)

EFFECT ON BENEFITS OF THIS PLAN

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

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

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

FACILITY OF PAYMENT

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

RIGHT OF RECOVERY

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

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

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

VISION INSURANCE: FILING A CLAIM

CLAIMS FOR VISION INSURANCE

If you select an In Network Vision Provider, You do not need to file a claim.

- (1) [If you select an Out-of-Network Vision Provider, You may provide full payment to the Out-of-Network Vision Provider at the time of service and submit the invoice including an itemized statement of charges with Your claim form, or You may be able to assign the claim to the Out-of-Network Vision Provider. If the Out-of-Network Vision Provider accepts the assignment, the provider or she will submit the claim on your behalf. You will be responsible for any charges not covered by the Plan.

Out of network claim forms needed to file for benefits under the group insurance program can be obtained by calling MetLife at 800-XXX-XXXX. Vision claim forms can also be downloaded from www.metlife.com. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim.

When We receive the claim form and Proof, Your claim will be paid subject to the terms and provisions of this certificate and the Group Policy.]

CLAIMS FOR VISION INSURANCE BENEFITS

- (2) **When a claimant files a claim for Vision Insurance benefits described in this certificate**, both the notice of claim and the required Proof should be sent to [Us] within 180 days from the date of service.

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

Step 1

A claimant can request a claim form by downloading it from www.XXXXXXX.com.

Step 2

Complete the claim form as instructed and return it with the invoice.

Step 3

The claimant must give Us Proof not later than 180 days from the date of service.

VISION INSURANCE: PROCEDURES FOR VISION CLAIMS

Routine Questions on Vision Insurance Claims

- (1) If there is any question about a claim payment, an explanation may be requested from [MetLife by dialing xxxxxxxxxx.]

Claim Denial Appeals

If a claim is denied in whole or in part, under the terms of this certificate, a request may be submitted to Us by a Covered Person or a Covered Person's authorized representative for a full review of the denial. A Covered Person may designate any person, including their provider, as their authorized representative. References in this section to "Covered Person" include the Covered Person's authorized representative, where applicable.

Initial Appeal. All requests for review must be made within one hundred eighty (180) calendar days following denial of a claim. A Covered Person may review, during normal business hours, any documents used by Us pertinent to the denial. A Covered Person may also submit Written comments or supporting documentation concerning the claim to assist in Our review. Our response to the initial appeal, including specific reasons for the decision, shall be communicated to the Covered Person within thirty (30) calendar days after receipt of the request for the appeal.

Second Level Appeal. If a Covered Person disagrees with the response to the initial appeal of the denied claim, the Covered Person has the right to a second level appeal. A request for a second level appeal must be submitted to Us within sixty (60) calendar days after receipt of Our response to the initial appeal. We shall communicate Our final determination to the Covered Person within thirty (30) calendar days from receipt of the request, or as required by any applicable state or federal laws or regulations. Our communication to the Covered Person shall include the specific reasons for the determination.

Other Remedies. When a Covered Person has completed the appeals stated herein, additional voluntary alternative dispute resolution options may be available, including mediation or arbitration. Additional information is available from the U.S. Department of Labor or the insurance regulatory agency for the Covered Persons' state of residency. Additionally, under the provisions of ERISA (Section 502(a)(1)(B) 29 U.S.C. 1132(a)(1)(B)), the Covered Person has the right to bring a civil action when all available levels of reviews, including the appeal process, have been completed. ERISA remedies may apply in those instances where the claims were not approved in whole or in part as the result of appeals under this Policy and the Covered Person disagrees with the outcome of such appeals.

Time of Action. No action in law or in equity shall be brought to recover on this Policy prior to the Covered Person exhausting his/her rights under this Policy and/or prior to the expiration of sixty (60) calendar days after the claim and any applicable documentation has been filed with Us. No such action shall be brought after the expiration of any applicable statute of limitations, in accordance with the terms of this Policy. No such action shall be brought after the expiration of three (3) years from the last date that the claim and any applicable invoices were submitted to Us, and no such action shall be brought at all unless brought within three (3) years from the expiration of the time within which such materials are required to be submitted in accordance with the terms of this Policy.

Insurance Fraud: Any Covered Person who intends to defraud, knowingly facilitates a fraud, submits a claim containing false or deceptive information, or who commits any other similar act as defined by applicable state or federal law, is guilty of insurance fraud. Such an act is grounds for immediate termination of the coverage under this Policy of the Covered Person committing such fraud.

VISION INSURANCE: PROCEDURES FOR VISION CLAIMS

Routine Questions on Vision Insurance Claims

- (1) If there is any question about a claim payment, an explanation may be requested from [MetLife by dialing xxxxxxxxxx.]

Claim Denial Appeals

If a claim is denied in whole or in part, under the terms of this certificate, a request may be submitted to Us by a Covered Person or a Covered Person's authorized representative for a full review of the denial. A Covered Person may designate any person, including their provider, as their authorized representative. References in this section to "Covered Person" include the Covered Person's authorized representative, where applicable.

Initial Appeal. All requests for review must be made within one hundred eighty (180) calendar days following denial of a claim. A Covered Person may review, during normal business hours, any documents used by Us pertinent to the denial. A Covered Person may also submit Written comments or supporting documentation concerning the claim to assist in Our review. Our response to the initial appeal, including specific reasons for the decision, shall be communicated to the Covered Person within thirty (30) calendar days after receipt of the request for the appeal.

Second Level Appeal. If a Covered Person disagrees with the response to the initial appeal of the denied claim, the Covered Person has the right to a second level appeal. A request for a second level appeal must be submitted to Us within sixty (60) calendar days after receipt of Our response to the initial appeal. We shall communicate Our final determination to the Covered Person within thirty (30) calendar days from receipt of the request, or as required by any applicable state or federal laws or regulations. Our communication to the Covered Person shall include the specific reasons for the determination.

Other Remedies. When a Covered Person has completed the appeals stated herein, additional voluntary alternative dispute resolution options may be available, including mediation or arbitration. Additional information is available from the U.S. Department of Labor or the insurance regulatory agency for the Covered Persons' state of residency. Additionally, under the provisions of ERISA (Section 502(a)(1)(B) 29 U.S.C. 1132(a)(1)(B)), the Covered Person has the right to bring a civil action when all available levels of reviews, including the appeal process, have been completed. ERISA remedies may apply in those instances where the claims were not approved in whole or in part as the result of appeals under this Policy and the Covered Person disagrees with the outcome of such appeals.

Time of Action. No action in law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) calendar days after the claim and any applicable documentation has been filed with Us. No such action shall be brought after the expiration of three (3) years from the last date that the claim and any applicable invoices were submitted to Us, and no such action shall be brought at all unless brought within three (3) years from the expiration of the time within which such materials are required to be submitted in accordance with the terms of this Policy.

Insurance Fraud: Any Covered Person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

SERFF Tracking Number: META-128305417 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number:
 Company Tracking Number: NY12-21 (SB)
 TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
 Product Name: Group Vision Certificate Series
 Project Name/Number: GCERT2000 Series/NY12-21 (SB-AL)

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved	05/11/2012
Comments: The readability certification if attached below		
Attachment: ARCERTREAD.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved	05/11/2012
Bypass Reason: The requirement listed above is not applicable for this filing submission.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: L-A&H NAIC Transmittal Document	Approved	05/11/2012
Comments: The NAIC Transmittal is attached below.		
Attachment: L-A&H NAIC Transmittal Document.pdf		

	Item Status:	Status Date:
Satisfied - Item: ARCERTREG19	Approved	05/11/2012
Comments: The AR certificate is attached below.		
Attachment: ARCERTREG19.pdf		

	Item Status:	Status Date:

SERFF Tracking Number: META-128305417 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number:
 Company Tracking Number: NY12-21 (SB)
 TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
 Product Name: Group Vision Certificate Series
 Project Name/Number: GCERT2000 Series/NY12-21 (SB-AL)

Satisfied - Item: Explanation of Variable Approved 05/11/2012
Comments:
 GCERT2000 EOV Vision
Attachment:
 GCERT2000 EOV Vision.pdf

Item Status: Approved **Status** 05/11/2012
Date:
Satisfied - Item: Explanation of Variable Approved 05/11/2012
Comments:
 EOV Changes to GCERT2000
 EOV Changes to GCERT2000_highlighted
Attachments:
 EOV Changes to GCERT2000.pdf
 EOV Changes to GCERT2000_highlighted.pdf

Item Status: Approved **Status** 05/11/2012
Date:
Satisfied - Item: ATTACHMENT A Approved 05/11/2012
Comments:
 ATTACHMENT A
Attachment:
 ATTACHMENT A.pdf

Item Status: Approved **Status** 05/11/2012
Date:
Satisfied - Item: ATTACHMENT B Approved 05/11/2012
Comments:
 ATTACHMENT B
Attachment:
 ATTACHMENT B.pdf

Item Status: Approved **Status** 05/11/2012
Date:
Satisfied - Item: Analyst Response Letter Approved 05/11/2012

SERFF Tracking Number: META-128305417 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company State Tracking Number:
 Company Tracking Number: NY12-21 (SB)
 TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
 Product Name: Group Vision Certificate Series
 Project Name/Number: GCERT2000 Series/NY12-21 (SB-AL)

Comments:

META-128305417

Attachment:

Cover Letter.pdf

		Item Status:	Status
			Date:
Satisfied - Item:	GCERT2000 vis claimrev (Form Removed)	Approved	05/11/2012

Comments:

Form placed on the Form Schedule Tab.

		Item Status:	Status
			Date:
Satisfied - Item:	GCERT2000 vis claimrev_redline	Approved	05/11/2012

Comments:

GCERT2000 vis claimrev_redline

Attachment:

GCERT2000 vis claimrev_redline.pdf



Metropolitan Life Insurance Company
NAIC Company Number: 65978
NAIC Group Number: 241

ARKANSAS FLESCH CERTIFICATION

I certify that the form shown below has achieved the Flesch Reading Ease Score shown below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form No.	Form Description	Flesch Score
GCERT2000 series	Certificate	56

Michael F. Tietz
Vice President

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Metropolitan Life Ins Co. 1095 6 th Avenue New York, NY 10036-6796	NY		241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Joseph Tigro 1095 Avenue of the Americas New York, New York 10036	212-578-7995		jtigro@metlife.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____		
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6.	Company Tracking Number	NY 12-21 (AR)
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Other: _____		
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9.	Type of Insurance (TOI)	H20G Group Health – Vision
-----------	--------------------------------	----------------------------

10.	Sub-Type of Insurance (Sub-TOI)	H20G.000
------------	--	----------

11.	Submitted Documents	<input checked="" type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input checked="" type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input checked="" type="checkbox"/> Other <u>Explanation of Variable Material</u>		
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12.	Filing Submission Date	April 46, 2012	
13.	Filing Fee (If required)	Amount _____	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval	Concurrently being filed in all states, including NY our domicile state.	
15.	Filing Description: PLEASE SEE COVER LETTER		

16.	Certification (If required)		
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>AK</u>.</p>			
Print Name <u>Mark Diefenderfer</u>		Title <u>Senior Analyst – Contracts Developments</u>	
Signature 		Date: <u>April 28, 2012</u>	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		NY 12-21 (AR)
This filing corresponds to rate filing company tracking number		NY 12-21 (AR)

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Certificate	GCERT2000 notice/visrights	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
	Group Vision Insurance			
02	Certificate	GCERT2000 def-10-11	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
	Group Vision Insurance			
03	Certificate	GCERT2000 vision	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
	Group Vision Insurance			
04	Certificate	GCERT2000 vis/covserv	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
	Group Vision Insurance			
05	Certificate	GCERT2000 vis/exclusions	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
	Group Vision Insurance			
06	Certificate	GCERT2000 vision/low	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
	Group Vision Insurance			
07	Certificate	GCERT2000 vision/cclens	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
	Group Vision Insurance			
08	Certificate	GCERT2000 vision/cvc	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
	Group Vision Insurance			
09	Certificate	GCERT2000 vision/diab	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
	Group Vision Insurance			
10	Certificate	GCERT2000 vision/therapy	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
	Group Vision Insurance			

11	Certificate	GCERT2000 vision/safety	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
	Group Vision Insurance			
12	Certificate	GCERT2000 vision/prosafety	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
	Group Vision Insurance			
13`	Certificate	GCERT2000 vis/cob	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
	Group Vision Insurance			
14	Certificate	GCERT2000 vis/claim	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
	Group Vision Insurance			
15	Certificate	GCERT2000 vision/claimrev	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
	Group Vision Insurance			

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	

LH RFA-1



Metropolitan Life Insurance Company
NAIC Company Number: 65978
NAIC Group Number: 241

ARKANSAS CERTIFICATION
Rule and Regulation 19
Unfair Sex Discrimination in the Sale of Insurance

I certify that this submission meets the provisions of Rule and Regulation 19, and all applicable requirements of the Arkansas Department of Insurance.

A handwritten signature in black ink, appearing to read "Michael F. Tietz".

Michael F. Tietz
Vice President

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page def pages 10-11	Section	Variable	Explanation
	Anisometropia	(1)	If the term is used in the certificate, item will appear as shown. Otherwise, it may be omitted.
	Covered Person	(2)	Item will appear as shown or it may vary to reflect the requirements of the Policyholder's plan. Otherwise, it may be omitted.
	Covered Services and Materials	(3)	Item will appear as shown or it may vary to reflect the requirements of the Policyholder's plan. Item may list the specific Covered Services and Materials. If certain Covered Services and Materials are only covered on an In-Network basis, the wording may indicate those services. Otherwise, item may be omitted.
	In-Network Vision Provider	(4)	If the term is used in the certificate, item will appear as shown. Otherwise, item may be omitted.
	Keratoconus	(5)	If the term is used in the certificate, item will appear as shown. Otherwise, item may be omitted.
	Maximum Benefit Allowance	(6)	Item will appear as shown or may vary to reflect the requirements of the Policyholder's plan.
	Necessary	(7)	Item will appear as shown or may vary to reflect the requirements of the Policyholder's plan.
	Out-of-Network Vision Provider	(8)	If the term is used in the certificate, item will appear as shown or may list the Covered Services. Otherwise, item may be omitted.
	Plan or Plan Benefits	(9)	Item will appear as shown or it may vary to reflect the requirements of the Policyholder's plan.
	Progressive Lens	(10)	If the term is used in the certificate, item will appear as shown. Otherwise, it may be omitted.
	Service Interval	(11)	If the term is used in the certificate, item will appear as shown. Otherwise, it may be omitted.
	Vision Provider	(12)	If the term is used in the certificate, item will appear as shown. Otherwise, it may be omitted.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
vision	VISION INSURANCE		This section will be included if vision coverage is elected by the Policyholder.
		(1)	If it is an In-Network-only plan, references to Out-of-Network will be removed. If removed here, they will be removed throughout.
		(2)	This may be revised to require prior authorization from Us or Your Vision Provider before seeing certain vision specialists.
		(3)	If the plan is an in-Network only vision plan, this will be removed. Also, if the Policyholder's plan does not include insurance for Dependents, references to Dependents will be removed here and throughout.
		(4)	Item will appear as shown or we may substitute the phrase "was begun." If this substitution is made, a similar substitution will be made whenever the phrase(s) "is, was, or were completed" appear in this section.
		(5)	We may add an additional bullet indicating that the Covered Person is may responsible for a Deductible, if one is part of the plan. The second bullet may be omitted or revised or we may not include the Maximum Benefit Allowance reference if there is no Maximum Benefit Allowance.
		(6)	The phone number and/or website address may be changed or omitted. We may also provide other means to determine In-Network Vision Providers.
		(7)	This may be replaced with Covered Services.
		(8)	If there is no out of network coverage this will be removed.
		(9)	We may revise the bullets depending on the Policyholder's plan, for example, Co-Payment may be removed if there is no Co-Payment. We may add Deductible or Co-Payment may be replaced with Deductible.
		(10)	If there is no out of network coverage this will be removed.
		(11)	If Contact Lenses are not a plan benefit this section will be omitted. We may update the authorization requirements in accordance with professionally recognized standards of practice. If the ICD amends its requirements we will update these codes and terminology accordingly.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
			If we do not coordinate benefits, we will place the following statement here:

“Coordination of Benefits

We do not coordinate benefits with any other carrier. If You have coverage with another carrier, please contact that carrier to determine whether coordination of benefits is available.”

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
vis/covserv	VISION INSURANCE: DESCRIPTION OF COVERED SERVICES AND MATERIALS		This section will be included if Vision Insurance is provided under the Policyholder's plan.
		(1)	We may replace this with "Frequency" or "Service Interval or Frequency". If there are no Service Intervals, this will be omitted.
		(2)	Item is illustrative and will vary in accordance with the Covered Services and Materials provided under the Policyholder's plan.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
vis/ exclusions	VISION INSURANCE: EXCLUSIONS	(1)	<p>This section will be included if Vision Insurance is provided under the Policyholder's plan.</p> <p>This item will appear as shown, or the list of exclusions may vary to reflect the Policyholder's plan. For example, terminology may vary if the variation would not significantly change the basic nature of the exclusion.</p> <p>One or more of the Exclusions may be omitted in accordance with the Policyholder's plan.</p> <p>Items listed as exclusions may instead be listed in the COVERED SERVICES AND MATERIALS section as covered with or without a limitation on the frequency with which the service may be covered.</p> <p>Items listed in the COVERED SERVICES AND MATERIALS section may instead be listed in the Exclusions section as excluded from coverage.</p>

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
vision/low	VISION INSURANCE: SUPPLEMENTAL BENEFIT: LOW VISION		<p>This section will be included if the Policyholder requests that we provide this option. Otherwise, this section will be omitted. In addition, this section may vary as follows:</p> <ul style="list-style-type: none">• If there is no Out-of Network coverage, any reference to it will be omitted throughout the section.• The benefit may or may not be available for dependents or may be available only for Dependent Spouses. We will indicate that limitation here.• Benefit Frequencies may be revised to reflect the Policyholder's plan.• This list of exclusions will appear as shown, may vary, or any of them may be omitted. Terminology may vary if the variation would not significantly change the basic nature of the exclusion.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
vision/cclens	VISION INSURANCE: SUPPLEMENTAL BENEFIT: ELECTIVE CONTACT LENSES		<p>This section will be included if the Policyholder requests that we provide this option. Otherwise, this section will be omitted. In addition, this section may vary as follows:</p> <ul style="list-style-type: none">• If there is no Out-of Network coverage, any reference to it will be omitted throughout the section.• The benefit may or may not be available for dependents or may be available only for Dependent Spouses. We will indicate that limitation here.• Benefit Frequencies may be revised to reflect the Policyholder's plan.• This list of exclusions will appear as shown, may vary, or any of them may be omitted. Terminology may vary if the variation would not significantly change the basic nature of the exclusion.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
vision/cvc	VISION INSURANCE: SUPPLEMENTAL BENEFIT: COMPUTER VISION CARE		<p>This section will be included if the Policyholder requests that we provide this option. Otherwise, this section will be omitted. In addition, this section may vary as follows:</p> <ul style="list-style-type: none">• If there is no Out-of Network coverage, any reference to it will be omitted throughout the section.• The benefit may be may available for dependents or may be available only for Dependent Spouses. We will indicate that limitation here.• Benefit Frequencies may be revised to reflect the Policyholder's plan.• This list of exclusions will appear as shown, may vary, or any of them may be omitted. Terminology may vary if the variation would not significantly change the basic nature of the exclusion.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
vision/diab	VISION INSURANCE: SUPPLEMENTAL BENEFIT: DIABETIC EYECARE PLUS PROGRAM		<p>This section will be included if the Policyholder requests that we provide this option. Otherwise, this section will be omitted. In addition, this section may vary as follows:</p> <ul style="list-style-type: none">• If there is no Out-of Network coverage, any reference to it will be omitted throughout the section.• The benefit may or may not be available for dependents or may be available only for Dependent Spouses. We will indicate that limitation here.• Benefit Frequencies may be revised to reflect the Policyholder's plan.• This list of exclusions will appear as shown, may vary, or any of them may be omitted. Terminology may vary if the variation would not significantly change the basic nature of the exclusion.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
vision/therapy	VISION INSURANCE: SUPPLEMENTAL BENEFIT: VISION THERAPY PLAN		<p>This section will be included if the Policyholder requests that we provide this option. Otherwise, this section will be omitted. In addition, this section may vary as follows:</p> <ul style="list-style-type: none">• If there is no Out-of Network coverage, any reference to it will be omitted throughout the section.• The benefit may or may not be available for dependents or may be available only for Dependent Spouses. We will indicate that limitation here.• Benefit Frequencies may be revised to reflect the Policyholder's plan.• This list of exclusions will appear as shown, may vary, or any of them may be omitted. Terminology may vary if the variation would not significantly change the basic nature of the exclusion.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
vision/safety	VISION INSURANCE: SUPPLEMENTAL BENEFIT: SAFETY EYECARE PLAN		<p>This section will be included if the Policyholder requests that we provide this option. Otherwise, this section will be omitted. In addition, this section may vary as follows:</p> <ul style="list-style-type: none">• If there is no Out-of Network coverage, any reference to it will be omitted throughout the section.• The benefit may be made available for dependents or may be available only for Dependent Spouses. We will indicate that limitation here.• Benefit Frequencies may be revised to reflect the Policyholder's plan.• This list of exclusions will appear as shown, may vary, or any of them may be omitted. Terminology may vary if the variation would not significantly change the basic nature of the exclusion.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
vision/ prosafety	VISION INSURANCE: SUPPLEMENTAL BENEFIT: PROTEC SAFETY PLAN		<p>This section will be included if the Policyholder requests that we provide this option. Otherwise, this section will be omitted. In addition, this section may vary as follows:</p> <ul style="list-style-type: none">• If there is no Out-of Network coverage, any reference to it will be omitted throughout the section.• The benefit may be made available for dependents or may be available only for Dependent Spouses. We will indicate that limitation here.• Benefit Frequencies may be revised to reflect the Policyholder's plan.• This list of exclusions will appear as shown, may vary, or any of them may be omitted. Terminology may vary if the variation would not significantly change the basic nature of the exclusion.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
vis/cob	VISION INSURANCE: COORDINATION OF BENEFITS		This section will be included if Vision Insurance is provided under the Policyholder's plan and we coordinate benefits. If we do not coordinate benefits, we will indicate that on the form VISION INSURANCE. This section may vary as necessary to reflect changes in state law.
		(1)	Item will appear as shown or may be omitted if the Policyholder's plan does not base any benefit payments on either the reasonable and customary charge or the negotiated fee.
		(2)	If the Policyholder's plan includes insurance for a child as a Dependent, item will appear as shown. Otherwise, item may be omitted.
		(3)	Item may appear as shown or may be omitted.
		(4)	Item will appear as shown or may be omitted.
		(5)	Item will appear as shown or may vary to reflect the Policyholder's requirements. Otherwise, item may be omitted.
		(6)	If the Policyholder's plan includes insurance for a child as a Dependent, item will appear as shown. Otherwise, item may be omitted.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
vis/claim	VISION INSURANCE: FILING A CLAIM	(1)	<p>This section will always be included.</p> <p>This will appear as show or may change as follows:</p> <ul style="list-style-type: none">• If the Policyholder's plan does not include Out-of-Network benefits any reference will be omitted from this section.• If the Policyholder's plan does not include the option of an assignment it will be omitted and any reference will be omitted from this section.• The web address and telephone number may be revised.
		(2)	<p>Item will appear as shown or we may substitute the name of another entity to whom the completed claim form must be submitted.</p>

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
vis/claimrev	VISION INSURANCE: PROCEDURES FOR VISION CLAIMS	(1)	This form will be included if Vision is provided under the Policyholder's plan. This section may vary as necessary to reflect changes in state law. Item will appear as shown or a different telephone number may be given.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
fp	CERTIFICATE FACE PAGE		This section will always be included with the appropriate variations as reflected below.
		(1)	Item will appear as shown or the text 'and Your Dependents' may be omitted if the Policyholder's plan does not cover both employees and dependents. If 'and Your Dependents' is omitted here, all references to dependents throughout the certificate will vary accordingly.
		(2)	Item will appear as shown, or it may vary to substitute "Employer" or other appropriate language for employer groups. If we do so, we will substitute such language for "Policyholder" throughout the certificate.
		(3)	Item will appear as shown in replacement situations, or it may vary to reflect specific replacement situations, or it may be omitted.
		(4)	Item will appear as shown or it may vary to state "TERM LIFE" or "ACCIDENT AND HEALTH" or "DISABILITY INCOME" or "DENTAL" or "VISION" to reflect the specific term life, accident and health and/or disability income insurance provided by the policy and certificate.
		(5)	Item will appear as shown, or it may vary to add or delete toll free numbers, as required for the administration of the Policyholder's plan. For example, if a Policyholder employs employees in all states, he may request regional toll free numbers or he may request a unique toll free number for his plan.
		(6)	The employee insurance specifications may appear as shown if the Policyholder requests that we issue a "name" certificate. If included, item may vary to add or delete specifications. For example, we may add the employee's address or the employee's work location. Item will be omitted if the Policyholder requests that we issue a "no-name" certificate.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
		(7)	<p>Item will appear as shown or it may vary to state "TERM LIFE" or "ACCIDENT AND HEALTH" or "DISABILITY INCOME" or "DENTAL" or "VISION" or any combination thereof; or to reflect the specific type of term life, accident and health, disability income, dental insurance or vision insurance provided by the certificate and policy.</p> <p>The following sentence may also be added if there is no insurance providing benefits in the event of sickness described in the certificate:</p> <p>If there are references to dental throughout the certificate we may substitute vision for dental.</p> <p>"THE INSURANCE DESCRIBED DOES NOT PROVIDE BENEFITS FOR LOSS CAUSED BY SICKNESS."</p>
		(8)	<p>Item will appear as shown, may be omitted, or may appear as an alternative to Variable Item (6). If this item appears as an alternative to Variable Item (6), the confirmation statement will be customized for each employee and will include more comprehensive employee insurance specifications, such as insurance benefits, amounts and effective dates.</p>
		(9)	<p>If any of the state notices apply to the insurance provided under the Policyholder's plan, item will appear as shown. If none of the notices apply, item will be omitted. Item may be expanded to include notices that are required by law to appear on the face page.</p>

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page def pages	Section DEFINITIONS	Variable	Explanation
def	Actively at Work/Active Work	(1)	<p>Item will appear as shown or it may vary to reflect the actively at work requirement of the Policyholder's Plan. Otherwise, item may be omitted.</p>
	Appropriate Care and Treatment	(2)	<p>If the term is used in the certificate, item will appear as shown. Otherwise, item may be omitted.</p>
	Child	(3)	<p>If the Policyholder's plan includes insurance for children as Dependents, item will appear as shown, the upper age limit for dependent children may be extended beyond age 26, or the definition may vary to:</p> <ul style="list-style-type: none"> • have coverage specific definitions; • eliminate the waiting period for newborns by deleting the text: "who is at least 1-15 days old"; • state the waiting period in terms of "weeks" or "months" instead of days. The time range if stated in terms of "weeks" or "months" is 1-15 weeks or months; • If the Policyholder's plan includes Dental or Vision Insurance for Dependents, the definition of Child will always include newborns; • eliminate the requirement that the child be "unmarried" for all or specific classes of dependent children; • eliminate the requirement that the child be "supported by you;" • eliminate the phrase "not employed on a full-time basis;" • eliminate the requirement that the child be "a full-time student" for all or specific classes of dependent children or modify the requirement so that coverage could be extended to either full-time or part-time students or to students who are enrolled for

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
			<p>more than a specified number of course or credit hours;</p> <ul style="list-style-type: none"> • extend the wording about students to add in provisions allowing continuation of coverage while students are on leaves of absence or other temporary absences from school; • vary the description of school to meet the Policyholder's plan requirements; • extend coverage to the employee's grandchildren (if grandchildren are covered, residency with the employee may or may not be required and if financial support is required, the amount of financial support required may vary); • extend such coverage to children who reside with the employee and are fully supported by the employee; • for coverages other than Dental or Vision insurance, extend coverage to children for whom the employee is the legally appointed guardian if the ward resides with and is supported by the employee (if such children are covered, the amount of financial support required may vary); • for Dental or Vision insurance, extend coverage to children for whom the employee is the legally appointed guardian - if extended, this coverage may require that the ward resides with and/or is supported by the employee (if such children are covered and financial support is required, the amount of financial support required may vary); • extend coverage to include coverage for children on whom the employee has initiated an application for adoption; • extend coverage to children who are blood relatives of the employee, reside with and are supported by the employee (if such children are covered, the amount of financial support required may vary); • for Dental or Vision insurance, extend coverage to foster children; • for Life or AD&D insurance extend coverage to foster children who reside with and are supported by the employee; • restrict coverage for stepchildren to stepchildren living with the employee; • eliminate coverage for stepchildren; • any of the bulleted exclusions following the lead in "the term does not include" may be omitted or changed to reflect the Policyholder's plan.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
			<p>If the Policyholder's plan does not include insurance for children as Dependents but a definition for "Child" is needed, the item may appear as shown or may be replaced by the following text:</p> <p>"Child means Your natural or adopted child" or "Child means Your natural or adopted child or stepchild" or "Child means Your natural or adopted child or stepchild or grandchild"</p> <p>Otherwise, item may be omitted.</p>
def-2	Common Carrier	(1)	Item will appear as shown or it may vary to meet the Policyholder's plan requirements. Otherwise, item may be omitted.
	Consumer Price Index	(2)	Item will appear as shown. Otherwise, item may be omitted.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
def-8	Cast Restoration	(1)	Item will appear as shown or other services may be included or omitted to reflect the requirements of the Policyholder's plan. Otherwise, item may be omitted.
	Co-Payment	(2)	If "Co-Payment" applies only to some services, the definition may vary to indicate the services to which it applies. If the term is not used in the certificate, item may be omitted. The term Co-Pay may be used instead of Co-Payment. The wording may state that "These amounts will be listed in the attached rider." For Vision insurance, we will replace it with "means a fixed dollar amount for which We are not responsible, as shown in the Schedule of Benefits. You must pay Your Co-Payment, if applicable, at the time services are rendered or materials ordered."
	Covered Percentage	(3)	Item will appear as shown or it may vary to reflect the requirements of the Policyholder's plan. For example, the term Reasonable and Customary Charge could be replaced with Maximum Allowed Charge. Furthermore, if "Covered Percentage" only applies to some services or to certain classes of insureds, the wording may be adjusted accordingly. If a Covered Percentage is not used to determine the amount we will pay, the item may be omitted.
	Covered Service	(4)	Item will appear as shown or it may vary to reflect the requirements of the Policyholder's plan. Item may list the specific Covered Services. If certain Covered Services are only covered on an In-Network basis, the wording may indicate those services. Otherwise, item may be omitted.
	Deductible	(5)	If the term is used in the certificate, item will appear as shown. If the term is used for Vision insurance, we will replace "Covered Services" with "Covered Services and Materials. Otherwise, item may be omitted. If "Deductible" applies only to some services, the definition will vary to indicate those services for which the term applies.
	Dental Hygienist	(6)	Listed exceptions will appear as shown, or may be included or excluded in any combination to reflect the Policyholder's plan. Otherwise, item may be omitted.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
	Dentist	(7)	Listed exceptions will appear as shown, or may be included or excluded in any combination to reflect the Policyholder 's plan.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
fp	CERTIFICATE FACE PAGE		This section will always be included with the appropriate variations as reflected below.
		(1)	Item will appear as shown or the text 'and Your Dependents' may be omitted if the Policyholder's plan does not cover both employees and dependents. If 'and Your Dependents' is omitted here, all references to dependents throughout the certificate will vary accordingly.
		(2)	Item will appear as shown, or it may vary to substitute "Employer" or other appropriate language for employer groups. If we do so, we will substitute such language for "Policyholder" throughout the certificate.
		(3)	Item will appear as shown in replacement situations, or it may vary to reflect specific replacement situations, or it may be omitted.
		(4)	Item will appear as shown or it may vary to state "TERM LIFE" or "ACCIDENT AND HEALTH" or "DISABILITY INCOME" or "DENTAL" or "VISION" to reflect the specific term life, accident and health and/or disability income insurance provided by the policy and certificate.
		(5)	Item will appear as shown, or it may vary to add or delete toll free numbers, as required for the administration of the Policyholder's plan. For example, if a Policyholder employs employees in all states, he may request regional toll free numbers or he may request a unique toll free number for his plan.
		(6)	The employee insurance specifications may appear as shown if the Policyholder requests that we issue a "name" certificate. If included, item may vary to add or delete specifications. For example, we may add the employee's address or the employee's work location. Item will be omitted if the Policyholder requests that we issue a "no-name" certificate.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
		(7)	<p>Item will appear as shown or it may vary to state “TERM LIFE” or “ACCIDENT AND HEALTH” or “DISABILITY INCOME” or “DENTAL” or “VISION” or any combination thereof; or to reflect the specific type of term life, accident and health, disability income, dental insurance or vision insurance provided by the certificate and policy.</p> <p>The following sentence may also be added if there is no insurance providing benefits in the event of sickness described in the certificate:</p> <p>If there are references to dental throughout the certificate we may substitute vision for dental.</p> <p>“THE INSURANCE DESCRIBED DOES NOT PROVIDE BENEFITS FOR LOSS CAUSED BY SICKNESS.”</p>
		(8)	<p>Item will appear as shown, may be omitted, or may appear as an alternative to Variable Item (6). If this item appears as an alternative to Variable Item (6), the confirmation statement will be customized for each employee and will include more comprehensive employee insurance specifications, such as insurance benefits, amounts and effective dates.</p>
		(9)	<p>If any of the state notices apply to the insurance provided under the Policyholder’s plan, item will appear as shown. If none of the notices apply, item will be omitted. Item may be expanded to include notices that are required by law to appear on the face page.</p>

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page def pages	Section DEFINITIONS	Variable	Explanation
def	Actively at Work/Active Work	(1)	<p>Item will appear as shown or it may vary to reflect the actively at work requirement of the Policyholder's Plan. Otherwise, item may be omitted.</p>
	Appropriate Care and Treatment	(2)	<p>If the term is used in the certificate, item will appear as shown. Otherwise, item may be omitted.</p>
	Child	(3)	<p>If the Policyholder's plan includes insurance for children as Dependents, item will appear as shown, the upper age limit for dependent children may be extended beyond age 26, or the definition may vary to:</p> <ul style="list-style-type: none"> • have coverage specific definitions; • eliminate the waiting period for newborns by deleting the text: "who is at least 1-15 days old"; • state the waiting period in terms of "weeks" or "months" instead of days. The time range if stated in terms of "weeks" or "months" is 1-15 weeks or months; • If the Policyholder's plan includes Dental or Vision Insurance for Dependents, the definition of Child will always include newborns; • eliminate the requirement that the child be "unmarried" for all or specific classes of dependent children; • eliminate the requirement that the child be "supported by you;" • eliminate the phrase "not employed on a full-time basis;" • eliminate the requirement that the child be "a full-time student" for all or specific classes of dependent children or modify the requirement so that coverage could be extended to either full-time or part-time students or to students who are enrolled for

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
			<p>more than a specified number of course or credit hours;</p> <ul style="list-style-type: none"> • extend the wording about students to add in provisions allowing continuation of coverage while students are on leaves of absence or other temporary absences from school; • vary the description of school to meet the Policyholder's plan requirements; • extend coverage to the employee's grandchildren (if grandchildren are covered, residency with the employee may or may not be required and if financial support is required, the amount of financial support required may vary); • extend such coverage to children who reside with the employee and are fully supported by the employee; • for coverages other than Dental or Vision insurance, extend coverage to children for whom the employee is the legally appointed guardian if the ward resides with and is supported by the employee (if such children are covered, the amount of financial support required may vary); • for Dental or Vision insurance, extend coverage to children for whom the employee is the legally appointed guardian - if extended, this coverage may require that the ward resides with and/or is supported by the employee (if such children are covered and financial support is required, the amount of financial support required may vary); • extend coverage to include coverage for children on whom the employee has initiated an application for adoption; • extend coverage to children who are blood relatives of the employee, reside with and are supported by the employee (if such children are covered, the amount of financial support required may vary); • for Dental or Vision insurance, extend coverage to foster children; • for Life or AD&D insurance extend coverage to foster children who reside with and are supported by the employee; • restrict coverage for stepchildren to stepchildren living with the employee; • eliminate coverage for stepchildren; • any of the bulleted exclusions following the lead in "the term does not include" may be omitted or changed to reflect the Policyholder's plan.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
			<p>If the Policyholder's plan does not include insurance for children as Dependents but a definition for "Child" is needed, the item may appear as shown or may be replaced by the following text:</p> <p>"Child means Your natural or adopted child" or "Child means Your natural or adopted child or stepchild" or "Child means Your natural or adopted child or stepchild or grandchild"</p> <p>Otherwise, item may be omitted.</p>
def-2	Common Carrier	(1)	Item will appear as shown or it may vary to meet the Policyholder's plan requirements. Otherwise, item may be omitted.
	Consumer Price Index	(2)	Item will appear as shown. Otherwise, item may be omitted.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
def-8	Cast Restoration	(1)	Item will appear as shown or other services may be included or omitted to reflect the requirements of the Policyholder's plan. Otherwise, item may be omitted.
	Co-Payment	(2)	If "Co-Payment" applies only to some services, the definition may vary to indicate the services to which it applies. If the term is not used in the certificate, item may be omitted. The term Co-Pay may be used instead of Co-Payment. The wording may state that "These amounts will be listed in the attached rider." For Vision insurance, we will replace it with "means a fixed dollar amount for which We are not responsible, as shown in the Schedule of Benefits. You must pay Your Co-Payment, if applicable, at the time services are rendered or materials ordered."
	Covered Percentage	(3)	Item will appear as shown or it may vary to reflect the requirements of the Policyholder's plan. For example, the term Reasonable and Customary Charge could be replaced with Maximum Allowed Charge. Furthermore, if "Covered Percentage" only applies to some services or to certain classes of insureds, the wording may be adjusted accordingly. If a Covered Percentage is not used to determine the amount we will pay, the item may be omitted.
	Covered Service	(4)	Item will appear as shown or it may vary to reflect the requirements of the Policyholder's plan. Item may list the specific Covered Services. If certain Covered Services are only covered on an In-Network basis, the wording may indicate those services. Otherwise, item may be omitted.
	Deductible	(5)	If the term is used in the certificate, item will appear as shown. If the term is used for Vision insurance, we will replace "Covered Services" with "Covered Services and Materials." Otherwise, item may be omitted. If "Deductible" applies only to some services, the definition will vary to indicate those services for which the term applies.
	Dental Hygienist	(6)	Listed exceptions will appear as shown, or may be included or excluded in any combination to reflect the Policyholder's plan. Otherwise, item may be omitted.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
	Dentist	(7)	Listed exceptions will appear as shown, or may be included or excluded in any combination to reflect the Policyholder 's plan.

ATTACHMENT A

FORMS CONTAINED IN THIS SUBMISSION

FORM NUMBER	GENERIC PRODUCT DESCRIPTION	GENERIC FORM DESCRIPTION
GCERT2000 notice/visrights (and accompanying Explanation of Variable Material)	Group Vision Insurance	Certificate form
GCERT2000 def-10-11 (and accompanying Explanation of Variable Material)	Group Vision Insurance	Certificate form
GCERT2000 vision (and accompanying Explanation of Variable Material)	Group Vision Insurance	Certificate form
GCERT2000 vis/covserv (and accompanying Explanation of Variable Material)	Group Vision Insurance	Certificate form
GCERT2000 vis/exclusions (and accompanying Explanation of Variable Material)	Group Vision Insurance	Certificate form
GCERT2000 vision/low (and accompanying Explanation of Variable Material)	Group Vision Insurance	Certificate form
GCERT2000 vision/cclens (and accompanying Explanation of Variable Material)	Group Vision Insurance	Certificate form
GCERT2000 vision/cvc (and accompanying Explanation of Variable Material)	Group Vision Insurance	Certificate form
GCERT2000 vision/diab (and accompanying Explanation of Variable Material)	Group Vision Insurance	Certificate form
GCERT2000 vision/therapy (and accompanying Explanation of Variable Material)	Group Vision Insurance	Certificate form
GCERT2000 vision/safety (and accompanying Explanation of Variable Material)	Group Vision Insurance	Certificate form

<p>GCERT2000 vision/prosafety (and accompanying Explanation of Variable Material)</p>	<p>Group Vision Insurance</p>	<p>Certificate form</p>
<p>GCERT2000 vis/cob (and accompanying Explanation of Variable Material)</p>	<p>Group Vision Insurance</p>	<p>Certificate form</p>
<p>GCERT2000 vis/claim (and accompanying Explanation of Variable Material)</p>	<p>Group Vision Insurance</p>	<p>Certificate form</p>
<p>GCERT2000 vis/claimrev (and accompanying Explanation of Variable Material)</p>	<p>Group Vision Insurance</p>	<p>Certificate form</p>

ATTACHMENT B

The following is a listing of each form included in this submission, and a brief explanation of when such insert form will be included in a certificate which provides group vision insurance.

GCERT2000 Vision Insurance Forms Included in This Submission

Form Number	When Forms Will Be Included
GCERT2000 notice/visrights	Will be included whenever vision coverage is elected by the Policyholder.
GCERT2000 def-10-11	Will be included whenever vision coverage is elected by the Policyholder.
GCERT2000 vision	Will be included whenever vision coverage is elected by the Policyholder.
GCERT2000 vis/covserv	Will be included whenever vision coverage is elected by the Policyholder.
GCERT2000 vis/exclusions	Will be included whenever vision coverage is elected by the Policyholder.
GCERT2000 vision/low	Will be included whenever elected by the Policyholder.
GCERT2000 vision/cclens	Will be included whenever elected by the Policyholder
GCERT2000 vision/cvc	Will be included whenever elected by the Policyholder.
GCERT2000 vision/diab	Will be included whenever elected by the Policyholder
GCERT2000 vision/therapy	Will be included whenever elected by the Policyholder.
GCERT2000 vision/safety	Will be included whenever elected by the Policyholder
GCERT2000 vision/prosafety	Will be included whenever elected by the Policyholder.
GCERT2000 vis/cob	Will be included whenever elected by the Policyholder
GCERT2000 vis/claim	Will be included whenever vision coverage is elected by the Policyholder.
GCERT2000 vis/claimrev	Will be included whenever vision coverage is elected by the Policyholder

Metropolitan Life Insurance Company
1095 Avenue of the Americas
New York, New York 10036
Tel 212-578-7995
INTERNET ADDRESS jtigro@metlife.com



Joseph Tigro
Group and SBC Contracts & Compliance Division

May 5, 2012

Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: GCERT2000 Series- Group Health Insurance Forms
Group Vision Certificate Series
Our NAIC No. is 65978
Our FEIN is 13-5581829
Our Filing No. NY 12-21
Your Objection Letter Dated April 27, 2012

Dear Ms. Lambert:

We are in receipt of your objection letter dated April 27, 2012. Thank you for your comments. We have enclosed a revised "GCERT2000 vis/claimrev" and a redlined version to track its changes for your convenience.

Comment 1: Please remove "prior to the Covered Person exhausting his/her rights under this Policy" from the first sentence; and remove the second sentence entirely.

We have removed the requested language in the first sentence and deleted the second sentence in its entirety.

Comment 2: Please revise the Insurance Fraud provision, also on page 23, to more closely mirror ACA 23-66-503(a).

We have revised the "Insurance Fraud" provision to closely mirror the cited statute.

If you have any questions or comments regarding this filing, please feel free to contact me via telephone (212-578-7995) or e-mail (jtigro@metlife.com).

Very truly yours,

A handwritten signature in black ink that reads "Joseph Tigro". The signature is written in a cursive, flowing style.

Joseph Tigro
Senior Analyst – Contracts Development

VISION INSURANCE: PROCEDURES FOR VISION CLAIMS

Routine Questions on Vision Insurance Claims

- (1) If there is any question about a claim payment, an explanation may be requested from [MetLife by dialing xxxxxxxxxx.]

Claim Denial Appeals

If a claim is denied in whole or in part, under the terms of this certificate, a request may be submitted to Us by a Covered Person or a Covered Person's authorized representative for a full review of the denial. A Covered Person may designate any person, including their provider, as their authorized representative. References in this section to "Covered Person" include the Covered Person's authorized representative, where applicable.

Initial Appeal. All requests for review must be made within one hundred eighty (180) calendar days following denial of a claim. A Covered Person may review, during normal business hours, any documents used by Us pertinent to the denial. A Covered Person may also submit Written comments or supporting documentation concerning the claim to assist in Our review. Our response to the initial appeal, including specific reasons for the decision, shall be communicated to the Covered Person within thirty (30) calendar days after receipt of the request for the appeal.

Second Level Appeal. If a Covered Person disagrees with the response to the initial appeal of the denied claim, the Covered Person has the right to a second level appeal. A request for a second level appeal must be submitted to Us within sixty (60) calendar days after receipt of Our response to the initial appeal. We shall communicate Our final determination to the Covered Person within thirty (30) calendar days from receipt of the request, or as required by any applicable state or federal laws or regulations. Our communication to the Covered Person shall include the specific reasons for the determination.

Other Remedies. When a Covered Person has completed the appeals stated herein, additional voluntary alternative dispute resolution options may be available, including mediation or arbitration. Additional information is available from the U.S. Department of Labor or the insurance regulatory agency for the Covered Persons' state of residency. Additionally, under the provisions of ERISA (Section 502(a)(1)(B) 29 U.S.C. 1132(a)(1)(B)), the Covered Person has the right to bring a civil action when all available levels of reviews, including the appeal process, have been completed. ERISA remedies may apply in those instances where the claims were not approved in whole or in part as the result of appeals under this Policy and the Covered Person disagrees with the outcome of such appeals.

Time of Action. No action in law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) calendar days after the claim and any applicable documentation has been filed with Us. No such action shall be brought after the expiration of three (3) years from the last date that the claim and any applicable invoices were submitted to Us, and no such action shall be brought at all unless brought within three (3) years from the expiration of the time within which such materials are required to be submitted in accordance with the terms of this Policy.

Deleted: prior to the Covered Person exhausting his/her rights under this Policy and/or

Deleted: No such action shall be brought after the expiration of any applicable statute of limitations, in accordance with the terms of this Policy.

Insurance Fraud: Any Covered Person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Deleted: Any Covered Person who intends to defraud, knowingly facilitates a fraud, submits a claim containing false or deceptive information, or who commits any other similar act as defined by applicable state or federal law, is guilty of insurance fraud. Such an act is grounds for immediate termination of the coverage under this Policy of the Covered Person committing such fraud.

