

It's time to
enroll for your
benefits

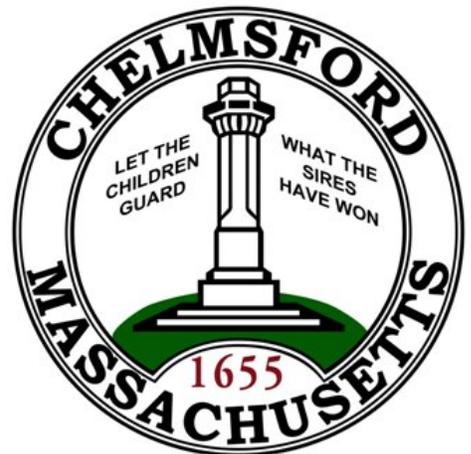


The Town Of Chelmsford

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

- Vision Benefits

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



Why vision insurance makes sense

Stay well. Stay healthy. Save more.

Vision insurance for healthy savings.

With MetLife Vision, you could enjoy discounts on vision wear and services. You also get support to live healthier. Through an exam, eye doctors are often the first to detect signs of serious health problems.¹

It's simple.

- You save on exams, glasses, contact lenses, laser vision correction and more.²
- There are no out-of-pocket costs on polycarbonate (shatter-resistant) lenses for children up to age 18 or for ultraviolet (UV) coating.³
- Take advantage of fixed copays for scratch-resistant and anti-reflective coatings, progressive lenses and more.³
- The plan is easy to use. When you go to a participating vision specialist there are no claims to file. You don't even need an ID card.

A big network means more options.

- You can go to any licensed vision care specialist or choose from a large network of ophthalmologists, optometrists and opticians at private practices or retail locations like Costco[®] Optical, America's Best, Cohen's Fashion Optical, Eyeglass World, For Eyes Optical, Pearle Vision,⁴ Shopko, Visionworks and more.
- MetLife's network recently expanded to include Walmart Vision Centers and Sam's Club Optical Centers as access points for your benefits⁵

Get the style you want.

- Choose from classic styles to the latest designer frames — and select what's right for you and your budget.
- Some of the great brands to choose from include Anne Klein, bebe[®], Calvin Klein, Flexon, Lacoste, Nike, Nine West and more.

Sample Savings:

Vision Service ⁵	Your cost without MetLife's Vision Plan	Your cost with MetLife's Vision Plan	You save ⁶
Eye Exam	\$154.29	\$10 (copay)	\$144.29
Materials Copay	N/A	\$25 (copay)	N/A
Frame	\$179.95	\$39.96	\$139.99
Lenses (Bifocal)	\$147.75	\$0	\$147.75
UV Coating	\$22	\$0	\$22
Anti-Reflective Coating	\$110	\$69	\$41
Annual Premium ⁷	N/A	\$84	N/A
Total Cost of Services	\$613.99	\$227.96	\$495.03

Now that you know how vision insurance can help you save, take a few minutes to enroll today!

1. Why Are Eye Exams Important? <http://www.allaboutvision.com/eye-exam/importance.htm>, Accessed February 2018.
2. Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Laser vision care discounts are only available from in-network contracted facilities. Your actual savings by enrolling in the MetLife Vision Plan will depend on various factors, including plan premiums, number of visits by your family per year and the cost of services rendered. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.
3. All lens enhancements are available at participating private practices. Please note that maximum copays and pricing are subject to change without notice. Check with your provider for details and copays applicable to your lens choice. Please contact your local Costco to confirm the availability of lens options and pricing prior to receiving services. Additional discounts may not be available in certain states.
4. Not all Pearle Vision locations participate in the MetLife Vision program. Please visit metlife.com to confirm participating locations by using our online directory.
5. Vision benefits offered through Walmart and Sam's Club will be available 08/01/2019 for participants in all states except Arkansas. Vision benefits offered through Walmart and Sam's Club will be available to participants in Arkansas beginning 01/01/2020.
6. Comparison is based on national averages and most commonly purchased brands.
7. These are sample savings only. Your actual savings by enrolling in the MetLife Vision Plan will depend on various factors, including plan premiums, number of visits by your family per year and the cost of services rendered. Be sure to review your Schedule of Benefits for your plan's specific benefits and other important details.
8. [Based on employee-only rate for M130-10/25 standard plan design with employees nationwide.]

Vision benefits are underwritten by Metropolitan Life Insurance Company (MetLife), New York, NY. Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

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

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The information below explains certain terms and information to make it easier for you to understand and use your benefits.

1. In-Network: When you visit vision care specialists participating in the MetLife Vision plan, either through a private practice or retail chain location.

2. Copay: Refers to the amount in the Schedule of Benefits for covered services that you are required to pay your participating vision care specialist at the time of treatment.

3. Frequency: How often you can get an exam or eyewear.

4. Eye Exam: Comprehensive examination of visual functions and prescription of corrective eyewear if necessary. Including but not limited to:

- Eye Health Examination;
- Dilation; and
- Refraction and Prescription for Glasses

		Frequency
1	In-network benefits There are no claims for you to file when you go to a participating vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.	
2	Eye exam • Eye health exam, dilation, prescription and refraction for glasses: Covered in full after a \$XX copay. • Retinal imaging: Up to a \$39 copay on a routine retinal screening performed by a private practice.	Once every XX months
3	Frame • Allowance: \$XXX after \$XX eyewear copay • Co-ins: \$XXX allowance after \$XX eyewear copay You will receive an additional 20% savings on the amount that you pay over your allowance. This offer is available from all participating locations except Co-ins.	Once every XX months
4	Standard corrective lenses • Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after \$XX eyewear copay.	Once every XX months
5	Standard lens enhancements* • Polycarbonate (child up to age 18) and Ultraviolet (UV) coating: Covered in full after \$XX eyewear copay. • Progressive, Polycarbonate (adult), Photochromic, Anti-reflective and Scratch-resistant coatings and Tints. Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at www.metlife.com/mybenefits .	Once every XX months
6	Contact lenses (instead of glasses) • Contact fitting and evaluation: Covered in full with maximum copay of \$XXX • Elective lenses: \$XXX allowance • Necessary lenses: Covered in full.	Once every XX months
7	Out-of-network benefits You pay for services and then submit a claim for reimbursement. The same benefit frequencies for in-network benefits apply. Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefits information.	

5. Frame Allowance: The amount MetLife provides toward the cost of your frame.

6. Standard Corrective Lenses: Standard lenses that are covered under the plan.

- **Single Vision:** Types of lenses that correct one vision problem, like near or far-sightedness.
- **Lined Bifocal:** Types of lenses that use two different distinct powers in each lens, usually for near and distance vision correction.
- **Lined Trifocal:** Types of lenses that have three regions to correct for distance, intermediate (arm's length), and near vision.
- **Lenticular:** Types of lenses that have an array of magnifying lenses, designed so that when viewed from slightly different angles, different images are magnified.

7. Standard Lens Enhancements:⁶ Lens enhancements improve the appearance, durability and/or function of your glasses.

- **Ultraviolet Coating:** A treatment that is applied to lenses to filter out harmful rays of the sun. It is recommended that glasses block 100% of both UVA and UVB rays to minimize eye damage from the sun's rays.
- **Polycarbonate Lenses:** A lens material that is thinner, lighter, and more impact resistant than standard plastic. Polycarbonate lenses are the standard for children's eyewear.
- **Standard Progressive:** Bi-focal or multi-focal lenses with no visible lines where the lens power gradually changes from distance to near.
- **Scratch-Resistant Coating:** A film or coating that protects lenses from scratching.

- **Standard Anti-Reflective Coating:** A lens treatment for your glasses that helps to reduce distracting glare and eye fatigue by reducing the amount of light reflecting off the lens surface and making the lenses appear clearer. Your eyes will also be more visible behind the lenses.
- **Photochromic:** Refers to lenses that automatically change from clear to dark in the presence of ultraviolet (UV) radiation.

8. Contact Lenses

- **Fitting and Evaluation:** The goal of a contact lens fitting is to find the most appropriate contact lens for optimal comfort and vision. Contacts come in a variety of types, styles, materials and sizes.
- **Fitting Fee:** The charge associated with the contact lens fitting. This fee is separate from the standard Eye Exam. The contact lens fitting fee is charged for:
 - The initial assessment of the power, diameter, material, and base curve (essentially parameters) of the lens best fitted for the patient.
 - Follow up exams necessary to ensure that the contact lenses are the right fit and prescription.
 - Final prescription for dispensing.
- **Elective Lenses:** If available on your plan, you may choose to wear contact lenses in lieu of glasses as your vision correction.
- **Necessary:** Necessary Contact Lenses are a Plan Benefit when specific benefit criteria are satisfied and when prescribed by the Covered Person's participating vision care specialist. Contact Lenses are provided in place of spectacle lens and frame benefits available.

9. Out-Of-Network: When you visit an out-of-network vision care specialist, you are responsible for the services provided. You will typically pay for the full cost of the treatment at the time of the visit, then submit a claim form for reimbursement from MetLife.

10. Allowance: The amount MetLife provides toward the cost of your eye examination or eyewear.

¹ Your actual savings by enrolling in a MetLife Vision Plan will depend on various factors, including plan premiums, number of visits by your family per year to an eyecare professional and the cost of services and materials received. Be sure to review the enclosed Schedule of Benefits for your plan's specific benefits and other important details.

² Comparison is based on national averages and most commonly purchased brands.

³ Based on employee-only rate for M130-10/25 standard plan design with employees nationwide.

⁴ Not all Pearle Vision locations participate in the MetLife Vision program. Visit MetLife.com or MetLife's MyBenefits website to confirm participating locations.

⁵ Sam's Club and Walmart are in-network in Arkansas effective January 1, 2020.

⁶ All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco to confirm the availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

⁷ Some brands of spectacle frames may be unavailable for purchase as Plan Benefits, or may be subject to additional limitations.

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We're here to help

With MetLife, you get support and educational tools to help you achieve your vision health goals.

We are at your service

Managing your benefits is easy. You can use MyBenefits, your secure self-service website, to help you manage your vision benefits. You can take advantage of a number of self-service features:

- View personalized benefit information, including eligibility and claims history
- Find a participating provider, including maps, office hours, and contact information
- Download/print your personalized member vision card
- View past services
- Link your benefits with online store Eyeconic® for all your eyewear needs

As a first time user, go to MyBenefits at www.metlife.com/mybenefits and follow the easy registration instructions.

Find a participating eye care professional

You usually save more when you stay in-network for services¹. So it is good to know that with this plan you have access to thousands of participating private practice and retail ophthalmologists, optometrists and opticians. Choose from convenient locations like Costco Optical, America's Best, Cohen's Fashion Optical, Eyeglass World, Pearle Vision, Sam's Club, Visionworks, Walmart and more.²

To locate a MetLife vision care specialist 24 hours a day, seven days a week, go to www.metlife.com/mybenefits and click on find a Vision Provider or call MetLife Vision at 1-855-MET-EYE1 (1-855-638-3931) for access to our 24/7 Interactive Voice Response system.

Your eye doctor's office can also use the information below to check your plan benefits:

- Private practices — Check eligibility through eyefinity.com or call 1-800-615-1883
- Retail chain locations — Check eligibility through 2020source or call 1-866-773-3260

Prior to enrollment

Visit www.metlife.com to locate a MetLife vision care specialist near you. Just click on find a Vision Provider.

Using your benefits is easy

Whether you choose to stay in-network or not, using your vision coverage is simple and convenient.

- Visit www.metlife.com/mybenefits to find a participating vision care specialist who is right for you.
- Review your plan coverage before your appointment.
- At your appointment, tell them you have the MetLife Vision plan. No ID card is necessary.

That is it! MetLife will handle the rest – there are no claim forms to complete when you see an in-network provider. That is how simple it is!

If you visit an out-of-network vision care specialist, you pay the office in full for the services and eyewear received at the time of your appointment, including taxes. Then you submit a completed MetLife Vision claim form and itemized receipt to: MetLife Vision Claims, P.O. Box 385018, Birmingham, AL 35238-5018. Claim forms are available at www.metlife.com/mybenefits — click on MetLife Vision or call Customer Service 1-855-MET-EYE1 (1-855-638-3931). Alternatively, you may complete an online version of the out-of-network claim form online and upload a copy of your receipt there for a seamless online experience.

¹Your actual savings by enrolling in the MetLife Vision plan will depend on various factors, including plan premiums, number of visits by your family per year to an eyecare professional and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.

²Not all Pearle Vision locations participate in the MetLife Vision program. Visit MetLife.com or MetLife's MyBenefits website to confirm participating locations. Sam's Club and Walmart are in-network in Arkansas effective January 1, 2020.

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



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Vision Plan Summary

Metropolitan Life Insurance Company

With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical, Walmart, Sam's Club and Visionworks.

In-network value added features:

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

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

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

In-network benefits

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

	Frequency
Eye exam	Once every 12 months
<ul style="list-style-type: none"> • Eye health exam, dilation, prescription and refraction for glasses: Covered in full after a \$10 copay. • Retinal imaging: Up to a \$39 copay on routine retinal screening when performed by a private practice provider. 	

Frame	Once every 24 months
<ul style="list-style-type: none"> • Allowance: \$200 after \$25 eyewear copay. • Costco, Walmart and Sam's Club: \$110 allowance after \$25 eyewear copay. You will receive an additional 20% savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club. 	

Standard corrective lenses	Once every 12 months
<ul style="list-style-type: none"> • Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after \$25 eyewear copay. 	

Standard lens enhancements¹	Once every 12 months
<ul style="list-style-type: none"> • Polycarbonate (child up to age 18) and Ultraviolet (UV) coating: Covered in full after \$25 eyewear copay. • Progressive Standard, Progressive Premium/Custom, Polycarbonate (adult), Photochromic, Anti-reflective, Scratch-resistant coatings and Tints: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at www.metlife.com/mybenefits. 	

Contact lenses	Once every 12 months
<ul style="list-style-type: none"> • Contact fitting and evaluation: Covered in full. • Elective lenses: \$200 allowance. • Necessary lenses: Covered in full after eyewear copay. 	

We're here to help

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

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

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

Second Pair

This benefit gives you additional eyewear coverage. You can get:

- Two pairs of prescription eyeglasses, or
 - One pair of prescription eyeglasses and an allowance toward contact lenses, or
 - Double your contact lens allowance
-

Out-of-network reimbursement

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

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

Exclusions and Limitations of Benefits

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

Services and Eyewear

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

- Services and materials obtained while outside the United States, except for emergency vision care.
- Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
- Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
- Services, to the extent such services, or benefits for such services, are available under a Government Plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Vision Insurance under the Group Policy be paid first. Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government. The term does not include any plan, program, or coverage provided by a government as an employer or Medicare.
- Plano lenses (lenses with refractive correction of less than $\pm .50$ diopter).
- Two pairs of glasses instead of bifocals.
- Replacement of lenses, frames and/or contact lenses, furnished under this Plan which are lost, stolen, or damaged, except at the normal intervals when Plan Benefits are otherwise available.
- Contact lens insurance policies and service agreements.
- Refitting of contact lenses after the initial (90 day) fitting period.
- Contact lens modification, polishing, and cleaning.

Treatments

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

Medications

- Prescription and non-prescription medication

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

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

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

M200D-10/25-P

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

Frequently asked questions

How do I use my benefits?

Whether you choose to see an in-network provider or not, using your vision coverage is simple and convenient.

- Select Find a Vision Provider at www.metlife.com/mybenefits to find an eye care provider who is right for you.
- Review your plan coverage before your appointment.
- At your appointment, tell them you have MetLife Vision. No ID card is necessary.

There are no claim forms to complete when you see an in-network provider. If you visit an out-of-network provider, you will pay the provider in full for the services and eyewear received at the time of your appointment, including taxes. Then submit a completed MetLife Vision claim form and itemized receipt to: MetLife Vision Claims, PO Box 385018, Birmingham, AL 35238-5018.

Do I have to visit a participating vision care specialist to get coverage?

No. You can visit any provider. However, your out-of-pocket costs are usually lower when you visit an in-network provider.

Do my dependents have to visit the same doctor that I select?

No. You and your dependents each have the freedom to choose any provider.

Do I need to file a claim?

Not if you visit a network provider. If you stay in-network for care, the network provider will confirm your eligibility, submit the claim and calculate your out-of-pocket costs, if any, at the time of service. MetLife's network recently expanded to include Walmart Vision Centers and Sam's Club Optical Centers.¹

If you visit an out-of-network provider, you pay the provider in full for the services and eyewear received at the time of your appointment, including taxes. Then you submit a completed MetLife Vision claim form and itemized receipt to: MetLife Vision Claims, PO Box 385018, Birmingham, AL 35238-5018.

Claim forms are available at www.metlife.com/mybenefits or call Customer Service 1-855-MET-EYE1 (1-855-638-3931)-855-978-EYES (3937).

How do I locate a vision care specialist?

With this plan, you have access to thousands of private practice optometrists, ophthalmologists and opticians – credentialed according to National Committee of Quality Assurance (NCQA) standards – as well as top retail optical providers, like Costco Optical, Visionworks, and more. You have the convenience to choose based upon your needs and preferences at the time of service. To locate a MetLife Vision network provider 24 hours a day, seven days a week, select Find a Vision Provider at www.metlife.com/vision or call MetLife Vision at 1-855-MET-EYE1 (1-855-638-3931)-855-978-EYES (3937) for access to our 24/7 Interactive Voice Response system.

How can I check if a claim has been processed?

If you used your benefits at an in-network provider, you do not need to check the status of a claim, as we will work with your provider directly. If you filed an out-of-network claim, simply visit www.metlife.com/mybenefits, our secure member website, to check your claim history.

Do I need an ID card in order to use my benefits?

No. You do not need an ID card in order to get services through your vision plan.

I've used up my benefit, but would like to get another pair of eyeglasses. Are there any additional savings available?

Yes. Your vision plan includes discounts on additional services from participating private practice providers, including 20% off complete pairs of prescription eyeglasses and sunglasses. Go to www.metlife.com/mybenefits to view the full details of the additional discounts available.

Do I have to choose from a select set of eyewear or can I choose any eyewear and apply my benefits?

You can choose the eyewear that is right for you and your budget. All network private practice and retail locations offer a broad spectrum of eyewear options. From classic styles to the latest designer frames, you will find hundreds of options for you and your family.

Are contact lenses covered under this plan?

Yes. Either contact lenses or glasses are allowed within the benefit frequency defined in your Schedule of Benefits.

Can I order my contact lenses through the mail?

MetLife is pleased to offer online purchasing of contact lenses through www.eyeconic.com, an online retailer of both eyeglasses and contact lenses that is in-network for MetLife Vision members. Visit Eyeconic to link to your MetLife benefits to automatically apply them as you shop. Note that other online/mail-order vendors are out of network and would require you to submit your claim and receipts to MetLife for reimbursement.

Is laser vision correction covered under this plan?

MetLife Vision's Laser Vision Care Program provides members with discounts through contracted laser facilities. Discounts average 15% off or 5% off a promotional offer for laser vision surgery, including PRK, LASIK and Custom LASIK*.

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

Can I get an eye examination from one provider and my glasses or contact lenses from another?

Yes. Your MetLife Vision benefits allow you to get an eye examination from one provider and your glasses or contact lenses from another. You will need to check with your provider to see what your policy is for filling another doctor's prescription. However, please note, under this plan, only one lens benefit (either glasses or contact lenses) is allowed per frequency.

Can I apply FSA funds to out-of-pocket costs after my vision benefit is applied?

Yes. You can generally use your Flexible Spending Account (FSA) to pay for a variety of health-related out-of-pocket expenses, including some associated with ancillary benefits like this plan.

1. 5. Vision benefits offered through Walmart and Sam's Club will be available 08/01/2019 for participants in all states except Arkansas. Vision benefits offered through Walmart and Sam's Club will be available to participants in Arkansas beginning 01/01/2020.

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Required Regulatory Information

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

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

The companies listed in this communication operate independently and are not responsible for each other's financial obligations.

METLIFE U.S. CONSUMER PRIVACY NOTICE — GROUP BUSINESS & SPECIALIZED BENEFIT RESOURCES

Facts:	What Do the MetLife Companies Do With Your Personal Information?
Plan Sponsors and Group Insurance Contract Holders	This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, group insurance or annuity contract, or as an executive benefit. In this notice, “you” refers to these individuals.
Why?	Financial companies choose how they share your personal information. The law gives consumers the right to limit some but not all sharing. The law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none"> • Social Security number and employment information • income and assets • driving record • credit information and other consumer report information • medical information and insurance history • information about any business you have with us, our affiliates, or other companies
How Does MetLife Get Your Information?	We collect personal information from you as well as through third parties. We also use outside sources to help ensure our records are correct and complete. Third parties include consumer reporting agencies, employers, other financial institutions and adult relatives. Information collected may be kept by the consumer reporting agency and later given to others as permitted by law. We don’t control the accuracy of information outside sources give us. If you want to make changes to information we receive about you, you must contact those sources. If we have asked for a consumer report about you, and you write or call us, we will give you the name, address, and phone number of the consumer reporting agency. The agency will give you a copy of the report, if you ask the agency and provide proper identification. Consumer reports may tell us about a lot of things, including: <ul style="list-style-type: none"> • reputation • work history • driving record • finances • hobbies and dangerous activities <p>In some limited circumstances, we may ask an agency for an investigative report about you. They will ask others about you. We will ask them to contact you as well.</p>
How Does MetLife Use Your Information?	We collect personal information to help decide if you’re eligible for our products or services. We may also use it to help deter fraud or money laundering. How we use this information depends on what products and services you have or want from us. We may also use it to: <ul style="list-style-type: none"> • administer your products and services • market new products to you • confirm or correct your information • help us run our business • process claims and other transactions • comply with applicable laws • perform business research
How Does MetLife Protect Your Information?	We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our service providers must also protect it, and use it only to meet our business needs. We take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.
Reasons MetLife Shares Your Information	All financial companies need to share personal information to run their everyday business. We may share your personal information with others with your consent, by agreement, or as permitted or required by law. We may share your personal information without your consent if permitted or required by law. For example, we may share your information with our sales agents and businesses hired to carry out services for us. We may share your information with our regulators or with law enforcement. If you have MetLife products because of your relationship with an employer, association or other sponsoring organization, we may share information with it and its agents as permitted by law. In the section below, we list the reasons financial companies can share their customers’ personal information; the reasons MetLife chooses to share; and whether you can limit this sharing.

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

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



ENROLLMENT • CHANGE FORM

SECTION 1: Group Customer Information *(To be Completed by the Recordkeeper)*

Name of Group Customer/Employer <i>The Town of Chelmsford</i>	Group Customer Number <i>5953670</i>	Division	Class	Dept Code
Date of hire <i>(mm/dd/yyyy)</i>	Coverage Effective Date <i>(mm/dd/yyyy)</i>			
Original COBRA Effective Date <i>(if applicable, mm/dd/yyyy)</i>		COBRA Termination Date <i>(if applicable, mm/dd/yyyy)</i>		

SECTION 2: Your Enrollment Information *(To be Completed by the Employee in blue or black ink)*

First Name	Middle Name	Last Name		
SSN	Date of birth <i>(mm/dd/yyyy)</i>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married	
Address	City	State	ZIP	
Job title	Hours worked per week			
<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change in Enrollment <input type="checkbox"/> COBRA Continuation If due to a Qualifying Event, enter date <i>(mm/dd/yyyy)</i>				

- ▶ I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand that contributions are required for the benefits I select below.
- ▶ The following disclosure is required by New Mexico law: **This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage. If you do not have other health insurance coverage, you may be subject to a federal tax penalty.**
- ▶ If you are enrolling after the initial enrollment period, please refer to the Declarations and Signature section of this enrollment form to determine the evidence of insurability and late entrant requirements. If evidence of insurability is required for a coverage you are electing, you must complete a Statement of Health form for all amounts you are requesting.

**GEF02-1
ADM**

*(The form number above applies to residents of all states except as follows: Form number **GEF09-1** applies to residents of Montana;*

GEF02-1

ADM applies to residents of North Dakota and Utah)

Vision Insurance

Vision Option

Select your level of coverage

Employee Only

Employee + 1 Dependent (Spouse or Child)

Employee + 2 Dependents (Spouse and Child(ren))

¹ For California, Vermont and Washington State residents, Spouse includes your registered Domestic Partner if you and your Domestic Partner are registered as domestic partners, civil union partners or reciprocal beneficiaries with a government agency or office where such registration is available.

SECTION 3: Dependent Information

If you are applying for coverages for your Spouse and/or Child(ren), please provide the information requested below.

Name of your Spouse <i>(first, middle, last)</i>	Date of birth <i>(mm/dd/yyyy)</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name(s) of your Child(ren) <i>(first, middle, last)</i>	Date of birth <i>(mm/dd/yyyy)</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female

Check here if you need more lines. Provide the additional information on a separate piece of paper and return it with your enrollment form.

GEF02-1

ADM

*(The form number above applies to residents of all states except as follows: Form number **GEF09-1** applies to residents of Montana;*

GEF02-1

ADM applies to residents of North Dakota and Utah)

SECTION 4: Fraud Warnings

Before signing this enrollment form, please read the warning for the state where you reside and for the state where the contract under which you are applying for coverage was issued.

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia: Any 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.

GEF09-1

FW

*(The form number above applies to residents of all states except as follows: Form number **GEF09-1** applies to residents of Montana;*

GEF09-1

FW applies to residents of North Dakota and Utah)

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies to the extent required by applicable law.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kansas and Oregon: Any person who knowingly presents a materially false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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

New Jersey: Any person who files an application containing any false or misleading information is subject to criminal and civil penalties.

New York (only applies to Accident and Health Insurance): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

GEF09-1

FW

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GEF09-1

***FW** applies to residents of North Dakota and Utah)*

SECTION 5: Declarations and Signature

By signing below, I acknowledge:

1. I have read this enrollment form and declare that all information I have given is true and complete to the best of my knowledge and belief.
2. I declare that I am actively at work on the date I am enrolling.
3. I understand that if I do not enroll for vision coverage during the initial enrollment period, I cannot enroll for such coverage until the next annual enrollment period.
4. I authorize my employer to deduct the required contributions from my earnings for my coverage. This authorization applies to such coverage until I rescind it in writing.
5. I affirmatively decline coverage for any benefits for which I am eligible which I do not request on this enrollment form.
6. I have read the applicable Fraud Warning(s) provided in this enrollment form.

Sign Here	Signature of Employee		Date signed (<i>mm/dd/yyyy</i>)
	Print First Name	Print Middle Name	Print Last Name

**GEF09-1
DEC**

*(The form number above applies to residents of all states except as follows: Form number **GEF09-1** applies to residents of Montana;*

**GEF09-1
DEC** *applies to residents of North Dakota and Utah)*

How to submit this form

After completion, make a copy for your records and return the original to your employer.

Notes

Benefit Identification (ID) Cards

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

Front

Back

Vision Identification Card

Employee Name	Employee ID
The Town Of Chelmsford	5953670
Group Name	Group Number

This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.



Vision Identification Card

Employee Name	Employee ID
The Town Of Chelmsford	5953670
Group Name	Group Number

This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.



www.metlife.com/mybenefits

- Locate a participating eye doctor or print your ID card.
- Review benefits information and past services.
- Obtain claims forms and educational information.
- **Providers:** Check eligibility through eyefinity.com or call 1-800-615-1883.
- **Retail chain locations:** Check eligibility through 2020source.com or call 1-866-773-3260.

1-800-GET-MET8

TDD/TTY for the hearing impaired: 1-800-428-4833

- Call Monday–Friday, 8 a.m. to 11 p.m. EST, Saturday–Sunday, 10 a.m. to 11 p.m. EST, to speak with a customer service representative.
- MetLife Vision; P.O. Box 385018; Birmingham, AL 35238-5018.

www.metlife.com/mybenefits

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

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

Please contact MetLife or your plan administrator for complete details.

