



Truckee Meadows Fire Protection District

Employer Sponsored Dental, Vision

Proposal produced on October 9, 2025
This quote is valid for 90 days from date of proposal

Proposal Accepted:
Truckee Meadows Fire Protection District Board of Fire Commissioners

Alexis Hill, Chair

Date

Truckee Meadows Fire Protection District Rate Summary

Coverage	Participating Lives	Covered Volume	Rates	Annual Premium
Dental Option 1 RQ1 7873188				
Employer Sponsored Dental (per Employee Per Month)	217			\$178,512
▪ Employee Only	83		\$29.14	
▪ Employee + Spouse	31		\$61.29	
▪ Employee + Child(ren)	30		\$79.72	
▪ Employee + Family	73		\$111.86	
Rates are guaranteed from January 1, 2026 - December 31, 2026				
2 nd year Rate Cap: The first year's renewal rates will not be increased by more than 7.0% above the current rates.				
3 rd year Rate Cap: The second year's renewal rates will not be increased by more than 7.0% above the prior plan year's rates.				
VSP Vision Option 1 RQ1 7834798				
Vision (per Employee Per Month)	217			35,400
▪ Employee Only	83		\$7.89	
▪ Employee + Spouse	31		\$12.63	
▪ Employee + Child(ren)	30		\$12.89	
▪ Employee + Family	73		\$20.78	
Rates are guaranteed from January 1, 2026 - December 31, 2027				

Summary of Benefits

Dental Insurance - Dental Option 1 RQ1

Employer Sponsored Dental				
Class Description	All Active Full Time Employees (30 Hours)		All Retirees (30 Hours)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Reimbursement	Negotiated Fee Schedule	Schedule Amount	Negotiated Fee Schedule	Schedule Amount
Type A – Preventive	100%	100%	100%	100%
Type B – Basic	80%	80%	80%	80%
Type C – Major	50%	50%	50%	50%
Calendar Year Deductible applies to:	B & C	B & C	B & C	B & C
▪ Individual	\$0	\$50	\$0	\$50
▪ Family	\$0	\$150	\$0	\$150
	Aggregate	Aggregate	Aggregate	Aggregate
Calendar Year Maximum	\$2,250 (applies to A,B,C services)	\$2,250 (applies to A,B,C services)	\$2,250 (applies to A,B,C services)	\$2,250 (applies to A,B,C services)
Orthodontia	50%	50%	50%	50%
Orthodontia Lifetime Maximum	\$1,500	\$1,500	\$1,500	\$1,500

Employer Sponsored Dental	Rate per Employee	Lives	Est Monthly Premium	Est Annual Premium
▪ Employee Only	\$29.14	83	\$14,876	\$178,512
▪ Employee + Spouse	\$61.29	31		
▪ Employee + Child(ren)	\$79.72	30		
▪ Employee + Family	\$111.86	73		
▪ Total		217		
Rates are guaranteed from January 1, 2026 - December 31, 2026 (12 months)				
2 nd year Rate Cap: The first year's renewal rates will not be increased by more than 7.0% above the current rates.				
3 rd year Rate Cap: The second year's renewal rates will not be increased by more than 7.0% above the prior plan year's rates.				

Frequency & Allocations / Exclusions

(Custom Primary (Flex) - Custom Lower Cost (Flex))

Class Description: All Active Full Time Employees	
TYPE A	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Examinations	▪ 1 time in 6 months
▪ Examinations – Problem Focused	▪ 1 time in 12 months
▪ Prophylaxis: Cleanings	▪ 1 time in 6 months
▪ Sealants	▪ 1 per molar in 60 months for a child under age 14
▪ Fluoride	▪ 1 time in 12 months for a dependent child under age 14
▪ Bitewing X-Rays	▪ For a child under 14: 1 time in 12 months ▪ Adult: 1 time in 12 months
TYPE B	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Space Maintainers	▪ 1 per lifetime for a child under age 14
▪ Full Mouth X-Rays	▪ Once in 60 months
▪ Amalgam Fillings	▪ 1 replacement per surface in 24 Months
▪ Root Canal	▪ 1 per tooth per lifetime
▪ Periodontal Maintenance	▪ 4 perio. Treatments in 1 calendar yr, includes 2 cleanings (total comb: 4)
▪ Periodontal Surgery	▪ 1 per quadrant in any 36 month period
▪ Scaling & Root Planing	▪ 1 per quadrant in any 24 month period
▪ Repairs	▪ 1 in 24 months
▪ Recementations	▪ 1 in 12 months
▪ Labs & Other Tests	
▪ Emergency Palliative Treatment	
▪ Periapical X-Rays	
▪ Other X-Rays	
▪ Resin Composite Fillings(excludes coverage for composite fillings on molars)	
▪ Pulpotomy	
▪ Pulp Capping	
▪ Pulp Therapy	
▪ Apexification & Recalcification	
▪ Periodontal Surgery – Soft & Connective Tissue Grafts	
▪ Periodontics – Non-Surgical	
▪ Oral Surgery: Simple Extractions	
▪ General Services	
TYPE C	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Consultations	▪ 1 in 12 months
▪ Prefabricated Crowns	▪ 1 per tooth in 10 calendar years
▪ Crown Buildups / Post Core	▪ 1 per tooth in 10 calendar years
▪ Dentures	▪ 1 in 10 calendar years
▪ Immediate Temporary Dentures – Complete / Partial	▪ 1 replacement in 12 months
▪ Dentures – Rebases / Relines	▪ 1 in 36 months

▪ Denture Adjustments	▪ 1 in 12 months
▪ Fixed Bridges	▪ 1 in 10 calendar years
▪ Inlays / Onlays /Crowns	▪ 1 replacement per tooth in 10 calendar years
▪ Implant Services	▪ 1 per tooth position in 10 calendar years
▪ Implant Repairs	▪ 1 per tooth in 10 calendar years
▪ Implant Supported Prosthetic	▪ 1 per tooth in 10 calendar years
▪ Tissue Conditioning	▪ 1 in 36 months
▪ Occlusal Adjustments	▪ 1 in 12 months
▪ General Anesthesia	
▪ Oral Surgery: Surgical Extractions	
▪ Other Oral Surgery	
Orthodontics	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Orthodontic Diagnostics	
▪ Orthodontic Treatment	

Exclusions	
All Active Full Time Employees	
▪ Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature. ▪ Services for which a covered person would not be required to pay in the absence of dental insurance. ▪ Services or supplies received by a covered person before the insurance starts for that person. ▪ Services which are neither performed nor prescribed by a dentist except for those services of a licensed dental hygienist which are supervised and billed by a dentist and which are for scaling or polishing of teeth or fluoride treatment. ▪ Services which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a newborn child. ▪ Services or appliances which restore or alter occlusion or vertical dimension. ▪ Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease. ▪ Restorations or appliances used for the purpose of periodontal splinting. ▪ Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco. ▪ Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss. ▪ Decoration or inscription of any tooth, device, appliance, crown or other dental work. ▪ Missed appointments. ▪ Services covered under any workers' compensation or occupational disease law. ▪ Services covered under any employer liability law. ▪ Services for which the employer of the person receiving such services is not required to pay. ▪ Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital. ▪ Services covered under other coverage provided by the Policyholder. ▪ Temporary or provisional restorations. ▪ Temporary or provisional appliances. ▪ Prescription drugs. ▪ Services for which the submitted documentation indicates a poor prognosis. ▪ 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 Dental Insurance under the group policy be paid first. ▪ The following when charged by the dentist on a separate basis - Claim form completion; infection control such as gloves, masks, and sterilization of supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.	

- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing and biting of food.
- Caries susceptibility tests.
- Precision attachments associated with fixed and removable prostheses.
- Adjustment of a denture made within 6 months after installation by the same dentist who installed it.
- Duplicate prosthetic devices or appliances.
- Replacement of a lost or stolen appliance, cast restoration or denture.
- Intra and extraoral photographic images.
- Fixed and removable appliances for correction of harmful habits.
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
- Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.

Frequency & Allocations / Exclusions

(Custom Primary (Flex) - Custom Lower Cost (Flex))

Class Description: All Retirees	
TYPE A	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Examinations	▪ 1 time in 6 months
▪ Examinations – Problem Focused	▪ 1 time in 12 months
▪ Prophylaxis: Cleanings	▪ 1 time in 6 months
▪ Sealants	▪ 1 per molar in 60 months for a child under age 14
▪ Fluoride	▪ 1 time in 12 months for a dependent child under age 14
▪ Bitewing X-Rays	▪ For a child under 14: 1 time in 12 months ▪ Adult: 1 time in 12 months
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▪ Periapical X-Rays	
▪ Other X-Rays	
▪ Resin Composite Fillings(excludes coverage for composite fillings on molars)	
▪ Pulpotomy	
▪ Pulp Capping	
▪ Pulp Therapy	
▪ Apexification & Recalcification	

▪ Periodontal Surgery – Soft & Connective Tissue Grafts	
▪ Periodontics – Non-Surgical	
▪ Oral Surgery: Simple Extractions	
▪ General Services	
TYPE C	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Consultations	▪ 1 in 12 months
▪ Prefabricated Crowns	▪ 1 per tooth in 10 calendar years
▪ Crown Buildups / Post Core	▪ 1 per tooth in 10 calendar years
▪ Dentures	▪ 1 in 10 calendar years
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▪ Denture Adjustments	▪ 1 in 12 months
▪ Fixed Bridges	▪ 1 in 10 calendar years
▪ Inlays / Onlays /Crowns	▪ 1 replacement per tooth in 10 calendar years
▪ Implant Services	▪ 1 per tooth position in 10 calendar years
▪ Implant Repairs	▪ 1 per tooth in 10 calendar years
▪ Implant Supported Prosthetic	▪ 1 per tooth in 10 calendar years
▪ Tissue Conditioning	▪ 1 in 36 months
▪ Occlusal Adjustments	▪ 1 in 12 months
▪ General Anesthesia	
▪ Oral Surgery: Surgical Extractions	
▪ Other Oral Surgery	
Orthodontics	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Orthodontic Diagnostics	
▪ Orthodontic Treatment	

Exclusions	
All Retirees	
▪ Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature. ▪ Services for which a covered person would not be required to pay in the absence of dental insurance. ▪ Services or supplies received by a covered person before the insurance starts for that person. ▪ Services which are neither performed nor prescribed by a dentist except for those services of a licensed dental hygienist which are supervised and billed by a dentist and which are for scaling or polishing of teeth or fluoride treatment. ▪ Services which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a newborn child. ▪ Services or appliances which restore or alter occlusion or vertical dimension. ▪ Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease. ▪ Restorations or appliances used for the purpose of periodontal splinting. ▪ Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco. ▪ Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss. ▪ Decoration or inscription of any tooth, device, appliance, crown or other dental work. ▪ Missed appointments. ▪ Services covered under any workers' compensation or occupational disease law. ▪ Services covered under any employer liability law. ▪ Services for which the employer of the person receiving such services is not required to pay.	

- Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital.
- Services covered under other coverage provided by the Policyholder.
- Temporary or provisional restorations.
- Temporary or provisional appliances.
- Prescription drugs.
- Services for which the submitted documentation indicates a poor prognosis.
- 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 Dental Insurance under the group policy be paid first.
- The following when charged by the dentist on a separate basis - Claim form completion; infection control such as gloves, masks, and sterilization of supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing and biting of food.
- Caries susceptibility tests.
- Precision attachments associated with fixed and removable prostheses.
- Adjustment of a denture made within 6 months after installation by the same dentist who installed it.
- Duplicate prosthetic devices or appliances.
- Replacement of a lost or stolen appliance, cast restoration or denture.
- Intra and extraoral photographic images.
- Fixed and removable appliances for correction of harmful habits.
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
- Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.

Highlights	
Broker Commissions included in the rate: Flat 5.00%	
Expected Participation: % and at least 10 covered lives.	
Employee Contributions	
Employer Sponsored Dental	
All Active Full Time Employees: 1%	
All Retirees: 50%	
Financial Arrangement: Non-retrospectively Experience Rated	
Situs is NEVADA	
Only those residing in the United States are eligible for benefits	
Dependent Child Definition: A Child is covered up to age 26, A student is covered up to age 26.	
Ortho coverage applies to: Child Only. Children are covered to the dependent age limit.	
This quote assumes the plan is a Section 125 plan.	
An Open Enrollment period occurring annually is included.	
TakeAlong Dental:	
Whether they're just starting out or ready to retire, employees value dental benefits throughout their life stages. MetLife TakeAlong Dental can be there through all of them. Now, your employees can access an individual, lifelong dental plan, with no additional cost or work for you. Individuals and their dependents who are ineligible for your group dental plan can enroll directly through the MetLife TakeAlong Dental website or dedicated call center – and there's no cost to you. Enrollment is easy — and offers the same high-quality network and service experience that your employees deserve. Contact your Account Representative to learn more about the TakeAlong Dental individual program.	

Summary of Benefits

VISION - VSP Vision Option 1 RQ1

VSP Choice		
Class Description	All Active Full Time Employees (30 Hours)	
Plan Name	M200D-10/25-C/O	
Reimbursement	In-Network Coverage (Using a Network Provider)	Out-of-Network Reimbursement (Using a Non-Network Provider)
Eye Examination		
Comprehensive exam of visual functions and prescription of corrective eyewear.	\$10 copay	\$45 allowance
Retinal Imaging This screening is used to take pictures of the inside of the eye particularly the retina to look for possible changes.	Up to \$39 copay	Applied to the exam allowance
Materials / Eyewear (Either Glasses or Contacts)		
Standard Corrective Lenses - Single vision - Lined bifocal - Lined trifocal - Lenticular	\$25 copay \$25 copay \$25 copay \$25 copay	\$30 allowance \$50 allowance \$65 allowance \$100 allowance

Standard Lens Enhancement		
• Ultraviolet coating	Covered in Full	Applied to the allowance for the applicable corrective lens
• Standard Polycarbonate (child up to age 18)	Covered in Full	Applied to the allowance for the applicable corrective lens
Additional Lens Enhancements¹ (In addition to Materials Copay) These Lens options are available with a "not to exceed" pricing/maximum member out of pocket amount.		
• Progressive Standard	Covered in full	\$50 allowance
• Progressive Premium/Custom	Premium: \$95-\$105 Custom: \$150-\$175	\$50 allowance
• Standard Polycarbonate (adult)	\$35	Applied to the allowance for the applicable corrective lens
• Scratch-resistant coating (variable by type)	\$17 - \$33	Applied to the allowance for the applicable corrective lens
• Tints (plastic lenses)	Pink I & II: \$0 Solid Plastic: \$15 Plastic Gradient Dye: \$17	Applied to the allowance for the applicable corrective lens
• Anti-reflective coating (variable by type)	\$41 - \$85	Applied to the allowance for the applicable corrective lens
• Photochromic (variable by type)	\$47 - \$82	Applied to the allowance for the applicable corrective lens
• Blue Light Filtering	\$15	Applied to the allowance for the applicable corrective lens
Frame Allowance (You will receive an additional 20% off any amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.)		
• Costco, Walmart and Sam's Club	\$200 allowance \$220 allowance on featured frames \$110 allowance	\$70 allowance
Contact Lenses		
• Elective	\$200 allowance	\$105 allowance
• Necessary	Covered in full after eyewear copay	\$210 allowance
• Contact Fitting and Evaluation	Standard or Premium fit: Copay not to exceed \$60"	Applied to the contact lens allowance
Value Added Features		

Additional Savings on Glasses and Sunglasses¹	Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.
Laser Vision correction²	Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Offer is only available at MetLife participating locations.

¹Member costs for listed lens enhancements will be limited to copays that MetLife has negotiated with participating providers. These copays can be viewed by members after enrollment at www.metlife.com/mybenefits. 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 the 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. Laser vision care discounts are only available from participating locations.

Supplemental Rider Benefit Information	
In-Network	Out-of-Network
Diabetic Eyecare Plus - Provides additional coverage for members who have been diagnosed with type 1 or type 2 diabetes and have specific ophthalmological conditions. It also provides benefits for those with glaucoma and age-related macular degeneration (AMD). In addition, members who have diabetes but don't show signs of diabetic eye disease are eligible to receive preventive retinal screenings. Not available at retail chains including Costco, Walmart and Sam's Club. Exam: Covered in full after \$20 copay. Other Ophthalmological services: Covered in full.	Diabetic Eyecare Plus Program: - Exam and other ophthalmological services - The lesser of the provider's fee or 80% of the Medicare allowable.
Diabetic Eyecare Plus - Provides additional coverage for members who have been diagnosed with type 1 or type 2 diabetes and have specific ophthalmological conditions. It also provides benefits for those with glaucoma and age-related macular degeneration (AMD). In addition, members who have diabetes but don't show signs of diabetic eye disease are eligible to receive preventive retinal screenings. Not available at retail chains including Costco. Exam: Covered in full after \$20 copay. Other Ophthalmological services: Covered in full.	Diabetic Eyecare Plus Program: - Exam and other ophthalmological services - The lesser of the provider's fee or 80% of the Medicare allowable.

VSP Choice		
Class Description	All Retirees (30 Hours)	
Plan Name	M200D-10/25-C/O	
Reimbursement	In-Network Coverage (Using a Network Provider)	Out-of-Network Reimbursement (Using a Non-Network Provider)
Eye Examination		
Comprehensive exam of visual functions and prescription of corrective eyewear.	\$10 copay	\$45 allowance
Retinal Imaging This screening is used to take pictures of the inside of the eye particularly the retina to look for possible changes.	Up to \$39 copay	Applied to the exam allowance
Materials / Eyewear (Either Glasses or Contacts)		
Standard Corrective Lenses - Single vision - Lined bifocal - Lined trifocal - Lenticular	\$25 copay \$25 copay \$25 copay \$25 copay	\$30 allowance \$50 allowance \$65 allowance \$100 allowance

Standard Lens Enhancement		
• Ultraviolet coating	Covered in Full	Applied to the allowance for the applicable corrective lens
• Standard Polycarbonate (child up to age 18)	Covered in Full	Applied to the allowance for the applicable corrective lens
Additional Lens Enhancements¹ (In addition to Materials Copay) These Lens options are available with a "not to exceed" pricing/maximum member out of pocket amount.		
• Progressive Standard	Covered in full	\$50 allowance
• Progressive Premium/Custom	Premium: \$95-\$105 Custom: \$150-\$175	\$50 allowance
• Standard Polycarbonate (adult)	\$35	Applied to the allowance for the applicable corrective lens
• Scratch-resistant coating (variable by type)	\$17 - \$33	Applied to the allowance for the applicable corrective lens
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• Blue Light Filtering	\$15	Applied to the allowance for the applicable corrective lens
Frame Allowance (You will receive an additional 20% off any amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.)		
• Costco, Walmart and Sam's Club	\$200 allowance \$220 allowance on featured frames \$110 allowance	\$70 allowance
Contact Lenses		
• Elective	\$200 allowance	\$105 allowance
• Necessary	Covered in full after eyewear copay	\$210 allowance
• Contact Fitting and Evaluation	Standard or Premium fit: Copay not to exceed \$60"	Applied to the contact lens allowance
Value Added Features		

Additional Savings on Glasses and Sunglasses¹	Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.
Laser Vision correction²	Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Offer is only available at MetLife participating locations.

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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 participating locations.

Supplemental Rider Benefit Information	
In-Network	Out-of-Network
Diabetic Eyecare Plus - Provides additional coverage for members who have been diagnosed with type 1 or type 2 diabetes and have specific ophthalmological conditions. It also provides benefits for those with glaucoma and age-related macular degeneration (AMD). In addition, members who have diabetes but don't show signs of diabetic eye disease are eligible to receive preventive retinal screenings. Not available at retail chains including Costco, Walmart and Sam's Club. Exam: Covered in full after \$20 copay. Other Ophthalmological services: Covered in full.	Diabetic Eyecare Plus Program: - Exam and other ophthalmological services - The lesser of the provider's fee or 80% of the Medicare allowable.
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Vision	Rate per Employee	Lives	Est Monthly Premium	Est Annual Premium
▪ Employee Only	\$7.89	83	\$2,950	\$35,400
▪ Employee + Spouse	\$12.63	31		
▪ Employee + Child(ren)	\$12.89	30		
▪ Employee + Family	\$20.78	73		
▪ Total		217		
Rates are guaranteed from January 1, 2026 - December 31, 2027 (24)				

Frequency / Exclusions

The following frequency limitations apply to all plans	
Frequencies	
▪ Examinations	▪ 1 per 12 Months
▪ Standard Corrective Lenses	▪ 1 per 12 Months
▪ Frames	▪ 1 per 24 Months
▪ Contact Lenses	▪ 1 per 12 Months
Either glasses or contacts allowed per frequency	

Exclusions
▪ Services and/or materials not specifically included in the Summary of Benefits as covered Plan Benefits. ▪ Any portion of a charge in excess of the Maximum Benefit Allowance or reimbursement indicated in the Summary of Benefits. ▪ 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. ▪ Orthoptics or vision training and any associated supplemental testing. ▪ Medical or surgical treatment of the eyes. ▪ Prescription and non-prescription medications. ▪ Contact lens insurance policies or service agreements. ▪ Refitting of contact lenses after the initial (90-day) fitting period. ▪ Contact lens modification, polishing or cleaning. ▪ Local, state and/or federal taxes, except where MetLife is required by law to pay. ▪ Any eye examination or any corrective eyewear required as a condition of employment. ▪ Services and supplies received by You or Your Dependent before the Vision Insurance starts for that person. ▪ 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. ▪ 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 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.

Highlights	
Broker Commissions included in the rate: Flat 10.00%	
Expected Participation: 100%	
Employee Contributions	
All Active Full Time Employees: 1%	
All Retirees: 50%	
Financial Arrangement: Non-retrospectively Experience Rated	
Situs is NEVADA	
SIC Code: 9224	
Dependent Child Definition: A Child is covered up to age 26; A student is covered up to age 26.	
This quote assumes the plan is a Section 125 plan.	
An Open Enrollment period occurring annually is included	

Underwriting Assumptions
Digital Estate Planning: Available to anyone regardless of affiliation with MetLife at no additional cost. This service allows individuals to create key estate planning documents by answering a few simple questions in as little as 15 minutes. The estate planning documents available include wills, living wills and power of attorney. Individuals enrolled for Supplemental Life also have access to online notary, where applicable.
Digital Estate Planning with online notary is not available for customers situated in GU, PR and VI. Domestic partnerships are not currently supported; however, if individuals in a domestic partnership have supplemental term life, they may use a MetLife Legal Plans attorney for their planning needs. Online Notary is not included with basic or dependent term life insurance and is not available to individuals residing in GU, PR or VI. Group legal plans are provided by MetLife Legal Plans, Inc., Cleveland, OH. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. Digital Estate Planning without online notary is available to all individuals regardless of any MetLife relationship or product, except those residing in GU, PR and VI.
If insurance coverage is provided, it will be governed by the terms and conditions of the insurance policy and applicable law. If administrative services are provided, they are governed by the terms and condition of the administrative services agreement and by applicable law.
If MetLife is requested to duplicate contractual provisions from the prior carrier, such provisions must be compatible with all MetLife's standards.
The quoted rates and or fees are based upon the request received. If new or additional information in connection with this request is provided, MetLife reserves the right to change its quote at any time before the effective date. After the effective date, rate and or fees are subject to the terms and conditions of the policy and or administrative services agreement.
The attached MetLife pricing is based on realized synergies if the full package of benefits quoted is awarded to MetLife and remains with MetLife through the rate guarantee period. Should any coverage leave during the rate guarantee period, MetLife reserves the right to re-rate the coverage(s) that remain with MetLife.
Only those eligible persons residing in the United States may be covered. Any others must be approved by MetLife.
NOTICE REGARDING NON-US COVERAGE When providing you with information concerning a group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a Metropolitan Life Insurance Company (MLIC) affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MLIC or any other insurer that is not a member of MAXIS GBN. Please note that while MLIC is a member of MAXIS GBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.
Some services in connection with the coverage may be performed by our affiliate, MetLife Services and Solutions, LLC. These service arrangements in no way alter Metropolitan Life Insurance Company's obligations. Coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and procedures.
SIC Code: 9224

U.S. Business Intermediary and Producer Compensation Notice

Metropolitan Life Insurance Company, Metropolitan Tower Life Insurance Company, MetLife Consumer Services, Inc. and Metropolitan General Insurance Company (collectively herein called "MetLife"), enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related insurance and non-insurance products ("Products") with brokers, agents, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such products (each an "Intermediary"). MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (number of products sold or dollar value of premium) with MetLife. In addition, supplemental compensation may be payable to your Intermediary for eligible Products. Under MetLife's current supplemental compensation plan (SCP), the amount payable as supplemental compensation may range from 0% to 9% of premium or fees. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period, or other defined period; (2) the amount of eligible new or renewal premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) eligible new or renewal premium or fees growth during a one-year period; or (6) a flat amount, fixed percentage or sliding scale of the premium or fees for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 9% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium or fees from you in relation to your products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (e.g., insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, participation in an insurer panel, or reinsurance arrangements).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife's base compensation and supplemental compensation plans can be found on MetLife's Website at www.metlife.com/business-and-brokers/broker-resources/broker-compensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of products, and the compensation paid may vary based on a number of factors including the type of product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

Non-U.S. Coverage

When providing you with information concerning an eligible group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a MetLife affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MetLife or any other insurer that is not a member of MAXIS GBN. Please note that while MetLife is a member of MAXISGBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

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Metropolitan Life Insurance Company, New York, NY 10166
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