City Of Broken Arrow

Employer Sponsored Dental

Proposal produced on July 13, 2026
This quote is valid for 90 days from date of proposal

City Of Broken Arrow
Rate Summary

X_____

Signature Line

Coverage	Participating Lives	Covered Volume	Rates	Annual Premium
Dental 2 8046506				
Employer Sponsored Dental ***(per Employee Per Month)***	679			
All Active Full Time Employees Electing High				$621,671
▪ Employee Only	237		$42.33	
▪ Employee + Spouse	91		$87.55	
▪ Employee + Child(ren)	53		$99.91	
▪ Employee + Family	183		$155.80	
AAFT Employees & Retirees Electing Low				$84,381
▪ Employee Only	53		$31.19	
▪ Employee + Spouse	19		$64.56	
▪ Employee + Child(ren)	10		$66.00	
▪ Employee + Family	33		$105.82	
Rates are guaranteed from January 1, 2027 - December 31, 2028				
3rd 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.				

Summary of Benefits
Dental Insurance - Dental 2

Employer Sponsored Dental				
Class Description	All Active Full Time Employees Electing High (30 Hours)		AAFT Employees & Retirees Electing Low (30 Hours)	
	In-Network	**Out-of-Network***	**In-Network**	**Out-of-Network***
Reimbursement	Negotiated Fee Schedule	R&C 90th Percentile	Negotiated Fee Schedule	R&C 90th Percentile
Type A – Preventive	100%	100%	100%	100%
Type B – Basic	80%	80%	80%	80%
Type C – Major	80%	80%	80%	80%
Calendar Year Deductible applies to: ▪ **Individual** ▪ **Family**	B & C $25 $75 Aggregate	B & C $25 $75 Aggregate	B & C $25 $75 Aggregate	B & C $25 $75 Aggregate
Calendar Year Maximum	$2,500 ***(applies to A,B,C services)***	$2,500 ***(applies to A,B,C services)***	$1,000 ***(applies to B&C services)***	$1,000 ***(applies to B&C services)***
Orthodontia	80%	80%	Not Covered	Not Covered
Orthodontia Lifetime Maximum	$5,000	$5,000	Not Covered	Not Covered

* Out of Network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.

Employer Sponsored Dental	Rate per Employee	Lives	Est Monthly Premium	Est Annual Premium
All Active Full Time Employees Electing High				
▪ Employee Only	$42.33	237	$51,806	$621,671
▪ Employee + Spouse	$87.55	91		
▪ Employee + Child(ren)	$99.91	53		
▪ Employee + Family	$155.80	183		
▪ Total		564		
AAFT Employees & Retirees Electing Low				
▪ Employee Only	$31.19	53	$7,032	$84,381
▪ Employee + Spouse	$64.56	19		
▪ Employee + Child(ren)	$66.00	10		
▪ Employee + Family	$105.82	33		
▪ Total		115		
Rates are guaranteed from January 1, 2027 - December 31, 2028 (24 months)				
3rd 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 Electing High	
TYPE A ***Benefits are payable immediately from the start date of an individual's benefits***	
▪ Examinations	▪ 2 times in 1 calendar year
▪ Prophylaxis: Cleanings	▪ 2 times in 1 calendar year
▪ Sealants	▪ 1 per molar in 3 years for a child under age 14
▪ Space Maintainers	▪ No Limit for a child under age 14
▪ Fluoride	▪ 2 times in 1 calendar year for a dependent child under age 19
▪ Full Mouth X-Rays	▪ Once in 3 calendar years
▪ Bitewing X-Rays	▪ For a child under 14: 1 time in 1 calendar year ▪ Adult: 1 time in 1 calendar year
▪ Emergency Palliative Treatment	
▪ Periapical X-Rays	
▪ Other X-Rays	
TYPE B ***Benefits are payable immediately from the start date of an individual's benefits***	
▪ Examinations – Problem Focused	▪ Combined with Examinations Limit
▪ Consultations	▪ 1 in 12 months
▪ Amalgam Fillings	▪ No Limit
▪ Root Canal	▪ 1 in 24 months
▪ Periodontal Maintenance	▪ 2 perio. Treatments in 1 calendar yr, includes 2 cleanings (total comb: 2)
▪ Periodontal Surgery	▪ 1 per quadrant in any 36 month period
▪ Scaling & Root Planing	▪ 1 per quadrant in any 24 month period
▪ Prefabricated Crowns	▪ 1 per tooth in 5 calendar years
▪ Repairs	▪ 1 in 12 months
▪ Recementations	▪ 1 in 12 months
▪ Denture Adjustments	▪ 1 in 6 months
▪ Occlusal Adjustments	▪ 1 in 12 months
▪ Labs & Other Tests	
▪ General Anesthesia	
▪ Resin Composite Fillings(includes 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	
▪ Oral Surgery: Surgical Extractions	
▪ Other Oral Surgery	
TYPE C ***Benefits are payable immediately from the start date of an individual's benefits***	

▪ Crown Buildups / Post Core	▪ 1 per tooth in 5 calendar years
▪ Dentures	▪ 1 in 5 calendar years
▪ Immediate Temporary Dentures – Complete / Partial	▪ 1 replacement in 12 months
▪ Dentures – Rebases / Relines	▪ 1 in 24 months
▪ Fixed Bridges	▪ 1 in 5 calendar years
▪ Inlays / Onlays /Crowns	▪ 1 replacement per tooth in 5 calendar years
▪ Implant Services	▪ 1 per tooth position in 5 calendar years
▪ Implant Repairs	▪ 1 per tooth in 12 months
▪ Implant Supported Prosthetic	▪ 1 per tooth in 5 calendar years
▪ Tissue Conditioning	▪ 1 in 24 months
▪ General Services	
▪ Harmful Habit Appliances	
Orthodontics ***Benefits are payable immediately from the start date of an individual's benefits***	
▪ Orthodontic Diagnostics	
▪ Orthodontic Treatment	

Exclusions
All Active Full Time Employees Electing High
▪ 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. (For residents of Texas: 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. ▪ Initial installation of a Denture to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth. ▪ 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.
- 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.
- Implants supported prosthetics to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.

Frequency & Allocations / Exclusions

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

Class Description: AAFT Employees & Retirees Electing Low	
TYPE A ***Benefits are payable immediately from the start date of an individual's benefits***	
▪ Examinations	▪ 2 times in 1 calendar year
▪ Prophylaxis: Cleanings	▪ 2 times in 1 calendar year
▪ Sealants	▪ 1 per molar in 3 years for a child under age 14
▪ Space Maintainers	▪ No Limit for a child under age 14
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TYPE B ***Benefits are payable immediately from the start date of an individual's benefits***	
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▪ Periodontal Surgery	▪ 1 per quadrant in any 36 month period
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▪ Prefabricated Crowns	▪ 1 per tooth in 5 calendar years

▪ Repairs	▪ 1 in 12 months
▪ Recementations	▪ 1 in 12 months
▪ Denture Adjustments	▪ 1 in 6 months
▪ Occlusal Adjustments	▪ 1 in 12 months
▪ Labs & Other Tests	
▪ General Anesthesia	
▪ Resin Composite Fillings(includes 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	
▪ Oral Surgery: Surgical Extractions	
▪ Other Oral Surgery	
TYPE C ***Benefits are payable immediately from the start date of an individual's benefits***	
▪ Crown Buildups / Post Core	▪ 1 per tooth in 5 calendar years
▪ Dentures	▪ 1 in 5 calendar years
▪ Immediate Temporary Dentures – Complete / Partial	▪ 1 replacement in 12 months
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▪ Fixed Bridges	▪ 1 in 5 calendar years
▪ Inlays / Onlays /Crowns	▪ 1 replacement per tooth in 5 calendar years
▪ Implant Services	▪ 1 per tooth position in 5 calendar years
▪ Implant Repairs	▪ 1 per tooth in 12 months
▪ Implant Supported Prosthetic	▪ 1 per tooth in 5 calendar years
▪ Tissue Conditioning	▪ 1 in 24 months
▪ General Services	
▪ Harmful Habit Appliances	

Exclusions
AAFT Employees & Retirees Electing Low
▪ 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. (For residents of Texas: 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.

- Initial installation of a Denture to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
- 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.
- 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.
- Orthodontia services or appliances.
- Repair or a replacement of an orthodontic appliance.
- Implants supported prosthetics to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.

Highlights
Broker Commissions included in the rate: None
Expected Participation: 96% and at least 10 covered lives.
Employee Contributions: 25%
Financial Arrangement: Non-retrospectively Experience Rated
Situs is OKLAHOMA
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: Employer Sponsored Dental All Active Full Time Employees Electing High: Adult (employee / spouse) & Child. Children are covered to the dependent age limit. AAFT Employees & Retirees Electing Low: No Coverage.
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.

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 situsedin 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.
PlanSmart*- PlanSmart offers a no cost, multi-channel financial wellness solution to help meet employees where they are. Our financial education programs are designed not only to educate but motivate employees to take action to get to a better financial state. We provide your employees with access to a range of financial and retirement education resources through virtual and on-site (Where available) workshops, with optional personal consultations *Retirewise* - Retirewise is an award-winning workshop series that delivers objective financial and retirement information covering a broad spectrum of topics from basic investment concepts to tax strategies and the importance of having a will. Each workshop is delivered by a specially trained financial professional, that understands the company's specific benefits offering. Single Topic Workshops - we offer over 20+ workshops that cover a range of financial topics identified to generate high interest, regardless of identity, career stage or age. Personal Consultations - For employees who prefer more assistance, they can meet one-on-one with a financial professional who can help them address their specific financial situation; from a specific question to creating a financial plan. Financial Planning - Invest in Yourself workshop takes a holistic approach to financial needs and solutions looking beyond products, transactions or a single goal. We offer a roadmap to guide employees to setting short and long term goals and managing risk including insurance options and benefits. *Certain conditions apply. Please discuss with your MetLife representative to determine if this program is right for your company.
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: 9111

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.

L4736257[exp1026][All States and][All Territories]

Metropolitan Life Insurance Company, New York, NY 10166

L0624041368[exp0826][All States][DC,GU,MP,PR,VI]