May 29, 2020

LOYOLA UNIVERSITY MARYLAND
4501 NORTH CHARLES STREET
BALTIMORE MD 21210

Group Policy Number: 113743

Dear LOYOLA UNIVERSITY MARYLAND:

Please note that some changes have been made to the way MetLife reimburses out-of-network providers under your dental plan. Specifically, MetLife will now be using a single fee schedule for covered services performed by out-of-network providers. As such, a minor update to the language has been made in your certificate.

For more information about the change in your dental benefits certificate, please refer to the enclosed certificate rider and endorsement. You can make copies and should provide the updated information to your employees. If you have any questions, please contact MetLife Customer Service at 1-800-ASK-4MET.

Thank you for your business.

Sincerely,

Your Dedicated Service Team
MetLife
Metropolitan Life Insurance Company
200 Park Avenue, New York, New York 10166

POLICY ENDORSEMENT

Group Policy No.: This Policy Endorsement is applicable to policies to which certificate form GCERT2000 is attached, to the extent such GCERT2000 certificate(s) provide coverage for Dental Insurance, applicable to dental plans which the Out-of-Network benefit is based on the Maximum Allowed Charge.

Policyholder: Any Policyholder of a policy described above.

Effective Date: On the Policyholder’s next policy anniversary on or after September 01, 2019

Metropolitan Life Insurance Company ("MetLife”), a stock company, issues this endorsement to change the following for all policies issued to the above.

If the policy uses Policy Form Number G.2130 or G.2130-S, the entry shown below is now added to this Schedule of Exhibits if the coverage provided is Dental Insurance. Also, Certificate Rider form GCR15-15 den/pos is to be attached to the certificate(s) under the circumstances described above.

<table>
<thead>
<tr>
<th>Exhibit Number</th>
<th>Form</th>
<th>Applicable To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GCR15-15 den/pos</td>
<td>All Employees of the Employer issued Certificates of Insurance under which Dental Insurance is provided for plans which the Out-of-Network benefit is based on the Maximum Allowed Charge.</td>
</tr>
</tbody>
</table>

If your GPNP99 policy contains an Exhibit 2 that reflects Certificate Form GCERT2000, the entry shown below is now added to this Exhibit 2 if the coverage provided is Dental Insurance. Also, Certificate Rider form GCR15-15 den/pos is to be attached to the certificate(s) under the circumstances described above.

<table>
<thead>
<tr>
<th>Certificate Number</th>
<th>Certificate Form</th>
<th>Applies To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GCR15-15 den/pos</td>
<td>All Employees of the Policyholder issued Certificates of Insurance under which Dental Insurance is provided for plans which the Out-of-Network benefit is based on the Maximum Allowed Charge.</td>
</tr>
</tbody>
</table>

Effective Date
On the Policyholder’s next policy anniversary after June 01, 2018.

This endorsement is to be attached to and made a part of the policy. This endorsement is subject to the terms and provisions of the policy.

Michel Khalaf
President and Chief Executive Officer

END99
CERTIFICATE RIDER

Group Policy No.: This Certificate Rider is applicable to policies to which certificate form GCERT2000 is attached, to the extent such certificate (s) provides coverage for Dental Insurance, applicable to dental plans which the Out-of-Network benefit is based on the Maximum Allowed Charge

Policyholder: Any Policyholder of a policy described above

Effective Date: On the Policyholder's next policy anniversary on or after September 01, 2019

Metropolitan Life Insurance Company ("MetLife"), a stock company, issues this certificate rider to the Dental Insurance certificate under the above policy in order to add the following provision:

1. By replacing the definition of Maximum Allowed Charge of the section entitled DEFINITIONS with the following wording:

"Maximum Allowed Charge means:

1. with respect to In-Network Dentists, the lesser of:
   a. the amount charged by the In-Network Dentist; or
   b. the maximum amount which the In-Network Dentist has agreed to accept as payment in full for the dental service;

2. with respect to Out-of-Network Dentists, the lesser of:
   a. the amount charged by the Out-of-Network Dentist; or
   b. the amount paid to an In-Network Dentist for the geographic region where the dental service is performed."

This rider is to be attached to and made part of the certificate.