



Prepared for [insert GA name]

Introduction

Table of contents

1	Introduction
2	Information needed to quote
3	Available plan designs
7	Underwriting guidelines
11	Sending quotes to MetLife Underwriting
12	How to run a quote
21	Printing a proposal
22	Troubleshooting common errors and messages
23	Steps for completing the Specialty Market New Group Submission Form
25	Frequently asked questions

The National General Agent (GA) and Third Party Administrator (TPA) Rating Tool is an Excel spreadsheet created for GAs and TPAs to generate proposals. It was launched in 2013 to provide GAs and TPAs with a “speed to market” model. More extensive than rate cards, GAs and TPAs have access to quote over 1200 plan options nationally for Basic Life, Supplemental Life, Dental, Vision, Long Term Disability and Short Term Disability. In addition to these options, the Rating Tool provides flexibility on broker compensation and Employer contribution levels. It is released every 6 months (unless filings require changes). Once released, the Rating Tool will be your primary source for quoting.

We’ve created a streamlined Implementation process for sold Rating Tool business including a dedicated email submission box and Implementation Team.

This guide will provide step-by-step instructions for running quotes, completing submission paperwork and submitting sold Rating Tool business.

Information needed to quote

Dental PPO, DHMO, Vision

- Employer Situs State and Zip Code
- Employer SIC Code (see underwriting guidelines for SIC restrictions and exclusions)
- Employer Sponsored and Voluntary PPO with 2–4 Eligible Lives requires 100% participation
- Employer Sponsored PPO with 5+ Eligible Lives requires 50% participation with a minimum of 5 enrolled
- Voluntary PPO available for 5+ eligible lives requires 35% participation with a minimum of 5 enrolled
- DHMO requires 30% participation with minimum of 5 enrolled

Basic Life, Supplemental Life and Dependent Basic Life

- Employer Situs State and Zip Code
- Employer SIC Code (see underwriting guidelines for SIC restrictions and exclusions)
- Census with DOB, Sex and Salaries
- Non-Contributory Basic Life requires a minimum of 2 enrolled, 100% participation
- Contributory Basic Life requires a minimum of 10 eligible lives and 75% participation
- Dependent Basic Life requires a minimum of 2 enrolled lives, 50% participation
- Supplemental Life requires a minimum of 10 eligible with 25% participation and 5 enrolled

Short Term Disability

- Employer Situs State and Zip Code
- Employer SIC Code (see underwriting guidelines for SIC restrictions and exclusions)
- Census with DOB, Sex and Salaries
- Non-Contributory coverage requires a minimum of 2 enrolled lives, 100% participation
- Contributory coverage requires a minimum of 10 eligible lives with 5 enrolled, 50% participation
- Voluntary coverage requires a minimum of 10 eligible lives with 5 enrolled, 25% participation

Long Term Disability

- Situs State and Zip Code
- SIC Code (see underwriting guidelines for SIC restrictions and exclusions)
- Census with DOB, Sex and Salaries
- Non-Contributory coverage requires 100% participation with a minimum of 5 enrolled
- Contributory coverage requires a minimum of 10 eligible lives with 5 enrolled, 50% participation
- Voluntary requires a minimum of 10 eligible lives with 5 enrolled, 25% participation

Available plan designs – PPO Dental

The below reflects standard plan options available in the National Rating Tool. Please note there are state, lives, employer contribution and SIC restrictions that may limit plan availability for a particular group. Plan options may differ on customized rate tools; please contact your Account Representative with questions.

PPO Dental

Plan Design (subject to state restrictions)		Available Lives Segment
Coinsurance	100/80/50–80/60/40	2+
	100/80/50	2+
	100/90/60–100/80/50	2+
	100/90/60	2+
	100/100/60–100/80/50	10+
Maximum	\$1,000	2+
	\$1,250	2+
	\$1,500	2+
	\$1,750	2+
	\$2,000	2+
	\$5,000	30+ enrolled
Deductible	\$0 in/\$0 out (3x aggregate)	2+
	\$25 in/\$25 out (3x aggregate)	2+
	\$50 in/\$50 out (3x aggregate)	2+
Out of Network	51st	2+
	80th	2+
	90th	2+
	99th	10+
	MAC	2+
Endo/Perio	Covered in Basic	2+
	Covered in Major	2+
Orthodontia-Child Only	No Coverage	2+
	Child Only, 50% to \$1,000	5+ enrolled
	Child Only, 50% to \$1,500	10+
	Dependent Age 19	
Dual Option	Employer Sponsored PPO/DHMO	10+
	Voluntary PPO/DHMO	25+
	PPO/PPO	51+

Available plan designs – DHMO and Vision

DHMO

Plan Design (subject to state restrictions)		Available Lives Segment
CoPay Schedule	MET185	5+
	MET245	5+
	MET290	5+
	MET335	5+

Vision

Plan Design		Available Lives Segment
Vision Name	M100D–10/25	2+
Frame Allowance	M100D–20/20	2+
Lens Frequency	M130A–10/25	2+
Exam Copay	M130D–10/25	2+
Materials Copay	M150D–10/25	2+

Available plan designs – Life and STD

Life

Plan Design		Available Lives Segment
Basic Life	Flat \$20,000	2+
	Flat \$25,000	5+
	Flat \$50,000	5+
	1 x Salary to \$50,000	25+
	1 x Salary to \$75,000	25+
	1 x Salary to \$100,000	25+
	1 x Salary to \$150,000	25+
	2 x Salary to \$150,000	25+
	2 x Salary to \$250,000	25+
Dependent Life* Dependent Age is 26/26 depending on state guidelines	No Coverage	2+
	Spouse \$5,000/Child \$2,500	2+
	Spouse \$10,000/Child \$5,000	10+
Supplemental Life	EE — \$10k Increments to \$500,000	10+
	Spouse — \$5k Increments to \$100,000	
	Child — \$1k, \$2k, \$4k, \$5k, or \$10k	

Short Term Disability

Plan Design (subject to state restrictions)		Available Lives Segment
Benefit Percentage	60%	2+
	66.67% (non contrib only)	10+
Elimination/Duration	0/7/13	2+
	7/7/12	2+
	14/14/11	2+
	30/30/9	2+
	0/7/26	2+
	7/7/25	2+
	14/14/24	2+
	30/30/22	2+
Maximum	\$500	2+
	\$750	10+
	\$1,000	2+
	\$1,250	10+
	\$1,500	10+

* VSTD and Contributory coverage has a 5 life minimum instead of 2

Available plan designs – LTD

Long Term Disability

Plan Design		Available Lives Segment
Benefit Percentage	50%	10+
	60%	5+
Elimination Period	90 days	5+
	180 days	5+
Duration	Lesser of RBD or 5 Years	5+
	RBD/SSNRA	10+
Maximum	\$3,000	5+
	\$4,000	10+
	\$5,000	5+
	\$6,000	5+
	\$7,000	10+
	\$8,000	10+
	\$9,000	10+
	\$10,000	10+
Own Occupation Period	2 year Own Occ	5+
Employee Assistance Program	5 Counseling Sessions	10+ enrolled

Underwriting guidelines

Eligibility

- Must be an active full-time employee working at least 30 hours per week
- Retirees, part-time, temporary, seasonal, leased and independent contractors (1099) are not eligible
- Documented proof of active, full-time employment is required for all employees who are age 70 or older
- No more than 2 virgin voluntary coverages are allowed
- For groups with < 10 employees, no more than 75% of the group can be members of the same family (spouses, siblings, children, and parents).
- Groups located in MI with 2–4 enrolled lives are not eligible
- Groups located in CO with 2–9 enrolled lives are not eligible
- The group must be in business for at least 1 year prior to the effective date of the coverage
- Any 2–9 life group that does not fall into the parameters/underwriting guidelines of the rating tool is excluded. Groups of 10 or more, please work with your MetLife Account Executive.
- Groups within the Cannabis industry is ineligible for coverage

Dental

- Employer Contribution:
 - Employer Sponsored — employer must contribute at least 50% of the employee premium
 - Voluntary — employer must contribute less than 50% of the employee premium
- Single Option Participation/Enrollment:
 - Voluntary PPO with 2–4 Eligible Lives, 100% of the eligible employees must enroll
 - Employer Sponsored PPO with 2–4 Eligible Lives — 100% of the eligible employees must enroll
 - Employer Sponsored PPO with 5+ Eligible Lives — 50% of the total eligible lives with a minimum of 5 enrolled
 - Voluntary PPO available for 5+ eligible lives — 35% of the total eligible lives with a minimum of 5 enrolled
 - DHMO available for 5+ eligible lives — 30% of the total eligible lives with a minimum of 5 enrolled
- Dual Option Participation/Enrollment:
 - Employer Sponsored PPO/DHMO with 10–24 Eligible Lives — minimum of 5 enrolled in each plan
 - Employer Sponsored or Voluntary PPO/DHMO with 25–49 Eligible Lives — minimum of 5 enrolled in the DHMO and 10 enrolled in the PPO
 - PPO/PPO dual options — available for groups with 51+ eligible lives and a minimum of 10 enrolled in each plan
 1. The coinsurance is different between the High and the Low plan OR
 2. Maximum, Out of Network and Endo/Perio — at least 2 out of these 3 categories must be different from the High and Low plan
 - Participation is based on the corresponding single option PPO requirements

Underwriting guidelines

Plan Restrictions

- Orthodontia is available to groups with 2+ or more enrolled lives in California and 5+ enrolled lives in other states. Groups with <10 lives must have prior Dental coverage.
- \$5,000 Annual Max — minimum of 30 enrolled. Only available on the 100/80/50 plan option.
- DHMO is only available to CA, FL, NJ, NY, and TX employees. However, DHMO is not available to FL sitused groups.
- AL, GA, LA, MS, and TX — 100/100/60–100/80/50, 100/90/60–100/80/50 and 100/80/50–80/60/40 plans are not available
- CT, IL and NY — 100/80/50–80/60/40 plan is not available
- AK, MA, and NV — MAC plans are not available
- MT — 100/100/60- 100/80/50, 100/90/60-100/80/50 and 100/80/50–80/60/40 and MAC plans with different in and out of network coinsurance levels are not available
- NJ — MAC plans with different in and out of network coinsurance levels are not available
- Coverage is not available to groups that fall into the following industries: 8021, 8072, 8811, and 9999
- Groups that fall into the following industries must be sent to MetLife for underwriting: 6712, 6719, 7363, 8611-8699
- **Rates are guaranteed for 12–24 months**
- **Out of State Coverage**
 - Please contact MetLife for additional rates and plans when more than 25% of the employees do not reside in the situs state
 - **Extraterritorial States** — AK, LA, MS, MT, or TX. State restrictions still apply for employees in these states regardless of the situs state

Vision

- Package with Dental required for groups with 2–9 enrolled lives.
- For groups with 2 to 4 eligible lives; Minimum of 100% participation with at least 2 enrolled
- For groups with 5+ eligible lives; Minimum of 25% participation with at least 5 enrolled
- Groups that fall into the following industries must be sent to MetLife for underwriting: 6712, 6719, 7363, 8611-8699
- Coverage is not available to groups that fall into the following industries: 8042
- **Rates are guaranteed for 24–36 months**

Basic Life

- Package with Dental required below 10 lives
- Multiple of Salary plans require a minimum of 25 eligible lives
- Noncontributory coverage requires 100% participation
- Contributory coverage (50%–99% ER Paid) requires 10+ eligible lives and 75% participation
- Dependent Basic Life can be contributory or non-contributory. 50% of all eligible dependents must be covered for contributory coverage.
- Benefits are reduced by 35% at age 65; reduced to 50% of the original amount at age 70
- Coverage is not available to groups that fall into the following industries: 8811, 9999
- Groups that fall into the following industries must be sent to MetLife for underwriting: 4512–4581, 6712, 6719, 8611-8699, 9111-9229
- A completed Risk Assessment Summary is required on all cases

Underwriting guidelines

Supplemental Life

- Only available to groups with 10 or more eligible lives
- Must have at least 25% participation with a minimum of 5 enrolled.
- Statement of Health is required in the following circumstances:
 - Request coverage amounts during their initial 31-day enrollment that exceeds the stated MEOI level
 - Have been hospitalized in the last 90 days
 - Hospitalized means admission for inpatient care in a hospital; receipt of care in a hospice facility; intermediate care facility, or long term care facility, or receipt of the following treatment wherever performed: chemotherapy, radiation therapy or dialysis
 - Have indicated a medical condition on their enrollment form
 - Apply for coverage after the period which begins on the first day on which they are eligible for coverage (or the first day following a qualifying event, if applicable) and ends at the earlier of the next following annual enrollment period or the day before the next following Policy Anniversary. In no event will this period be more than a year, or less than 31 days.
 - Are Actively-at-Work but who are not currently enrolled in the plan and experience a Qualifying Event. SOH must be submitted in order to enroll for any amount of coverage.
- Coverage is not available to groups that fall into the following industries: 8811, 9999
- Groups that fall into the following industries must be sent to MetLife for underwriting: 4512–4581, 6712, 6719, 8611–8699, 9111–9229
- Will Prep and Estate Resolution Services are provided on all supplemental life quotes
- A completed Risk Assessment Summary is required on all cases
- **Rates are guaranteed for 24–36 months**

STD & VSTD

- Package with Dental required below 10 lives
- Non-Contributory Coverage:
 - Requires 100% participation
 - Minimum of 2 enrolled
 - Groups or employees located in CA, CT, HI, MA, NJ, NY, RI or WA are not eligible.
- Contributory Coverage (employer contributes 50%–99%):
 - Only available to groups with at least 10 eligible lives
 - Requires 50% participation
 - Minimum of 5 enrolled lives
 - Groups or employees located in CA, CT, HI, MA, NJ, NY, RI or WA are not eligible.
- Voluntary Coverage (employer contributes 0%–49% of the cost):
 - Only available to groups with at least 10 eligible lives
 - Requires 25% participation
 - Minimum of 5 enrolled lives
 - Groups or employees located in CA, CT, HI, MA, NJ, NY, RI or WA are not eligible.
- Weekly benefit amounts greater than \$1,000 requires 10 eligible lives and the salaries of the top 3 earners must qualify for the quoted maximum
- Coverage is not available to groups that fall into the following industries: 100–739, 750–1299, 1300–1310, 1320–1381, 1400–1499, 1700–1709, 1790–1999, 2100–2199, 2400–2419, 3100–3129, 3290, 3292–3294, 3480–3489, 3730–3739, 4000–4099, 4220–4221, 4300–4399, 4953–4958, 5090, 5093, 5900–5909, 5920–5929, 7300–7309, 7380–7381, 7500–7509, 7520–7531, 7540–7548, 8811, 9999
- Groups that fall into the following industries must be sent to MetLife for underwriting: 1382, 1389, 4212–4215, 4222–4231, 4412–4581, 6712, 6719, 7363, 8011–8049, 8062–8069, 8111, 8611–8699, 9111–9229
- A completed Risk Assessment Summary is required on all cases
- **Rates are guaranteed for 24–36 months**

Underwriting guidelines

Long Term Disability

- Employees must participate in Social Security to be eligible for coverage
- Package with Dental required below 10 lives
- Non-Contributory Coverage — requires 100% participation with a minimum of 5 enrolled lives
- Contributory Coverage (employer contributes 50%–99%):
 - Only available to groups with at least 10 eligible lives
 - Requires 50% participation
 - Minimum of 5 enrolled lives
- Voluntary Coverage (employer contributes 0%–49% of the cost):
 - Only available to groups with at least 10 eligible lives
 - Requires 25% participation
 - Minimum of 5 enrolled lives
 - Statement of Health is required for virgin cases in the state of New York and is required for late entrants in all states
- Groups with 5–9 lives are only eligible for the 5 year duration plan
- Maximums greater than \$6,000 require 10 eligible lives and the salaries of the top 3 earners must qualify for the quoted maximum
- Employee Assistance Program available to Non Contributory groups with 10 or more enrolled lives
- Coverage is not available to groups that fall into the following industries: 100–739, 750–1299, 1400–1499, 2100–2199, 2400–2429, 3100–3129, 3292, 3450–3459, 3480–3489, 4000–4099, 4953, 5090–5093, 5099, 5194, 8811 or 9999
- Groups that fall into the following industries must be sent to MetLife for underwriting: 1381, 1382, 1389, 4119, 4212–4231, 4412–4581, 6712, 6719, 7363, 8011–8049, 8062–8069, 8111, 8611-8699 or 9111-9229
- A completed Risk Assessment Summary is required on all cases
- **Rate Guarantee is 24–36 months**

Final Rating

- MetLife agrees to hold the quoted rates as long as the following requirements are met:
 - All the underwriting guidelines were followed
 - Lives and volume have not changed by more than 10%
 - The group was rated appropriately — correct situs state, zip code, SIC code, participation, accurate DOB/ages used on the census, etc.

Sending quotes to MetLife Underwriting

Once released, the Rating Tool will be your primary source for quoting. Below are instances that may require MetLife Underwriting to provide a quote. Please work with your MetLife Account Representative to obtain a quote.

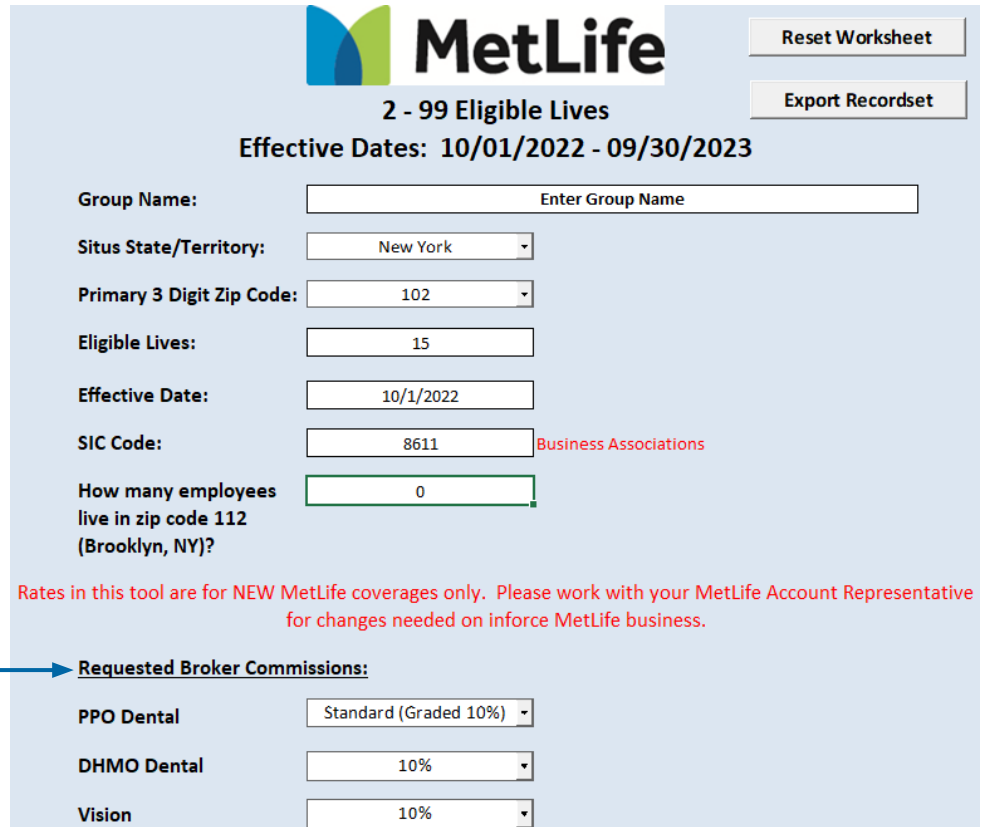
- Dental is being quoted and more than 25% of the employees are located outside the situs state
- STD is being quoted in a CA, **CT**, HI, NJ, NY, RI and WA
- Life quotes with SIC 4512–4581, 6712, 6719, 8611-8699, 9111-9229
- STD quotes with SIC 1382, 1389, 4212–4215, 4222–4231, 4412–4581, 6712, 6719, 7363, 8011–8049, 8062–8069, 8111, 8611-8699, 9111-9229
- LTD quotes with SIC 1381, 1382, 1389, 4119, 4212–4231, 4412–4581, 6712, 6719, 7363, 8011–8049, 8062–8069, 8111, 8611-8699, 9111-9229
- Any group with 25+ lives when the tool cannot match the requested plan. Groups with fewer than 25 lives require an exception from Underwriting.
- If 1 coverage requires quoting by MetLife Underwriting, please submit entire case to MetLife to obtain a quote
- If the relationship is submitting 1 coverage to MetLife Underwriting and other coverages have been run in the Rating Tool, please submit Rating Tool proposals with RFP. Underwriting will combine all products into 1 proposal for delivery.
- Groups with 25 lives or more that require multiple classes
- Dental quotes with SIC 6712, 6719, 7363, 8611-8699
- Visions quotes with SIC 6712, 6719, 7363, 8611-8699

How to run a quote – Dental and Vision

If you are unable to generate rates, see error message section for troubleshooting.

Step 1: General Info Tab — On the general info tab, enter the following data
(use the tab key to move to each drop down):

- **Group Name**
- **Situs State**
- **First 3 digits of the Group situs zip code**
- **Number of Eligible Lives**
- **Effective Date – 1st or 15th**
- **SIC Code (see SIC tab to search for an SIC code)**
- **Number of employees living in Brooklyn, New York. If Brooklyn employees are not accounted for, underwriting may adjust rates for the risk**
- **Broker Commissions, defaulted at the standard. Flat commission amounts available for 10+ lives**



The screenshot shows the MetLife Rating Tool interface. At the top, the MetLife logo is displayed. Below it, the text "2 - 99 Eligible Lives" and "Effective Dates: 10/01/2022 - 09/30/2023" are shown. On the right, there are two buttons: "Reset Worksheet" and "Export Recordset". The main form contains the following fields:

- Group Name:** A text input field with the placeholder "Enter Group Name".
- Situs State/Territory:** A dropdown menu currently showing "New York".
- Primary 3 Digit Zip Code:** A dropdown menu currently showing "102".
- Eligible Lives:** A text input field with the value "15".
- Effective Date:** A text input field with the value "10/1/2022".
- SIC Code:** A text input field with the value "8611". To the right of this field, the text "Business Associations" is displayed in red.
- How many employees live in zip code 112 (Brooklyn, NY)?** A text input field with the value "0".

Below these fields, a red warning message states: "Rates in this tool are for NEW MetLife coverages only. Please work with your MetLife Account Representative for changes needed on inforce MetLife business." Below this, there is a section titled "Requested Broker Commissions:" with three dropdown menus:

- PPO Dental:** A dropdown menu currently showing "Standard (Graded 10%)".
- DHMO Dental:** A dropdown menu currently showing "10%".
- Vision:** A dropdown menu currently showing "10%".

A blue arrow points from the "Broker Commissions" list item in the left-hand menu to the "Requested Broker Commissions:" section.

How to run a quote – Dental and Vision

Step 2: Dental-Vision Tab — Skip the census tab (census not needed for dental or vision) and click the dental-vision tab:

- At the top, enter valid waivers (number of employees waiving dental due to coverage elsewhere)
- This includes spousal waivers, military, etc.
- Number of eligible will be full-time employees minus valid waivers

Dental & Vision			
How many employees are waiving the Dental due to coverage elsewhere (spouse's plan, military, etc.)		0	
	PPO Option 1	PPO Option 2	PPO Option 3
Employer Contribution	50% - 100% (Er)	50% - 100% (Er)	50% - 100% (Er)
Participation (taking valid waivers into account)	50% - 59%	50% - 59%	50% - 59%
Coinsurance	100/80/50	100/80/50	100/80/50
Maximum	\$1,000	\$1,250	\$1,500
Deductible (Individual/Family)	\$50 / \$150	\$50 / \$150	\$50 / \$150
Out of Network	90th	90th	90th
Endo/Perio	Covered in Basic	Covered in Major	Covered in Basic
Orthodontia	Child, 50% to \$1,000	Not Included	Not Included
Include EHB Compliant Plan (Pediatric Dental)	No	No	No
Single/Dual Option (Applies to CA, NJ, NY, TX only)	Single Option	Single Option	Single Option
Rate Structure (Applies to PPO and DHMO)	4 Tier		
Rate Guarantee	12 Months		

- You may quote up to 3 dental options. Toggle through each drop down and make your plan selections.
- Each field must have a selection in order for rates to display. Do not leave blank or rates will not appear.
- Enter the number of tier elections and the rate tool automatically calculates the monthly and annual premium.

	PPO Option 1	PPO Option 2	PPO Option 3
Employer Contribution	50% - 100% (Er)	50% - 100% (Er)	50% - 100% (Er)
Participation (taking valid waivers into account)	50% - 59%	50% - 59%	50% - 59%
Coinsurance	100/80/50	100/80/50	100/80/50
Maximum	\$1,000	\$1,250	\$1,500
Deductible (Individual/Family)	\$50 / \$150	\$50 / \$150	\$50 / \$150
Out of Network	90th	90th	90th
Endo/Perio	Covered in Basic	Covered in Major	Covered in Basic
Orthodontia	Child, 50% to \$1,000	Not Included	Not Included
Include EHB Compliant Plan (Pediatric Dental)	No	No	No
Single/Dual Option (Applies to CA, NJ, NY, TX only)	Single Option	Single Option	Single Option
Rate Structure (Applies to PPO and DHMO)	4 Tier		
Rate Guarantee	12 Months		
Tier Elections			
Employee	0	\$64.57	\$64.17
Employee + Spouse	0	\$131.53	\$130.46
Employee + Child(ren)	0	\$145.50	\$138.90
Family	0	\$227.31	\$219.05
Monthly Premium	\$0.00	\$0.00	\$0.00
Annual Premium	\$0.00	\$0.00	\$0.00

How to run a quote – Dental and Vision

Dual Option

- May be offered as Employer Sponsored or Voluntary
- See Underwriting Guidelines tab for participation requirements
- Select “Dual-DHMO/DHMO” option drop down and rates will adjust
- For Dual Option DHMO/PPO, select “Dual-DHMO/PPO” in both PPO and DHMO section
- Dual Option PPO/PPO available for 51+ lives

		DHMO Option 1	DHMO Option 2	DHMO Option 3
Coplay Schedule		MET185	MET245	MET290
Single/Dual Option		Dual - DHMO/DHMO	Dual - DHMO/DHMO	Single Option
Tier	Elections			
Employee	3	Please see MetLife for Pricing if 10+ Lives		
Employee + Spouse	3			
Employee + Child(ren)	2			
Family	5			
Monthly Premium		\$0.00	\$0.00	\$0.00
Annual Premium		\$0.00	\$0.00	\$0.00

	PPO Option 1	PPO Option 2	PPO Option 3
Employer Contribution	50% - 100% (Er)	50% - 100% (Er)	50% - 100% (Er)
Participation (taking valid waivers into account)	100%	100%	100%
Coinurance	100/80/50	100/80/50	100/80/50
Maximum	\$1,000	\$1,250	\$1,500
Deductible (Individual/Family)	\$50 / \$150	\$50 / \$150	\$50 / \$150
Out of Network	90th	90th	90th
Endo/Perio	Covered in Basic	Covered in Basic	Covered in Basic
Orthodontia	Not Included	Not Included	Not Included
Single/Dual Option	Single Option	Single Option	Single Option
Rate Structure (Applies to PPO and DHMO)	4 Tier		
Rate Guarantee	12 Months		

Vision


- The vision section is below the DHMO section. You may quote up to 3 options.
- Toggle through each field and make your plan selections.
- Enter the number of elections and the rate tool automatically calculates the monthly and annual premium.

	Vision Option 1	Vision Option 2	Vision Option 3	
Participation	50% - 100%	10% - 49%	50% - 100%	
Frame Allowance	\$100	\$130	\$130	
Coplay - Exams/Materials	\$20 / \$20	\$10 / \$25	\$10 / \$25	
Frequency (Exams/Lenses/Frames/Contact Lenses)	12 / 12 / 24 / 12	12 / 12 / 24 / 12	12 / 12 / 24 / 12	
Rate Structure	4 Tier			
Rate Guarantee	24 Months			
Tier	Elections			
Employee	2	\$8.71	\$10.65	\$9.64
Employee + Spouse	3	\$17.47	\$21.35	\$19.32
Employee + Child(ren)	4	\$14.79	\$18.08	\$16.36
Family	3	\$24.39	\$29.82	\$26.98
Monthly Premium	\$202.16	\$247.13	\$223.62	
Annual Premium	\$2,425.92	\$2,965.56	\$2,683.44	

How to run a quote – Basic Life, Dependent Life and Supplemental Life

Step 1: General Info Tab — On the general info tab, enter the following data
(use the tab key to move to each drop down)

- **Group Name**
- **Situs State**
- **First 3 digits of the Group situs zip code**
- **Number of Eligible Lives**
- **Effective Date – 1st or 15th of the month available**
- **SIC Code (see SIC tab to search for a SIC code)**
- **Broker Commissions, defaulted at the standard. Flat commission amounts available for 10+ lives**



2 - 99 Eligible Lives
Effective Dates: 10/01/2022 - 09/30/2023

Group Name:	<input type="text" value="Enter Group Name"/>
Situs State/Territory:	<input type="text" value="New York"/>
Primary 3 Digit Zip Code:	<input type="text" value="102"/>
Eligible Lives:	<input type="text" value="15"/>
Effective Date:	<input type="text" value="10/1/2022"/>
SIC Code:	<input type="text" value="8611"/> Business Associations
How many employees live in zip code 112 (Brooklyn, NY)?	<input type="text" value="0"/>



Rates in this tool are for NEW MetLife coverages only. Please work with your MetLife Account Representative for changes needed on inforce MetLife business.

Requested Broker Commissions:

PPO Dental	<input type="text" value="Standard (Graded 10%)"/>
DHMO Dental	<input type="text" value="10%"/>
Vision	<input type="text" value="10%"/>
Basic Life	<input type="text" value="Standard (Graded 15%)"/>
Supplemental Life	<input type="text" value="15%"/>

How to run a quote – Basic Life, Dependent Life and Supplemental Life

Step 3: Click on the Life-Disability Tab


- The rate tool allows you to quote up to 2 Basic Life and Dependent Life options. Toggle through each drop down to make your plan selections.
- Notice the monthly and annual premium are automatically calculated based on the census entered. 
- Supp rates automatically populate; no need to make further selections. 
- If unable to generate rates, see error message section for troubleshooting.
- Please note class out and multiple class options are not available on the rate tool.

Life & Disability			
Life Rate Guarantee	24 Months		
STD Rate Guarantee	24 Months		
LTD Rate Guarantee	24 Months		
Basic Life Option 1			
Employer Contribution	Non Contributory: 100% ER Paid		
	\$15,000		
Dependent Life Option 1			
	Not Included		
Basic Life Rate	\$0.300		
AD&D	\$0.016		
Basic Dep Life Rate (per unit)	\$0.000		
Monthly Premium	\$71.10		
Annual Premium	\$853.20		
Basic Life Option 2			
Employer Contribution	Non Contributory: 100% ER Paid		
	1 x to \$50,000		
Dependent Life Option 2			
	Spouse \$2000 / Child \$1000		
Basic Life Rate	\$0.263		
AD&D	\$0.016		
Basic Dep Life Rate (per unit)	\$1.210		
Monthly Premium	\$188.34		
Annual Premium	\$2,260.08		
Supplemental Life			
	Employee/Spouse	Child	
<30	\$0.073	\$0.240	
30 - 34	\$0.096		
35 - 39	\$0.117		
40 - 44	\$0.153		
45 - 49	\$0.209		
50 - 54	\$0.387		
55 - 59	\$0.649		
60 - 64	\$0.977		
65 - 69	\$1.569		
70+	\$2.966		
AD&D	\$0.017	\$0.051	

How to run a quote – STD and LTD

Step 1: General Info Tab — On the general info tab, enter the following data
(use the tab key to move to each drop down):

- Group Name
- Situs State
- First 3 digits of the Group situs zip code
- Number of Eligible Lives
- Effective Date – 1st or 15th of the month available
- SIC Code (see SIC tab to search for a SIC code)
- Broker Commissions, defaulted at the standard. Flat commission amounts available for 10+ lives



2 - 99 Eligible Lives

Effective Dates: 10/01/2022 - 09/30/2023

Group Name:	<input type="text" value="Enter Group Name"/>
Situs State/Territory:	<input type="text" value="New York"/>
Primary 3 Digit Zip Code:	<input type="text" value="102"/>
Eligible Lives:	<input type="text" value="15"/>
Effective Date:	<input type="text" value="10/1/2022"/>
SIC Code:	<input type="text" value="8611"/> Business Associations
How many employees live in zip code 112 (Brooklyn, NY)?	<input type="text" value="0"/>

Rates in this tool are for NEW MetLife coverages only. Please work with your MetLife Account Representative for changes needed on inforce MetLife business.

Requested Broker Commissions:

PPO Dental	<input type="text" value="Standard (Graded 10%)"/>
DHMO Dental	<input type="text" value="10%"/>
Vision	<input type="text" value="10%"/>
Basic Life	<input type="text" value="Standard (Graded 15%)"/>
Supplemental Life	<input type="text" value="15%"/>
STD	<input type="text" value="Standard (Graded 15%)"/>
VSTD	<input type="text" value="15%"/>
LTD	<input type="text" value="Standard (Graded 15%)"/>
VLTD	<input type="text" value="15%"/>

*A non-standard commission agreement will be required for each coverage whose commission level is listed as non-standard in column D.

How to run a quote – STD and LTD

Step 3: Click on the Life-Disability tab

- The rate tool allows you to quote up to 2 STD and 2 LTD Options. Toggle through each drop down and make your plan selections.
- Notice the monthly and annual premiums are automatically calculated based on the census that was entered.
- Voluntary STD and LTD rates automatically populate, no need to make further selections

STD / VSTD Option 1		STD / VSTD Option 2	
Employer Contribution	Non Contributory: 100% ER Paid	Employer Contribution	Non Contributory: 100% ER Paid
Benefit Percentage	60% of Salary	Benefit Percentage	60% of Salary
Weekly Benefit Max	\$500	Weekly Benefit Max	\$1,250
Elimination/Duration	0 / 7 / 13	Elimination/Duration	0 / 7 / 13
STD Rate	Not available for this state	STD Rate	Not available for this state
Monthly Premium	Send to MetLife for Pricing	Monthly Premium	Send to MetLife for Pricing
Annual Premium		Annual Premium	
VSTD Rates	Voluntary (0% - 24% ER Paid) Not available for this State	VSTD Rates	Voluntary (0% - 24% ER Paid) Not available for this State
<30		<30	
30 - 34		30 - 34	
35 - 39		35 - 39	
40 - 44		40 - 44	
45 - 49		45 - 49	
50 - 54		50 - 54	
55 - 59		55 - 59	
60 - 64		60 - 64	
65+		65+	
*VSTD is the \$50 incremental plan, max benefit of 60%.			
LTD Option 1		LTD Option 2	
Employer Contribution	Non Contributory: 100% ER Paid	Employer Contribution	Non Contributory: 100% ER Paid
Benefit Percentage	60% of Salary	Benefit Percentage	60% of Salary
Monthly Benefit Max	\$3,000	Monthly Benefit Max	\$4,000
Elimination Period	180 days	Elimination Period	180 days
Duration	Lesser of RBD/5 years	Duration	Lesser of RBD/5 years
Own Occ Period	2 years	Own Occ Period	2 years
Employee Assistance Program	Not Included	Employee Assistance Program	Not Included
(applies to 100% ER Paid LTD only)			
EAP Option 1 - includes Telephonic and Web-based services			
EAP Option 2 - includes Telephonic, face-to-face, and Web-based services			
LTD Rate	\$0.169	LTD Rate	\$0.179
Monthly Premium	\$93.51	Monthly Premium	\$101.14
Annual Premium	\$1,122.12	Annual Premium	\$1,213.68
VLTD Rates	Voluntary (0% - 24% ER Paid)	VLTD Rates	Voluntary (0% - 24% ER Paid)
<35	\$0.079	<35	\$0.078
35 - 39	\$0.098	35 - 39	\$0.097
40 - 44	\$0.162	40 - 44	\$0.160
45 - 49	\$0.222	45 - 49	\$0.220
50 - 54	\$0.329	50 - 54	\$0.325
55 - 59	\$0.568	55 - 59	\$0.561
60 - 64	\$0.543	60 - 64	\$0.579
65+	\$0.477	65+	\$0.509

Printing a proposal

- After selecting dental, life, disability and/or vision options, go back to the General Info tab
- Scroll down below the broker section and check off the plan options to include in the rate summary (proposal)
- If printing a dual option, be sure to select both the PPO and DHMO or both DHMO options
- Click “Print Rate Summary” and the option to print to your printer or PDF will appear

LTD

Standard (Graded 15%)

VLTD

15%

*A non-standard commission agreement will be required for each coverage whose commission level is listed as non-standard in column D.

After rating, select plan options to include in the rate summary page.

<input type="checkbox"/> PPO Dental Option 1	<input type="checkbox"/> Basic Life Option 1
<input type="checkbox"/> PPO Dental Option 2	<input type="checkbox"/> Basic Life Option 2
<input type="checkbox"/> PPO Dental Option 3	<input type="checkbox"/> Supplemental Life
<input type="checkbox"/> DHMO Option 1	<input type="checkbox"/> STD Option 1
<input type="checkbox"/> DHMO Option 2	<input type="checkbox"/> STD Option 2
<input type="checkbox"/> DHMO Option 3	<input type="checkbox"/> Vol STD Option 1
<input type="checkbox"/> Vision Option 1	<input type="checkbox"/> Vol STD Option 2
<input type="checkbox"/> Vision Option 2	<input type="checkbox"/> LTD Option 1
<input type="checkbox"/> Vision Option 3	<input type="checkbox"/> LTD Option 2
	<input type="checkbox"/> Vol LTD Option 1
	<input type="checkbox"/> Vol LTD Option 2

Print Rate Summary

Troubleshooting common errors and messages generated by the Rating Tool

Users may encounter various errors while running quotes. Below are a few instances in which the Rating Tool may display a message instead of rates. Please follow the recommended actions prior to reaching out to your MetLife Account Representative.

#Value! or #N/A or #DIV/0!

This often occurs if there is a format or data type error with the date of birth or age given on the census. For example, 10/15/195 instead of 10/15/1950, or 11/31/1950 will cause an error since there is no such date as the 31st of November. You may also receive this message if data is entered as text instead of a readable format like general, DOB or number.

#REF!

The user may have corrupted the census tab by deleting rows or columns in error. When this happens, the tool can no longer reference the correct cell. The user will need to start over in a new tool.

Please enter all census data

This may occur for the following reasons:

- Attempting to run multiple of salary plans or disability plans and salary information not entered on census.
- Full census is entered but "Rating With" drop down does not coordinate with the census (i.e., ages entered but rating with drop down set to rate based on date of birth).

Please see MetLife for pricing

There are SIC codes that require underwriting considerations and may not be run within the Rating Tool. If this message displays instead of rates, please submit the RFP to the Sales Specialist for quoting.

Not available for this SIC Code

This will occur if the user attempts to run a quote for an excluded industry. This is a DTQ; a quote is not available through the tool or through MetLife Underwriting.

Microsoft has blocked macros from running

You may receive this error when opening the file. A known workaround is:

1. Save the file to your desktop
2. Right click on the file and select properties
3. On the General Tab, at the bottom under Security check the box that says "unblock" and click apply
4. Open the file

Declined due to group demographics

This means it is a < 25 life group that has an employee age 70 or older. We automatically decline any life and disability request in these situations and they should not submit these to MetLife for a quote.

Not available in this state

This would usually occur on STD in the cash sickness states. These quotes can still come in to MetLife Underwriting.

If you are unable to make a selection in any of the drop-down boxes:

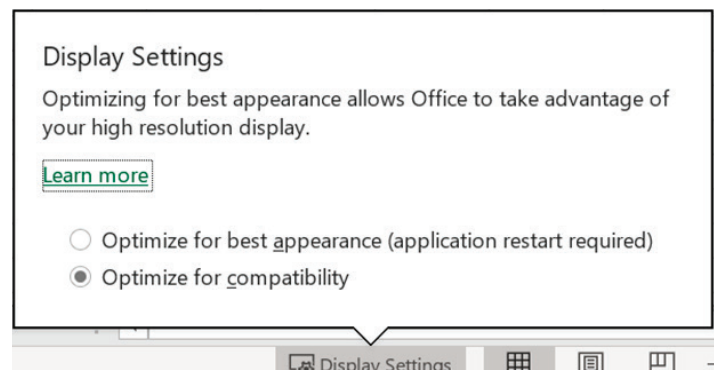
There are two possible solutions:

Possible solution 1:

1. Close out of all Microsoft applications (Excel, Word, Outlook, etc.)
2. Press Windows+R (Windows button is next to the Alt Key on the lower left side of keyboard)
3. Type %temp% in the pop-up box
4. Go into the Excel8.0 (it could be a different number on the end) and then the VBE folders and delete any files that end in .exd

Possible Solution 2:

In the lower right of excel click on display settings and select optimize for compatibility, restart excel and check for the yes/no buttons.



Steps for completing the Specialty Markets Submission Form

The Specialty Markets Submission Form can be found on your GA/TPA Microsite.

Customer information section:

The following information must be completed:

- Legal Name of Company
- Legal Address
- Employer Tax ID #
- SIC Code
- Year Founded
- Effective Date
- Number of Eligible Employees
- Please check what type of coverage was sold
- Please answer will MetLife be taking over voluntary elections from a prior carrier? If yes, a prior carrier bill will be required
- Please answer if the group has existing coverage with MetLife, include the group ID #. (This eliminates any potential errors with duplicating group numbers)
- Note: For groups quoted on the rate tool, the number of eligible lives and the SIC code should be the same used to run a quote on the rating tool. If it differs, please run the quote again with the accurate information.

Broker information section:

The following information must be completed:

- Broker's First and Last Name
- Social Security
- Corporation Name
- Federal Tax ID
- Resident State
- Business Address
- Broker Contact Name
- Phone Number
- Email Address
- Please check Yes or No for the broker appointment with MetLife. If No or unsure, please reach out to your MetLife Account Representative.
- Check the "Commissions Paid To:" box (Writing Producer or the Brokerage). Please make sure this is checked off so MetLife knows who to make payment to, the Individual Broker or Agency.

General agency information section:

- If you are a General Agent (GA) please complete this section

Broker / General Agency MetLink section:

- Complete this section if you wish to have access to the customer account via MetLink.

TPA information section:

- If you are a Third-Party Administrator (TPA) please complete this section

Third Party Entity section:

- If the group is working with a Third-Party Entity (benefit admin platform, enrollment firm, technology, etc.) this section needs to be completed with entities information
- The Service Fee Authorization form must be completed and signed by the policy holder (customer). This form must be submitted with all sold case paperwork. The form will vary based on the Third Party Entity; if you are unable to locate please contact your Account Executive.

Primary Contact/Broker Administrator information:

The following information must be completed:

- Contact First and Last Name
- Billing Addresses (Suite # if applicable, city, state, and zip code). Can be the same as the legal address or different
- Contact's Email Address
- Contact's Phone and Fax Numbers
- Should this contact have access to MetLink?

Customer Executive contact information:

The following information must be completed:

- Contact's First and Last Name
- Contact's Email Address
- Contact's Phone and Fax Numbers
- Should the contact have access to MetLink? — Check the No box.

Steps for completing the Specialty Markets Submission Form

Additional Subsidiaries/Division/Location:

- Complete this section if you have employees who are actively at work and eligible for coverage at additional locations.

Billing Detail:

- Select List Bill or SAP. SAP bill is for TPA business only

Departmental Billing:

- Complete this section if you wish to have your list bill subtotaled by location/division

Eligibility information:

The following information must be completed:

- Fill in waiting period for present and future employees (Numbers of Days/Months). If Present employees are enrolling as of the group's effective date, please indicate 0 Days/Months.
- Coverage Effective Date, please select either Date Eligible OR 1st of the Month. (1st of the month following the indicated number of days/months).
- For 1st of the month, coverage is terminated on the last calendar day on the month in which employment ended
- For Date Eligible, coverage is terminated on employee's date of termination
- You may check the Remove Domestic Partners box if it is not mandated in the group's situs state

Premium contributions:

The following information must be completed:

- Please provide the Employee and Dependent contribution Percentages for sold coverages
- Please see Rating Tool Underwriting Guidelines for minimum contribution requirements

Retiree Coverage:

- Complete this section if you wish to include a retiree class. Prior underwriting approval is required if retirees are to be considered eligible.

Earnings definition:

The following information must be completed:

- Select Basic Earnings, W2, + Commissions, + Bonus
- Check the Section 125 box Yes or No. (The standard is No)

Life, STD, LTD section:

The following information must be completed:

- Please indicate if there are any significant health risks within this customer. If the answer is yes, an Implementation Consultant will send a Risk Assessment Form (RAS) to be completed.
- Please list any employees not actively at work

Disability section:

The following information must be completed:

- Check which W2 reporting method is being used

Authorization section:

The following information must be completed by the Group Customer:

- If the group agrees that HIPAA access will be given, please check this box
- Do you wish your GA/Broker to have access to your account via MetLink?
- Check the Intermediary Compensation Notice box
- Check the Graham-Leach-Bliley Privacy Notice box
- The Group's Executive Contact or Benefit Administrator must sign and date
- The Intermediary Compensation Notice and the Gramm-Leach-Bliley Privacy Notice are included in the Broker Disclosures and Customer Notice Packet found on the microsite

FAQs

Q: What options are available to quote for broker commissions?

A: Groups with less than 10 lives have standard commissions. Groups with 10+ lives have the ability to select standard graded or flat amounts.

Q: What are the submission deadlines for sold Rating Tool Business?

A: **DHMO** – Please submit all completed documentation no later than the 10th (non-peak) and the 5th (peak) of the month prior to the effective date. No exceptions, employees must be added to the provider's dental roster prior to the effective date.

PPO Dental, Life, Vision, Disability – Please submit all completed documentation no later than the 5th business day following the requested effective date. Cases submitted after the deadlines above will need go through late exception review.

Q: Is a census needed to quote coverages?

A: Yes. For life and disability coverages, you will need to input a census. A census is not needed for dental or vision coverages.

Q: How often is the Rating Tool updated?

A: The Rating Tool is updated twice a year, unless finance requires changes.

Q: If my Rating Tool is not producing rates, what should I do and whom do I contact?

A: Please review the troubleshooting/common error section of this manual. If that does not resolve the issue, please contact your Account Executive.

Q: What products can be quoted on the Rating Tool?

- | | |
|------------------------|-------------------------|
| • Dental | • Supplemental Life |
| • Vision | • Short Term Disability |
| • Basic Life AD&D | • Long Term Disability |
| • Basic Dependent Life | |

Q: Are certain SIC codes excluded from quoting within the Rating Tool?

A: If you attempt to run a quote for an excluded SIC, the Rating Tool will display the message “not available for this SIC Code.” Please see the underwriting guidelines section of this manual or the SIC listing tab in the Rating Tool for a list of excluded SIC Codes.

Q: What is a Third-Party Entity?

A: A Third-Party Entity (TPE) is an entity in which may provide benefit administration without collecting premium, an enrollment firm, technology provider that the group may request benefits from. All firms collecting premium on behalf of group customers are not considered a TPE.

Q: What happens if the census changes from when group was quoted?

A: The GA/TPA should run the quote again to confirm sold rates; if rates differ, it may require the sale of adjusted rates. Underwriting will rate the final plan design and demographics. If rates adjust at time of final rating, we will need to sell the higher rate based on the risk.

Q: How do I submit sold Rating Tool business to MetLife?

A: All sold Rating Tool Business should be emailed to imp_ratecard@metlifeservice.com

Q: Is a password needed to sign the Rating Tool Submission Form?

A: Passwords are not required; all Rating Tool Submission Forms require a “wet signature.”

Q: How can I get a copy of the Sold Rating Submission Forms?

A: All Rating Tool Submission forms are available on your GA/TPA Microsite. If you do not have an account, please contact your Specialty Market Account Representative.

Q: Is there a password needed to access the Rating Tool?

A: No password or user ID is required. The Rating Tool is an Excel file and can be saved to your desktop.

Q: What if the requested plan design falls outside the parameters of the Rating Tool or underwriting guidelines?

A: For cases with 2–9 lives the plan offerings within the Rating Tool and underwriting guidelines are only allowed at this time. For cases with 10–99 lives please work with your Sales Specialists. For cases with 100–999 lives, please work with your Regional Account Executive.

Q: How do I know if the broker I am working with is appointed with MetLife?

A: Your assigned Implementation Consultant will check our appointment database during the submission process of sold business.

