



Plan Design – Covered Conditions

- **Initial Benefit** means the benefit that is payable for a covered condition the first time that it occurs while coverage is in effect. The Initial Benefit amount is expressed as a percentage of the elected Benefit Amount.
- **Recurrence Benefit** means the benefit that is payable for another occurrence of the same covered condition for which MetLife has already paid a benefit. The Recurrence Benefit amount is expressed as a percentage of the Initial Benefit amount.

Covered Conditions	Initial Benefit	Recurrence Benefit
Cardiovascular Disease Category		
Coronary Artery Bypass Graft (CABG) - <i>where surgery involving either a median sternotomy or minimally invasive procedure is performed</i>	100% of Benefit Amount	100% of Initial Benefit
Childhood Disease Category		
Cerebral Palsy	100% of Benefit Amount	NONE
Cleft Lip or Cleft Palate	100% of Benefit Amount	NONE
Cystic Fibrosis	100% of Benefit Amount	NONE
Diabetes (Type 1)	100% of Benefit Amount	NONE
Down Syndrome	100% of Benefit Amount	NONE
Sickle Cell Anemia	100% of Benefit Amount	NONE
Spina Bifida	100% of Benefit Amount	NONE
Functional Loss Category		
Coma	100% of Benefit Amount	100% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	NONE
Paralysis of 2 or more limbs	100% of Benefit Amount	NONE
Heart Attack Category		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Infectious Disease Category		
<i>For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 5 consecutive days.</i>		
Bacterial Cerebrospinal Meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
Diphtheria	25% of Benefit Amount	NONE
Encephalitis	25% of Benefit Amount	NONE
Legionnaire's Disease	25% of Benefit Amount	NONE
Malaria	25% of Benefit Amount	NONE
Necrotizing Fasciitis	25% of Benefit Amount	NONE
Osteomyelitis	25% of Benefit Amount	NONE
Rabies	25% of Benefit Amount	NONE
Tetanus	25% of Benefit Amount	NONE
Tuberculosis	25% of Benefit Amount	NONE
Kidney Failure Category		
Kidney Failure	100% of Benefit Amount	NONE
Major Organ Transplant Category		



Major Organ Transplant <i>For bone marrow, heart, lung, pancreas, kidney and liver</i>	100% of Benefit Amount	NONE
Progressive Disease Category		
Adrenal Hypofunction (Addison's Disease)	25% of Benefit Amount	NONE
ALS	25% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's Disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
Muscular Dystrophy	25% of Benefit Amount	NONE
Myasthenia Gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
Poliomyelitis	25% of Benefit Amount	NONE
Systemic Lupus Erythematosus (SLE)	25% of Benefit Amount	NONE
Systemic Sclerosis (Scleroderma)	25% of Benefit Amount	NONE
Severe Burn Category		
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
Stroke Category		
Stroke	100% of Benefit Amount	100% of Initial Benefit

Plan Design – Supplemental Benefits

Health Screening Benefit	<p>Payable if an eligible covered person takes one of the screening/prevention measures listed below.</p> <p><u>Benefit Amount</u></p> <ul style="list-style-type: none"> • \$50 <p><u>Times Payable per Calendar Year</u></p> <ul style="list-style-type: none"> • 1 time per Employee • 1 time per Spouse/Domestic Partner • 1 time per Dependent Child <p><u>Eligible Screening/Prevention Measures</u></p> <table border="1"> <tr> <td>routine health check-up exam</td> <td>fasting blood glucose test</td> </tr> <tr> <td>biopsies for cancer</td> <td>fasting plasma glucose test</td> </tr> <tr> <td>blood chemistry panel</td> <td>flexible sigmoidoscopy</td> </tr> <tr> <td>blood test to determine total cholesterol</td> <td>hearing test</td> </tr> <tr> <td>blood test to determine triglycerides</td> <td>hemocult stool specimen</td> </tr> <tr> <td>bone marrow testing</td> <td>hemoglobin A1C</td> </tr> <tr> <td>breast MRI</td> <td>human papillomavirus (HPV) vaccination</td> </tr> <tr> <td>breast ultrasound</td> <td>immunization</td> </tr> <tr> <td>breast sonogram</td> <td>lipid panel</td> </tr> <tr> <td>cancer antigen 15-3 blood test for breast cancer (CA 15-3)</td> <td>mammogram</td> </tr> <tr> <td>cancer antigen 125 blood test for ovarian cancer (CA 125)</td> <td>oral cancer screening</td> </tr> </table>	routine health check-up exam	fasting blood glucose test	biopsies for cancer	fasting plasma glucose test	blood chemistry panel	flexible sigmoidoscopy	blood test to determine total cholesterol	hearing test	blood test to determine triglycerides	hemocult stool specimen	bone marrow testing	hemoglobin A1C	breast MRI	human papillomavirus (HPV) vaccination	breast ultrasound	immunization	breast sonogram	lipid panel	cancer antigen 15-3 blood test for breast cancer (CA 15-3)	mammogram	cancer antigen 125 blood test for ovarian cancer (CA 125)	oral cancer screening
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	carcinoembryonic antigen blood test for colon cancer (CEA)	pap smears or thin prep pap test
	carotid doppler	prostate-specific antigen (PSA) test
	chest x-rays	serum cholesterol test to determine LDL and HDL levels
	clinical testicular exam	serum protein electrophoresis
	colonoscopy	skin cancer biopsy
	complete blood count (CBC)	skin cancer screening
	coronavirus testing	skin exam
	dental exam	stress test on bicycle or treadmill
	digital rectal exam (DRE)	successful completion of smoking cessation program
	Doppler screening for cancer	tests for sexually transmitted infections (STIs)
	Doppler screening for peripheral vascular disease	thermography
	echocardiogram	two-hour post-load plasma glucose test
	electrocardiogram (EKG)	ultrasounds for cancer detection
	electroencephalogram (EEG)	ultrasound screening of the abdominal aorta for abdominal aortic aneurysms
	endoscopy	virtual colonoscopy
	eye exams	

Ask your MetLife representative for information on other plan designs and benefits that may be available based on MetLife's guidelines, group size, underwriting and state requirements.

Healthcare Navigation Services

<p>Healthcare Navigation Services – added at no additional cost to you or your employees</p>	<p>As an added benefit your employees will have access to education and support from personal consultants with healthcare expertise, including the following: decision support related to health care services and benefits; assistance with understanding health benefits; concierge services to coordinate care, assess costs of care, find doctors and facilitate appointments; and medical claim/bill review and correction. The services also include access to self-service decision support tools via a web portal that can be used to assess costs of care and find doctors.</p>
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Connected Benefits*

<p>Connected Benefits – proactive outreach that helps employees take advantage of their benefits. Added at no additional cost to you or your employees</p>	<ul style="list-style-type: none"> MetLife will proactively notify employees when benefits may be available under MetLife Accident & Health Insurance coverages – which includes Critical Illness, as well as Accident, Cancer or Hospital Indemnity insurance if an employee also has those coverages – after filing a medical claim through the employer's Medical Plan (where the medical information is being shared) or after filing a MetLife Group Disability claim if the employee has MetLife Group Disability Insurance. In addition, MetLife will auto-adjudicate Health Screening Benefit claim submissions for any MetLife Accident & Health Insurance plan which includes the benefit, which will help encourage preventative action and care.
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Monthly (12) Premium Rates

Uni-Tobacco

Premium per \$1,000 of Coverage

Issue Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse and Child(ren)
<25	\$0.18	\$0.42	\$0.23	\$0.46
25 - 29	\$0.18	\$0.46	\$0.23	\$0.51
30 - 34	\$0.26	\$0.69	\$0.31	\$0.74
35 - 39	\$0.38	\$1.03	\$0.43	\$1.08
40 - 44	\$0.60	\$1.58	\$0.65	\$1.62
45 - 49	\$0.86	\$2.20	\$0.91	\$2.25
50 - 54	\$1.18	\$2.93	\$1.23	\$2.98
55 - 59	\$1.57	\$3.75	\$1.62	\$3.80
60 - 64	\$2.05	\$4.67	\$2.10	\$4.72
65 - 69	\$2.57	\$5.78	\$2.62	\$5.82
70+	\$3.57	\$7.92	\$3.62	\$7.96

Multiply the per \$1,000 rates shown above by the benefit amount divided by \$1,000 (e.g., 15 for \$15,000 of coverage) and round to two decimals to calculate rates for the quoted benefit amounts. Note that the per \$1,000 rates are only applicable to the benefit amounts shown in this C&B. Final implemented rates may vary slightly due to rounding.

Coverage Change Rules for Issue Age Critical Illness	
Benefit Amount Increase	Any benefit amount increase will use the original issue age to calculate premium on that segment. The rate on the original segment of coverage will not change. A covered person may not own more total coverage than the highest available amount offered under the plan.
Benefit Amount Decrease	The rate, which is based on the employee's original issue age applicable to the segment, is reduced.
Change in Smoker Status (if Applicable)	The tobacco (or non-tobacco) rate is switched to the corresponding non-tobacco (or tobacco) rate at the original issue age. All segments of coverage are updated.

Enrollment files sent to MetLife should show the total coverage amount elected by the employee. Please contact MetLife for more detail on the above, including rate calculation examples.

CRITICAL ILLNESS INSURANCE GENERAL EXCLUSIONS

PLEASE NOTE:

Exclusions and limitations in any policy and certificate issued will be based on the policyholder's situs state, plan design and states where employees reside. If the policyholder has employees residing in the following states, that state's Exclusions and Limitations will apply: Alaska, Arkansas, Colorado, Connecticut, Florida, Guam, Idaho, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin, and Wyoming.

How to read this section:

Exclusions appear in **bold font**. Applicable state variations are noted in *italics*.

We will not pay benefits for any Covered Condition for a Covered Person caused by, or that takes place during:

- **the Covered Person's active participation in an insurrection, rebellion, riot or terrorist act;**
CT and OR: "...riot or terrorist act;" deleted and replaced with "...or riot;"
ID: "...insurrection, rebellion, riot or terrorist act" deleted and replaced with "...insurrection or riot;"
MD: bullet deleted.
MI: bullet expanded to "...or terrorist act if such participation constitutes the commission of a felony or other willful criminal activity;"
UT: "active participation" changed to "voluntary active participation".
- **the Covered Person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;**
CA and MD: bullet deleted.
ID: bullet changed to "the Covered Person's participation in a felony;"
MI: bullet changed to "the Covered Person's committing or attempting to commit a felony or to which a contributing cause was the Covered Person being engaged in an illegal occupation or other willful criminal activity;"
NH and OR: "illegal occupation or" is deleted.
UT: "illegal occupation or activity" changed to "illegal occupation or activity as a voluntary participant".
- **the Covered Person's intentionally self-inflicted injury;**
MN: bullet deleted.
- **the Covered Person's suicide or attempted suicide (while sane or insane);**
MN: bullet deleted.
MO, OR and VT: "or insane" is deleted.
- **war, whether declared or undeclared; or act of war;**
NC: Bullet revised to: "war, whether declared or undeclared; or act of war (undeclared war does not include acts of terrorism);"

OK: Bullet revised to: “war, whether declared or undeclared; or act of war - this exclusion only applies to a Covered Person while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer;”

- **the Covered Person’s operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the Covered Person’s:**

IL: Last sentence in bullet revised to: “For purposes of this exclusion intoxicated means that which is defined and determined by the laws of the jurisdiction where the loss or cause of the loss was incurred and the Covered Person’s:”

KY: Second sentence revised to: “Motor vehicle means any vehicle that is powered by a motor.”

CA, ID, MD, SD and WA: bullet and two sub-bullets deleted.

NV: First sentence in bullet revised to: “the Covered Person’s commission of or attempt to commit a felony which involves the operation, while intoxicated, of a motor vehicle involved in the incident.”

- **blood alcohol level met or exceeded .08%; or**

OR: Bullet revised to: “blood alcohol level met or exceeded the limit established by the laws of the jurisdiction for driving while intoxicated where the incident took place; or”

- **blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;**

- **the Covered Person voluntarily taking or using any drug, medication or sedative unless it is:**

CT: bullet deleted and replaced with “the voluntary use of a controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (the Controlled Substances Act), as now or hereafter amended, unless prescribed by the Covered Person’s Physician for the Covered Person;”

CA, ID, MD, OR, SD and WA: bullet and two sub-bullets deleted.

MI: bullet and two sub-bullets deleted and replaced with “the Covered Person voluntarily taking or using any drug, medication or sedative that constitutes a willful criminal activity; or”

PA: “drug, medication or sedative” replaced with “intoxicant or narcotic”.

VT: bullet revised to “the Covered Person’s voluntary and felonious use of any drug, medication or sedative unless it is:”

- **taken or used as prescribed by a Physician, or**
- **an “over the counter” drug, medication or sedative taken according to package directions; or**

NV: Bullet and both sub-bullets deleted.

ID: additional bullet added: “the Covered Person’s alcoholism or drug addiction; or”

- **activities required by the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.**

FL: bullet revised to “activities required by the Covered Person to carry out the duties and responsibilities of their service in...”

MO: bullet removed.

In addition,

- *TX: bullet added: “Diagnosis or treatment of a Covered Condition by a Physician who is: You; Your spouse or anyone to whom You are related by blood or marriage; anyone who is a member of Your household; Your adopted child or step-child; anyone with whom You share a business interest; or Your employee;”*



- **We will not pay benefits for any Covered Condition for which Diagnosis is made outside the United States, Canada or Mexico unless the Diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to Occur on the date the Diagnosis is made outside the United States, Canada or Mexico.**

(CA: the following two exclusions are added:)

INTOXICANTS AND CONTROLLED SUBSTANCES

We shall not be liable for any loss sustained or contracted in consequence of the Covered Person's being intoxicated (including but not limited to intoxication due to cannabis use) or under the influence of any controlled substance unless administered on the advice of a Physician.

ILLEGAL OCCUPATION OR COMMISSION OF A FELONY

We shall not be liable for any loss to which a contributing cause was the commission of or attempt to commit a felony by the Covered Person whose injury or sickness is the basis of claim, or to which a contributing cause was such Covered Person's being engaged in an illegal occupation.

CT: The following definition is added:

Participation in a Riot means all forms of public violence, disorder or disturbance of the peace by three or more persons. It does not matter whether:

- there was common intent; or
- there was intent to damage any person or property, or to break the law.

ID: The following exclusion is added:

Coverage under this Certificate does not provide benefits for elective abortions.



General Disclaimer:

METLIFE CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. There may be a preexisting condition exclusion. There may be a benefit reduction due to age provision. There may be a Benefit Suspension Period between recurrences of the same Covered Condition or occurrences of different Covered Conditions. MetLife offers CII on both an Attained Age basis, where rates will increase when a Covered Person reaches a new age band, and an Issue Age basis, where rates will not increase due to age. Rates are subject to change. MetLife reserves the right to raise premium rates for Issue Age CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP14-CI or contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.

Some services in connection with the coverage may be performed by our affiliate, MetLife Services and Solutions, LLC or by Transaction Applications Group, Inc. a wholly owned subsidiary of NTT Data Services, 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.

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Plan Design³	
Coverage Type	Hospitalization Reason – Accident: 24 Hour coverage Hospitalization Reason – Sickness: 24 Hour Coverage
Benefit Amount	Employees will have a choice of selecting coverage between two options: Low or High on a guaranteed issue. Benefits are based on flat schedule amount that varies depending on plan.
Underwriting Offer	Guaranteed Issue ⁴ Benefits are paid directly to the employee based on flat schedule (not reimbursement) and there is no coordination with other insurance coverage.
Waiting Period for Sickness - Hospital Admission and Confinement Benefits	None
Pre-Existing Condition Limitation	Not Included.
Complications of Pregnancy	Complications of pregnancy and emergency Cesarean section are covered.
Routine Childbirth⁵	Routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section are covered.
Elimination Period for Routine Childbirth	Not Included.
Mental Illness	Treatment for mental illness is not covered.
Drugs & Alcohol	Treatment for alcoholism and drug addiction in a hospital is not covered. Injury or illness resulting from drug misuse, alcohol taken in combination with drugs, and driving under the influence are not covered.
Benefit Reduction Due to Age	Not Included.
Portability (continuation of insurance with premium payment)⁷	“Portability” is available through our Continuation of Insurance provision. Employees who are no longer eligible for coverage under the plan (e.g. if their employment ends or if they retire or due to their movement to a non-eligible class or, unless they become eligible for similar coverage, if the group policy ends) may continue their coverage on a MetLife direct-billed basis.

³ Ask your MetLife representative for information on other plan designs and benefits that may be available based on MetLife’s guidelines, group size, underwriting and state requirements.

⁴ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage.

⁵ Benefits are not payable for the period of pregnancy prior to childbirth where there are no complications (referred to as “Routine Pregnancy” in the Certificate). Complications of Pregnancy are covered.

⁷ Eligibility for portability through the Continued Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

Rate Information	
Rate Structure	Composite Rates
Rate Guarantee period	5 years, subsequent years' rates subject to change.
Policy and Rate Changes	<p>Policy Premiums are due on the first day of each month.</p> <p>This quote assumes a premium payment grace period of 31 days.</p> <p>MetLife reserves the right to change its rates for any of the following reasons:</p> <ul style="list-style-type: none"> • The composition of the group, employees, dependents or the Hospital Indemnity insurance volume has changed 10% or more from the date when quoted. • Any of the plan designs are changed. • A change in applicable law requires a change in the insurance provided by the policy or the classes of persons eligible for insurance under the plan.
Supplemental Fees	The premium rates include a load for an administrative fee equal to 3% of premium.

Proposed Rates – Low Plan

Type	Monthly (12)
Employee Only	\$18.97
Employee + Spouse	\$33.38
Employee + Children	\$28.46
Employee + Spouse and Children	\$42.88

Proposed Rates – High Plan

Type	Monthly (12)
Employee Only	\$37.04
Employee + Spouse	\$66.48
Employee + Children	\$55.52
Employee + Spouse and Children	\$84.96

Note: Final implemented rates may vary slightly due to rounding.

Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits.

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Low Plan	High Plan
Hospital Benefits				
Admission Benefit	4 time(s) per calendar year ¹	Admission ²	\$2,000	\$2,000
Confinement Benefit	3 days per calendar year	Confinement ⁴	\$100	\$100
Confinement Benefit for Newborn Nursery Care	2 day(s) per confinement	Confinement Benefit for Newborn Nursery Care ⁵	\$50	\$50
Surgery Benefits				
Inpatient Surgery Benefit*	1 time(s) per calendar year Requires administration of general anesthesia.	Inpatient Surgery	\$0	\$1,000
Outpatient Surgery Benefit	1 time(s) per calendar year	Outpatient Surgery (For Injury or Sickness)	\$0	\$1,000
Additional Care Benefits				
Ambulance Benefit	1 time(s) per calendar year	Ground Ambulance Transport	\$0	\$50
Diagnostic Procedure*	1 time(s) per calendar year	Diagnostic Procedure ⁶	\$0	\$500
Emergency Care	1 time(s) per calendar year	Emergency Room	\$0	\$150
		Urgent Care Facility	\$0	\$100

*Any benefit(s) marked with an asterisk requires a prior Hospital Admission or Confinement.

¹ If a covered person is readmitted within 90 days for the same or related sickness/injury for which we paid an Admission Benefit, an additional Admission Benefit is not payable.

² The admission Benefit for residents of CT and ID will be increase to \$2,725 for plan design(s) High and \$2,875 for plan design(s) High , respectively, because some benefits in this plan design are not available. See the Schedule of benefits in the CT and ID certificate.

⁴ If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.

⁵ Payable for the period of newborn confinement for a newborn child who is not sick or injured.

⁶ The Diagnostic Procedure Benefit is not payable during hospital confinement.

Please contact MetLife for detailed definitions and state variations of covered benefits.

Other Benefits	
Diagnostic Procedure Benefit	Diagnostic Procedure means any of the following: angiogram; arteriogram; barium enema/lower GI series, barium swallow/upper GI series; biopsies; bone marrow testing; bronchoscopy; computed tomography scan (CT) or computed axial tomography (CAT); colonoscopy; cystoscopy; electrocardiogram (EKG); electroencephalogram (EEG); electromyogram (EMG); esophagogastroduodenoscopy (EGD); excision of lesion; hysteroscopy; laryngoscopy; loop electrosurgical excisional procedure (EEP); magnetic resonance imaging (MRI) or magnetic resonance (MR); nerve conduction velocity test (NCV); nuclear medicine test; positron emission tomography (PET Scan); pulmonary function test (PFT); single-photon emission computed tomography (SPECT Scan);thallium stress test; transesophageal echocardiogram (TEE); x-rays.

Healthcare Navigation Services	
Healthcare Navigation Services – added at no additional cost to you or your employees	As an added benefit your employees will have access to education and support from personal consultants with healthcare expertise, including the following: decision support related to health care services and benefits; assistance with understanding health benefits; concierge services to coordinate care, assess costs of care, find doctors and facilitate appointments; and medical claim/bill review and correction. The services also include access to self-service decision support tools via a web portal that can be used to assess costs of care and find doctors.

Connected Benefits*	
Connected Benefits – proactive outreach that helps employees take advantage of their benefits. Added at no additional cost to you or your employees	<ul style="list-style-type: none"> MetLife will proactively notify employees when benefits may be available under MetLife Accident & Health Insurance coverages – which includes Hospital Indemnity, as well as Accident, Cancer or Critical Illness insurance if an employee also has those coverages – after filing a medical claim through the employer’s Medical Plan (where the medical information is being shared) or after filing a MetLife Group Disability claim if the employee has MetLife Group Disability Insurance.

* Availability for Connected Benefits service is subject to medical insurance carrier requirements and arrangements with the employer. Social Security Numbers for employees and dependents enrolled in Accident & Health insurance products must be provided to MetLife. The employer must provide Administrative Services Only (ASO) medical insurance.

MetLife AdvantagesSM	
MetLife AdvantagesSM – Services or Discounts added at no additional cost to you or your employees	<p>Will Preparation Services¹</p> <p>As an added benefit your employees will have access to MetLife’s online will preparation services provided by SmartLegalForms to create a binding will, living will or assign a power of attorney.</p> <p>MetLife VisionAccess²</p> <p>As an added benefit your employees will have access to the MetLife VisionAccess discount program. The program provides a discount on eye exams, glasses and frames, and laser vision correction when visiting a participating private practice.</p>

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MetLife AdvantagesSM Disclaimers

MetLife AdvantagesSM availability may vary by state.

¹WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. and is not affiliated with MetLife. The WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters. WillsCenter.com is available to anyone regardless of affiliation with Metlife.

²MetLife Vision Access is a discount program and not an insured benefit. It is provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates. MetLife Vision Access is available to anyone regardless of affiliation with MetLife.

GROUP HOSPITAL INDEMNITY INSURANCE EXCLUSIONS AND LIMITATIONS

PLEASE NOTE:

Exclusions and limitations in any policy and certificate issued will be based on the policyholder's situs state, plan design and states where employees reside. If the policyholder has employees residing in the following states, that state's Exclusions and Limitations will apply: Alaska, Arkansas, Connecticut, Louisiana, Minnesota, Mississippi, Montana, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, South Carolina, Texas, Utah, Vermont, Washington, West Virginia, and Wisconsin.

How to read this section:

Exclusions appear in **bold font**. Applicable state variations are noted in *italics*.

We will not pay benefits for any loss due to an Accident or Sickness for a covered person caused or contributed to by any of the following:

IL: deleted the words "or contributed to"

- **the covered person's voluntary use, by any means, of:**

CT: bullet and all 5 sub-bullets deleted and replaced with "the voluntary use of a controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (the Controlled Substances Act), as now or hereafter amended, unless prescribed by the covered person's physician for the covered person"

MD: bullet and all 5 sub-bullets deleted

MN: bullet changed to two bullets that read "the covered person's voluntary use of any narcotic, unless it is taken or used as prescribed by a physician" and "the Covered Person's voluntary use of an 'over the counter' drug, medication or sedative taken as directed"

NV: bullet revised to read "the covered person's commission of or attempt to commit a felony at the time of the accident, which involves the voluntary use, by any means, of:"

NJ: bullet and all 5 sub-bullets deleted and replaced with "the covered person's voluntary use by any means of poison, gas or fumes; the covered person's intoxication where such person's normal capacity to act or reason is inhibited by alcohol in combination with a narcotic; the Covered Person being under the influence of any narcotic unless administered or consumed on the advice of a Physician;

NY: bullet and all 5 sub-bullets deleted and replaced with "the covered person being under the influence of any narcotic unless administered on the advice of a physician"

VT: bullet revised to read "the covered person's voluntary and felonious use, by any means, of;"

- **any drug, medication or sedative, unless it is:**

CA, SD, WA: bullet and 2 sub-bullets deleted

MN: bullet and 2 sub-bullets deleted and replaced with wording set forth above

PA: bullet revised to "any intoxicant or narcotic, unless it is:"

- **taken or used as prescribed by a physician; or**

- **an "over the counter" drug, medication or sedative taken as directed**

- **alcohol in combination with any drug, medication, or sedative**

AL: bullet revised to add the following at the end: "if label instructions for such drug, medication of sedative state that it cannot be taken safely in combination with alcohol"

CA, SD, WA: bullet deleted

NH: bullet deleted

PA: bullet revised to read "alcohol in combination with any narcotic"

- **poison, gas, or fumes**

NC: bullet revised to read "the covered person's voluntary inhalation of gas or fumes or voluntary taking of poison"

NH, PA: bullet deleted

TN: sub-bullet revised to read "the covered person's intentional ingestion of poison, or intentional inhalation of gas or fumes"

- *NY: the following bullet is added: "the covered person being intoxicated"*

WA: the following sentence is added preceding the bullets below: “We will not pay benefits for any loss for a covered person caused or contributed to by:”

- **the covered person’s suicide or attempted suicide (while sane or insane)**
 MN: bullet deleted
 CO, MO, VT: “or insane” deleted
 PA: “(while sane or insane)” deleted
 NY: “revised to read “the covered person’s suicide, attempted suicide or intentionally self-inflicted injury”
- **the covered person’s intentionally self-inflicted injury**
 MN, NY: bullet deleted
- **war, whether declared or undeclared; or act of war**
 NC: added “(the term “war” does not include terrorist acts)”
 OK: bullet revised to add the following at the end: “- this exclusion only applies to a covered person while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer;”
 NY: bullet revised to read “war, or act of war (whether declared or undeclared)”
- **the covered person’s active participation in an insurrection, rebellion, riot, or terrorist act**
 CA, OR: “or terrorist act” deleted
 MD: bullet deleted
 MI: bullet revised to read “the covered person’s active participation in an insurrection, rebellion, riot, or terrorist act if such participation constitutes the commission of a felony or other willful criminal activity;”
 UT: “voluntary” added after “person’s” and before “active”
 NY: bullet revised to read “the covered person’s participation in a felony, riot or insurrection”
- **the covered person’s engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred**
 CA, MD: bullet deleted
 MI: bullet revised to read “the covered person’s commission or attempt to commit a felony or to which a contributing cause was being engaged in an illegal occupation or other willful criminal activity”
 NJ: bullet revised to read “the covered person’s commission of or attempt to commit a felony or to which a contributing cause was the covered person’s engagement in an illegal occupation”
 UT: “engagement” deleted and replaced with “active participation”
 IL: bullet revised to read “the covered person’s engagement in any occupation that constitutes a felony under applicable law”
 NY: bullet revised to read “the covered person’s engagement in an illegal occupation”
- **dental procedures or surgery except as the result of an Accident causing Injury to a sound natural tooth**
 CO: “or to reconstruct a part of the body which was disfigured or removed as a result of a Congenital Anomaly of a Dependent Child” added after “sound natural tooth”
 SD: “sound natural” deleted
 NY: bullet revised to read “dental procedures or surgery except as the result of an accident causing Injury to a sound natural tooth”
- **cosmetic surgery, except when such surgery is performed to:**
 NY: bullet and all 3 sub-bullets deleted and replaced with “cosmetic surgery, except when such surgery is performed to reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness”
 - **treat an Injury or Sickness;**
 CO: New sub-bullet added after treat an Injury or Sickness;”. “Reconstruct a part of the body which was disfigured or removed as a result of a Congenital Anomaly of a Dependent Child;”
 NC: “or congenital anomaly” added after “Sickness”

- **correct a disorder of normal bodily function or structure that was caused by an Injury or Sickness for which coverage is not otherwise excluded under the certificate; or**
NC: "or congenital anomaly" added after "Sickness"
- **reconstruct a part of the body which was disfigured or removed as a result of an Injury or Sickness for which coverage is not otherwise excluded under the certificate**
*ID: "a trauma, infection or other disease that results from" added after "result of" and before "an Injury".
The following is added as a bulleted item when children are eligible for coverage "reconstruct a part of the body which was disfigured or removed as a result of congenital disease or congenital anomaly of a dependent child"
NC: "or congenital anomaly" added after "Sickness"*
- **the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:**
*MT, ND, VT: bullet and two sub-bullets deleted
SD: ", except for the covered person's use of:" and two sub-bullets deleted
NJ: bullet and both sub-bullets deleted and replaced with "the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the cover person's use of any narcotic administered or consumed on the advice of a physician"
NY: bullet and both sub-bullets deleted and replaced with "the covered person's mental or emotional disorder"*
 - **any drug, medication or sedative that is taken or used as prescribed by a Physician; or**
 - **an "over the counter" drug, medication or sedative taken as directed**
- **activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority**
*FL: bullet revised to read "activities required by the covered person to carry out the duties and responsibilities of their service in the armed forces or any auxiliary unit of the armed forces of any country or international authority"
NY: bullet revised to read "the covered person's service in the armed forces or any auxiliary unit of the armed forces"*

In addition, We will not pay benefits for:

MD: the following bullet is added: "any claim for health care services that the appropriate regulatory board determines were provided as a result of a prohibited referral under § 1-302 of the Health Occupations Article"

- **a covered person while incarcerated in any type of penal or detention facility**
ID, LA, MO, NH, NY: bullet deleted
- **any of the following outside of the United States, Canada or Mexico:**
 - **any medical or healthcare treatment, services or transportation; or**
 - **any inpatient admission or stay in any medical or health care facility**
NY: bullet and both sub-bullets deleted and replaced with "we will not pay benefits for services or treatment received outside of the United States, Canada or Mexico"

CA: the following two exclusions are added:

INTOXICANTS AND CONTROLLED SUBSTANCES

We shall not be liable for any loss sustained or contracted in consequence of the Covered Person's being intoxicated or under the influence of any controlled substance unless administered on the advice of a Physician.

ILLEGAL OCCUPATION OR COMMISSION OF A FELONY

We shall not be liable for any loss to which a contributing cause was the commission of or attempt to commit a felony by the Covered Person whose injury or sickness is the basis of claim, or to which a contributing cause was such Covered Person's being engaged in an illegal occupation.

The following additional exclusions apply to payment of benefits for any loss due to an Accident:

We will not pay benefits for any loss due to an Accident for a covered person caused or contributed to by any of the following:

IL: deleted the words "or contributed to"

- **the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:**
CA, MD, SD, WA: bullet and two sub-bullets deleted
NV: added before the word "operation" in the above bullet: "commission of or attempt to commit a felony at the time of the accident, which involves the"
NY: bullet and two sub-bullets deleted
 - **intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and**
IL: bullet revised to read "intoxicated means that which is defined and determined by the laws of the jurisdiction where the loss or cause of the loss was incurred and the covered person's blood alcohol level meets or exceeds .08%"
 - **motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile**
KY: "including, but not limited to: an automobile; a boat, a motorcycle; a truck; an all terrain vehicle; or a snow mobile" deleted
NH: sub-bullet deleted
- **the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight**
NY: bullet revised to read "we will not pay benefits for any loss due to an accident for a covered person caused or contributed to by aviation, other than as a fare-paying passenger on a scheduled or chartered flight operated by a scheduled airline"
- **the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation**
ID: "if acting in a professional capacity" added at the beginning of this bulleted item
NH, NY: bullet deleted
- **the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test**
CT, MN: "in a professional capacity" added after "driving" and before "any"
NE: bullet revised to read "the covered person riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test"
NH: "in a professional capacity" added after "speed test"
NY: bullet deleted
OR: bullet deleted
- **the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received**
NH: "semi-professional or" deleted
NY, SD: bullet deleted
- **the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment for the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running**
NH, NY, OR: bullet deleted

The following additional exclusions apply to payment of benefits for any loss due to a Sickness:

We will not pay benefits under the certificate for:

- **a dependent child's routine pregnancy or routine childbirth and any well baby or nursing care provided to the dependent child's newborn child**
MT, NH: bullet deleted

General Disclaimer:

METLIFE'S HOSPITAL INDEMNITY INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. Prior hospital confinement may be required to receive certain benefits. There may be a preexisting condition limitation for hospital sickness benefits. MetLife's Hospital Indemnity Insurance may be subject to benefit reductions that begin at age 65. Like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX, GPNP13-HI, GPNP16-HI or GPNP12-AX-PASG, or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Hospital Indemnity Insurance is pending regulatory approval.

Some services in connection with the coverage may be performed by our affiliate, MetLife Services and Solutions, LLC or by Transaction Applications Group, Inc. a wholly owned subsidiary of NTT Data Services, 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.

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