READ YOUR OUTLINE OF COVERAGE

Group Hospital Indemnity Insurance is provided under a Group Policy that has been issued to the Policyholder. **The Policyholder is your employer: Monarch HealthCare Management, LLC.**

The Outline of Coverage provides a very brief summary of the important features of the Group Hospital Indemnity. The Outline of Coverage is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control.

To access and read your Outline of Coverage:

- If you are a **RESIDENT** of one of the following states, click on the link on the following page that shows the name of your state of residence: **Alaska, Arkansas, Colorado, Connecticut, Florida, Idaho, Louisiana, Minnesota, Missouri, Mississippi, Montana, North Carolina, North Dakota, Nebraska, New Hampshire, New Mexico, Ohio, Oklahoma, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, Wisconsin, West Virginia, or Wyoming.**

OR

- If you do not reside in one of the above listed states, click on the **GROUP POLICY ISSUANCE STATE** on the following page**. The GROUP POLICY ISSUANCE STATE is:** MINNESOTA

It is important that you follow the above directions and click on the link for the state that applies to you. Some of the information in the Outline of Coverage varies by state.

If a Health Screening Benefit is offered under your plan, please note that in certain states, it is provided by MetLife Consumer Services as a separate service and is not part of your insurance coverage. This does not impact the Health Screening Benefit's availability, your cost, or the way in which you access the service. Please refer to the Health Screening Benefit section in your Plan Summary for further information about this benefit. Please call MetLife's toll-free at 1-800-GET-MET8 for further information and any questions you have about this important coverage.

The Outlines of Coverage start on page 3.

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METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP HOSPITAL INDEMNITY COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

1) Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) Hospital Indemnity coverage: Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.

3) Benefits: The listing below shows the benefits provided for you.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

Throughout this outline, “you” and “your” refer to the employee who becomes insured for hospital indemnity insurance coverage. The term “covered person” refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

Hospital Indemnity Coverage
Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit (paid up to 4 time(s) per calendar year)	$500 for the day of admission	$1000 for the day of admission
ICU Supplemental Admission Benefit (paid concurrently with Admission Benefit)	$500 for the day of admission	$1000 for the day of admission
Confinement Benefit (paid for up to 31 days per confinement)	$100 per day	$200 per day
Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)	$100 per day	$200 per day

ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 31 days per confinement)	$100 per day	$200 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per calendar year)	$100 per day	$200 per day
Other Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	$50 for the day the measure is taken	$50 for the day the measure is taken

4) Exclusions and Limitations

Exclusions:

The Certificate only provides benefits for sickness or injury. Sickness includes:

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- 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:
  - treat in injury or 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 this Certificate; or
  - 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 this Certificate;
- 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.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility;

Additional Exclusions that Apply to Loss Due to Accident:
The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
  - 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;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving in a professional capacity in any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- 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.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of Group Policy Issuance State ----------

METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP HOSPITAL INDEMNITY COVERAGE

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IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

1) **Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!**

2) **Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.

3) **Benefits:** The listing below shows the benefits provided for you.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for hospital indemnity insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF ALASKA:

The following information applies if Continued Insurance takes effect for you under the At Your Option: Continuation with Premium Payment provision in the Certificate:

Grace Period

There is a grace period of 31 from the date your Continued Insurance would otherwise end, if you do not pay the contribution for Continued Insurance on the date it is due, as specified in the premium notice we send to you. This means each contribution that is due after the first contribution for Continued Insurance may be paid up to 31 days after its due date. During the grace period, your Continued Insurance will stay in force.

Reinstatement of Continued Insurance

If we do not receive the premium due for your Continued Insurance before the end of the grace period, your Continued Insurance will lapse. No benefits are payable under the Certificate due to any accident that occurs or sickness during the period your Continued Insurance is lapsed. After your Continued Insurance has lapsed, such insurance may be reinstated if:

- you request reinstatement within 2 months after the date your Continued Insurance lapsed;
- we approve your request; and

- you make a premium payment to us for the first month of your reinstated Continued Insurance by the due date specified in the premium notice.

If we approve your request for reinstatement, or, if we have not sent you a written disapproval within 45 days after your reinstatement request, and, we receive the premium due for your reinstated insurance, your Continued Insurance will be reinstated effective the earlier of:

- the first day of the calendar month that coincides with or next follows the date we approve your request; or,
- the first day of the calendar month that coincides with or next follows the end of the 45 day period which follows the date you made your request for reinstatement.

Time Limit on Defenses

The following provision replaces the Incontestability: Statements by You provision in the General Provisions section of the Certificate:

After three years from the effective date of any of the following:

- your insurance under the Certificate;
- any change in the terms of the Certificate; or
- reinstatement,

no misstatements, except fraudulent misstatements, made by you can be used to avoid the insurance under the Certificate, after the end of such three-year period.

Entire Contract

The entire contract is made up of the following:

1. the Group Policy, and its exhibits, including the Certificate, and, any riders to the Certificate;
2. the group policyholder's application; and
3. the amendments and endorsements to the Group Policy, if any.

The Group Policy, when issued, shall contain the entire contract between the parties.

The terms and provisions of the Group Policy may be changed, at any time, without the consent of the persons insured under it or anyone else with a beneficial interest in it. MetLife will issue amendments or endorsements to effect such changes. MetLife will only make changes that are consistent with applicable law. An amendment or endorsement will not affect the insurance provided under certificates issued before the effective date of the change, unless retroactivity is consistent with applicable law.

An officer of MetLife must approve in writing any change or waiver of the terms and provisions of the Group Policy. A sales representative, or other MetLife employee, who

is not an officer of MetLife does not have MetLife's authority to approve such changes or waivers. A change or waiver will be evidenced by an amendment signed by an officer of MetLife and the Group Policyholder or an endorsement signed by an officer of MetLife. A copy of the amendment or endorsement will be provided to the group policyholder for attachment to the policy.

Hospital Indemnity Coverage
Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit (paid up to 4 time(s) per calendar year)	$500 for the day of admission	$1000 for the day of admission
ICU Supplemental Admission Benefit (paid concurrently with Admission Benefit)	$500 for the day of admission	$1000 for the day of admission
Confinement Benefit (paid for up to 31 days per confinement)	$100 per day	$200 per day
Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)	$100 per day	$200 per day
ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 31 days per confinement)	$100 per day	$200 per day

Inpatient Rehabilitation Benefit (paid for up to 15 days per calendar year)	$100 per day	$200 per day
Other Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	$50 for the day the measure is taken	$50 for the day the measure is taken

4) Exclusions and Limitations

Exclusions:

The Certificate only provides benefits for sickness or injury. Sickness includes:

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- 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:
  - treat in injury or 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 this Certificate; or
  - 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 this Certificate;
- 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.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility;

Additional Exclusions that Apply to Loss Due to Accident:
The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
  - 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;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- 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.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of Alaska----------

METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP HOSPITAL INDEMNITY COVERAGE

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OUTLINE OF COVERAGE

1) **Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!**

2) **Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.

3) **Benefits:** The listing below shows the benefits provided for you.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for hospital indemnity insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF ARKANSAS:

The following information affects dependent definitions and dependent eligibility requirements:

- The timeframes included in the Date Dependent Insurance Takes Effect provision of your Certificate which address: providing notice of a newborn; how long coverage will initially take effect for such a child; and the provision of permission for any required payroll deduction of contributions for such child, will not be less than 90 days.

- Initial proof that a child meets the definition of disabled child must be sent to Us – the 31 day timeframe after enrollment within which to provide this information does not apply.

The following information affects continuation of insurance for mentally or physically handicapped children who reach the dependent child age limit:

- The timeframe for providing us with notice of a child's handicap does not apply. Proof of a child's handicap must be provided to us upon our request, at our expense.

Hospital Indemnity Coverage
Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit (paid up to 4 time(s) per calendar year)	$500 for the day of admission	$1000 for the day of admission
ICU Supplemental Admission Benefit (paid concurrently with Admission Benefit)	$500 for the day of admission	$1000 for the day of admission
Confinement Benefit (paid for up to 31 days per confinement)	$100 per day	$200 per day
Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)	$100 per day	$200 per day
ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 31 days per confinement)	$100 per day	$200 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per calendar year)	$100 per day	$200 per day
Other Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	$50 for the day the measure is taken	$50 for the day the measure is taken

4) Exclusions and Limitations

Exclusions:
The Certificate only provides benefits for sickness or injury. Sickness includes:
- complications of pregnancy;
- routine childbirth.

Sickness does not include:
- routine pregnancy;

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- 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:
  - treat in injury or 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 this Certificate; or
  - 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 this Certificate;
- 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.

In addition, the Certificate does not provide benefits for:
- a covered person while incarcerated in any type of penal or detention facility;

Additional Exclusions that Apply to Loss Due to Accident:
The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
  - 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;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;

- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- 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.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of Arkansas----------

METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP ACCIDENT & SICKNESS COVERAGE
(In Colorado, MetLife's Group Hospital Indemnity Coverage is referred as "Group Accident and Sickness" Coverage)

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OUTLINE OF COVERAGE

1) **Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!**

2) **Group Accident and Sickness:** Group Accident and Sickness coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below. (In Colorado, MetLife's Group Hospital Indemnity coverage is referred to as "Group Accident and Sickness" coverage.)

3) Benefits: The listing below shows the benefits provided for you.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

Throughout this outline, “you” and “your” refer to the employee who becomes insured for hospital indemnity insurance coverage. The term “covered person” refers to a person for whom insurance is in effect under the Certificate.
If a Health Screening Benefit is offered under your plan, please note that in certain states, it is provided by MetLife Consumer Services as a separate service and is not part of your insurance coverage. This does not impact the Health Screening Benefit’s availability, your cost, or the way in which you access the service. Please refer to the Health Screening Benefit section in your Plan Summary for further information about this benefit. Please call MetLife's toll-free at 1-800-GET-MET8 for further information.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF COLORADO:

The following information affects the dependent child definition and dependent child eligibility requirements:

- A child of your domestic partner is eligible for coverage as a dependent child who is a stepchild.

The following information affects domestic partners:

- The term spouse includes your domestic partner or civil union partner if the partnership is registered with a government agency where such registration is available.

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

- Congenital anomaly means a condition existing at or from birth that is a significant deviation from the common form or function of the body, whether caused by a hereditary or developmental defect or disease. The term significant deviation is defined to be a deviation which impairs the function of the body and includes but is not limited to the conditions of cleft lip, cleft palate, webbed fingers or toes, sixth toes or fingers, or defects of metabolism and other conditions that are medically diagnosed to be congenital anomalies.

Accident and Sickness Coverage
Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit (paid up to 4 time(s) per calendar year)	$500 for the day of admission	$1000 for the day of admission
ICU Supplemental Admission Benefit (paid concurrently with Admission Benefit)	$500 for the day of admission	$1000 for the day of admission
Confinement Benefit (paid for up to 31 days per confinement)	$100 per day	$200 per day

Confinement Benefit for Newborn Nursery Care (paid for each day the newborn baby is confined no more than 2 days following a normal vaginal delivery; or 4 days following a Cesarean Section delivery)	$100 per day	$200 per day
ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 31 days per confinement)	$100 per day	$200 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per calendar year)	$100 per day	$200 per day

4) Exclusions and Limitations

Exclusions:

The Certificate only provides benefits for sickness or injury. Sickness includes:

- complications of pregnancy;
- routine childbirth.
- routine nursery care or well-baby care for a newborn child; and
- routine pregnancy

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth or to reconstruct a part of the body which was disfigured or removed as a result of a Congenital Anomaly of a Dependent Child;
- cosmetic surgery, except when such surgery is performed to:
  - treat in injury or 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 this Certificate; or
  - 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 this Certificate;
  - reconstruct a part of the body which was disfigured or removed as a result of a congenital disease or congenital anomaly of a dependent child;

- 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.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility;

Additional Exclusions that Apply to Loss Due to Accident:
The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
  - 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;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- 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.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of Colorado----------

METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP HOSPITAL INDEMNITY COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

1) **Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!**

2) **Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.

3) **Benefits:** The listing below shows the benefits provided for you.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

Throughout this outline, “you” and “your” refer to the employee who becomes insured for hospital indemnity insurance coverage. The term “covered person” refers to a person for whom insurance is in effect under the Certificate.
If a Health Screening Benefit is offered under your plan, please note that in certain states, it is provided by MetLife Consumer Services as a separate service and is not part of your insurance coverage. This does not impact the Health Screening Benefit’s availability, your cost, or the way in which you access the service. Please refer to the Health Screening Benefit section in your Plan Summary for further information about this benefit. Please call MetLife's toll-free at 1-800-GET-MET8 for further information.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF CONNECTICUT:

The following information affects the Inpatient Rehabilitation Benefit:

- The Inpatient Rehabilitation Benefit will only be paid if a covered person is transferred to a rehabilitation facility, as a resident inpatient, immediately after a period of confinement for which we paid an Admission Benefit or Confinement Benefit.

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

The following information affects the end of insurance:

- The group policyholder agrees to provide you with at least 15 days advance notice prior to cancellation or discontinuation of the Group Policy.

- If your Certificate does not include an Extension of Benefits provision, the following provision is added. If your Certificate includes an Extension of Benefits provision, the provision will be no less favorable than the following:

Extension of Benefits

If a covered person is confined on the date your insurance ends, and you do not continue insurance under the At Your Option: Continuation with Premium Payment provision or you do not continue insurance under the At Your Option: Continuation Under State Law provision (described in this outline of coverage), we will pay certain benefits for such covered person if the confinement continues after your insurance ends, in accordance with, and subject to all of the following:

- No benefits will be available under this Extension of Benefits provision if your insurance ends due to non-payment of premium.
- Benefits payable under this Extension of Benefits provision will be paid in accordance with and subject to the terms and conditions of the Certificate, except as set forth in this provision.
- Benefits under this Extension of Benefits provision will end on the earlier of:
  - the date the covered person is no longer confined; or
  - the end of the number of days that Confinement Benefits are payable for the confinement.
- If the covered person is again confined at any time after discharge, no further benefits will be payable.

The following information affects continuation of insurance under your Certificate:

- **At Your Option: Continuation Under State Law** is available to you as described below:

If your insurance ends under the Date Your Insurance Ends provision of the Certificate, in certain situations, it may be continued for you and your dependents, as described in this provision. Insurance continued under this provision is referred to as “Continued Insurance Under State Law”.

Qualifying Events for Continued Insurance Under State Law

Qualifying Event means any of the following categories of events that would cause insurance under this Certificate to end:

- Category A: your layoff, reduction of hours, leave of absence or termination of employment, other than as a result of your death or your gross misconduct;
- Category B: with respect to dependent insurance, your death;
- Category C: your absence from work due to your illness or injury;
- Category D: the end of the Group Policy, for a covered person who was Totally Disabled (as defined in this provision) on the date the Group Policy ended; or

- Category E: a qualifying event under 29 USC 1163, as amended from time to time, other than a qualifying event under one of the categories listed above.

If a Qualifying Event occurs, Continued Insurance Under State Law will be available, unless any of the following apply:

- for a Category A, Category B or Category C Qualifying Event, insurance under the Group Policy ends for all employees;
- for a Category A or Category B Qualifying Event, you become covered under another group policy that provides similar coverage to the coverage described in the Certificate, without application of a preexisting conditions exclusion or limitation; or
- your insurance is being continued under the At Your Option: Continuation With Premium Payment provision.

Requirements for Continued Insurance Under State Law

A person entitled to continuation under this provision must contact us directly for information regarding the right to continue insurance, the payment amounts required for continued coverage, and the manner, place and time in which such payments must be made.

Continued Insurance Under State Law will continue for the following periods (each such period is referred to as a “Continuation Period”):

- for a Category A Qualifying Event, the Continuation Period is 30 months for you and your dependents;
- for a Category B or Category E Qualifying Event, the Continuation Period for your dependents is the period set forth for such event in the federal extension requirements established by the Consolidated Omnibus Reconciliation Act of 1985 as now or hereafter amended from time to time;
- for a Category C Qualifying Event, the Continuation Period is 12 months for you and your dependents, beginning on the date of the Qualifying Event; or
- for a Category D Qualifying Event, the Continuation Period begins on the date that the Group Policy ends and runs for the period of time that the covered person is Totally Disabled (as described in this provision), but in no event will the Continuation Period be more than 12 months.

Contributions for Continued Insured Under State Law

The contribution that you must pay for Continued Insurance under State Law is the amount of your contribution for insurance before it ended, plus any amount of premium that your employer paid; except that the covered person may be required to pay up to 102% of the entire premium at the premium rate set forth in the Group Policy if coverage is being continued under a Category A, Category B or Category E Qualifying Event.

We have the right to change premium rates in accordance with the terms set forth in the Group Policy. All payments for Continued Insurance Under State Law must be made directly to us on a timely basis.

For a Category D Qualifying Event, premium payment will not be required for coverage during the Continuation Period, provided a claim for coverage must be submitted within one year of the date the Group Policy ends.

End of Continued Insurance Under State Law

Continued Insurance Under State Law will end on the earliest of the following:

- the date the Group Policy ends, except for continuation for a Category D Qualifying Event;
- for a Category A Qualifying Event, if the reduction of hours, leave of absence or termination of employment resulted from an employee's eligibility to receive Social Security income, the Continuation Period for you or your dependents will end at midnight of the day preceding such person's eligibility for benefits under Title XVIII of the Social Security Act;
- for a dependent continuing coverage due to a Category A or Category C Qualifying Event, the date dependent insurance ends under the Group Policy for all employees;
- for a dependent child, the earlier of:
  - the date that the dependent child becomes covered under a group health plan through their own employment; or
  - the date the child reaches age of 26; however coverage for a child may be continued past age 26 in accordance with the For Mentally or Physically Handicapped Children provision in the Continuation of Insurance Certificate section;
- for a spouse, at the end of the month following the month in which a divorce, court-ordered annulment or legal separation is obtained, whichever is earlier; except that the spouse will have the option to continue coverage for the periods set forth for such events under the federal extension requirements established by the Consolidated Omnibus Reconciliation Act of 1985 as now or hereafter amended from time to time.
- for a covered person who is age 65 or older, as of midnight of the day preceding such person's eligibility for benefits under Title XVII of the Federal Social Security Act;
- the end of the applicable Continuation Period; or
- the end of the period for which the last full required premium has been paid for Continued Insurance Under State Law (this does not apply to a Category D Qualifying Event).

Totally Disabled means that, solely due to an injury or sickness for which we paid a benefit under the Certificate, a covered person is:

- prevented from performing any occupation for which such person is or becomes reasonably fitted by education, training or experience;
- not gainfully employed; and

- receiving appropriate care and treatment from a Physician who is appropriate to treat the sickness or injury.

Hospital Indemnity Coverage
Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit (paid up to 4 time(s) per calendar year)	$500 for the day of admission	$1000 for the day of admission
ICU Supplemental Admission Benefit (paid concurrently with Admission Benefit)	$500 for the day of admission	$1000 for the day of admission
Confinement Benefit (paid for up to 31 days per confinement)	$100 per day	$200 per day
Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)	$100 per day	$200 per day
ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 31 days per confinement)	$100 per day	$200 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per calendar year)	$100 per day	$200 per day

4) Exclusions and Limitations

Exclusions:
The Certificate only provides benefits for sickness or injury. Sickness includes:

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- 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:
  - treat in injury or 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 this Certificate; or
  - 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 this Certificate;
- 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.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility;

Additional Exclusions that Apply to Loss Due to Accident:
The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
  - 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;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving in a professional capacity in any motor-driven vehicle in a race, stunt show or speed test;

- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- 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.

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.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of Connecticut----------

METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP HOSPITAL INDEMNITY COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

1) **Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!**

2) **Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.

3) **Benefits:** The listing below shows the benefits provided for you.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for hospital indemnity insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF FLORIDA:

The following information affects dependent definitions and dependent eligibility requirements:

- A dependent child who is a resident of Florida and a student at an accredited school, college or university that is licensed in the jurisdiction in which it is located, will be eligible for coverage up to the end of the calendar year in which such child reaches age 30.

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

The following information affects the end of insurance:

- If your Certificate does not include an Extension of Benefits provision, the following provision is added. If your Certificate includes an Extension of Benefits provision, the provision will be no less favorable than the following:

  Extension of Benefits

If a covered person is confined on the date your insurance ends, and You do not continue insurance under the At Your Option: Continuation with Premium Payment provision, we will pay certain benefits for such covered person if the confinement continues after your insurance ends, in accordance with, and subject to all of the following:

- No benefits will be available under this Extension of Benefits provision if your insurance ends due to non-payment of premium.
- Benefits payable under this Extension of Benefits provision will be paid in accordance with and subject to the terms and conditions of the Certificate, except as set forth in this provision.
- Benefits under this Extension of Benefits provision will end on the earlier of:
  - the date the covered person is no longer Confined; or
  - the end of the number of days that Confinement Benefits are payable for the Confinement.
- If the covered person is again confined at any time after discharge, no further benefits will be payable.

The following information affects claims requirements:

- No legal action may be brought to recover on a claim under the Certificate within 60 days after the date proof has been given as required by the Certificate. No such action may be brought after the expiration of the applicable statute of limitations from the date proof is required to be given.

Hospital Indemnity Coverage
Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit (paid up to 4 time(s) per calendar year)	$500 for the day of admission	$1000 for the day of admission
ICU Supplemental Admission Benefit (paid concurrently with Admission Benefit)	$500 for the day of admission	$1000 for the day of admission

Confinement Benefit (paid for up to 31 days per confinement)	$100 per day	$200 per day
Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)	$100 per day	$200 per day
ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 31 days per confinement)	$100 per day	$200 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per calendar year)	$100 per day	$200 per day
Other Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	$50 for the day the measure is taken	$50 for the day the measure is taken

4) Exclusions and Limitations

Exclusions:

The Certificate only provides benefits for sickness or injury. Sickness includes:

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- 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:
  - treat in injury or 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 this Certificate; or
  - 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 this Certificate;
- activities required by the covered person to carry out the duties and the responsibilities of their service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility;

Additional Exclusions that Apply to Loss Due to Accident:
The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
  - 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;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- 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.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of Florida----------

METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP HOSPITAL INDEMNITY COVERAGE
GROUP POLICY FORM NO: GPNP12-AX
CERTIFICATE FORM NO: GCERT16-HI

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.

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IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

1) **Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!**

2) **Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.

3) **Benefits:** The listing below shows the benefits provided for you.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

Throughout this outline, “you” and “your” refer to the employee who becomes insured for hospital indemnity insurance coverage. The term “covered person” refers to a person for whom insurance is in effect under the Certificate.
If a Health Screening Benefit is offered under your plan, please note that in certain states, it is provided by MetLife Consumer Services as a separate service and is not part of your insurance coverage. This does not impact the Health Screening Benefit’s availability, your cost, or the way in which you access the service. Please refer to the Health Screening Benefit section in your Plan Summary for further information about this benefit. Please call MetLife's toll-free at 1-800-GET-MET8 for further information.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF IDAHO:

The following information affects dependent definitions and dependent eligibility requirements:

- A child who is eligible as a dependent child under the terms of the Certificate includes any such child who has a congenital anomaly.

- If dependent coverage is not already in effect for at least one other dependent child, to continue coverage beyond the first 60 days of coverage for a newborn child or if you adopt a child:
    - Any additional contributions, if required, for a newborn child or an adopted child must be received by us within 31 days following:
        - the date that the monthly premium invoice is received by the group policyholder and the notice of premium contributions has been provided

to you, if your premium contributions are being paid by payroll deductions; or

- receipt by you of a bill for the required additional premium contributions, if you are directly billed for payment of premium contributions.

The following information affects definitions:

- In the definition of Complications of Pregnancy, the requirement that a Caesarean section be a non-elective or emergency Caesarean section does not apply.

- The following definition applies to your coverage: Congenital anomaly means a condition existing at or from birth that is a significant deviation from the common form or function of the body, whether caused by a hereditary or developmental defect or disease. The term significant deviation is defined to be a deviation which impairs the function of the body and includes but is not limited to the conditions of cleft lip, cleft palate, webbed fingers or toes, sixth toes or fingers, or defects of metabolism and other conditions that are medically diagnosed to be congenital anomalies.

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

The following information affects the end of insurance:

- If your Certificate does not include an Extension of Benefits provision, the following provision is added. If your Certificate includes an Extension of Benefits provision, the provision will be no less favorable than the following:

  Extension of Benefits

  If a covered person is confined on the date your insurance ends, and you do not continue insurance under the At Your Option: Continuation with Premium Payment provision, we will pay certain benefits for such covered person if the confinement continues after your insurance ends, in accordance with, and subject to all of the following:

  - No benefits will be available under this Extension of Benefits provision if your insurance ends due to non-payment of premium.
  - Benefits payable under this Extension of Benefits provision will be paid in accordance with and subject to the terms and conditions of the Certificate, except as set forth in this provision.
  - Benefits under this Extension of Benefits provision will end on the earlier of:
    - the date the Covered Person is no longer confined; or

- the end of the number of days that Confinement Benefits are payable for the confinement.
- If the covered person is again confined at any time after discharge, no further benefits will be payable.

- The Pregnancy Benefit Extension is included in your coverage as follows:

  If insurance under the Certificate ends because we end the Group Policy, we will extend benefits for a covered person's pregnancy that: qualifies as a Sickness (as set forth in the definition of Sickness); and, commenced before insurance ended, subject to all of the following:
  - This Pregnancy Benefit Extension provision does not apply if your insurance is continued under the At Your Option: Continuation with Premium Payment provision.
  - The covered person who is pregnant must continue to meet the requirements to be eligible for insurance after insurance ends.
  - The only benefits payable under this provision are for care or services received by the covered person for the pregnancy.
  - Benefits will be paid in accordance with and subject to the terms and conditions of the Certificate, except as set forth this provision.

Hospital Indemnity Coverage
Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit (paid up to 4 time(s) per calendar year)	$500 for the day of admission	$1000 for the day of admission
ICU Supplemental Admission Benefit (paid concurrently with Admission Benefit)	$500 for the day of admission	$1000 for the day of admission

Confinement Benefit (paid for up to 31 days per confinement)	$100 per day	$200 per day
Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)	$100 per day	$200 per day
ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 31 days per confinement)	$100 per day	$200 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per calendar year)	$100 per day	$200 per day

4) Exclusions and Limitations

Exclusions:
The Certificate only provides benefits for sickness or injury. Sickness includes:
- complications of pregnancy;
- routine childbirth.

Sickness does not include:
- routine pregnancy;

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection or riot;
- the covered person's participation in a felony;
- 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:
  - treat in injury or 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 this Certificate; or

- reconstruct a part of the body which was disfigured or removed as a result of a trauma, infection or other disease that results from an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- reconstruct a part of the body which was disfigured or removed as a result of a congenital disease or congenital anomaly of a dependent child;

- 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.

Additional Exclusions that Apply to Loss Due to Accident:
The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- if acting in a professional capacity, the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person participating in any professional competitive athletic activity for which any type of compensation or remuneration is received; or
- if acting in a professional capacity, the covered person hang gliding, para-kiting, or sail-gliding.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of Idaho----------

METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP HOSPITAL INDEMNITY COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

1) **Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!**

2) **Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.

3) **Benefits:** The listing below shows the benefits provided for you.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for hospital indemnity insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

Hospital Indemnity Coverage
Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit (paid up to 4 time(s) per calendar year)	$500 for the day of admission	$1000 for the day of admission
ICU Supplemental Admission Benefit (paid concurrently with Admission Benefit)	$500 for the day of admission	$1000 for the day of admission

Confinement Benefit (paid for up to 31 days per confinement)	$100 per day	$200 per day
Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)	$100 per day	$200 per day
ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 31 days per confinement)	$100 per day	$200 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per calendar year)	$100 per day	$200 per day
Other Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	$50 for the day the measure is taken	$50 for the day the measure is taken

4) Exclusions and Limitations

Exclusions:

The Certificate only provides benefits for sickness or injury. Sickness includes:

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- 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:
  - treat in injury or 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 this Certificate; or
  - 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 this Certificate;
- 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.

Additional Exclusions that Apply to Loss Due to Accident:
The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
  - 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;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- 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.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters

Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of Louisiana----------

METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP HOSPITAL INDEMNITY COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

1) **Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!**

2) **Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.

3) **Benefits:** The listing below shows the benefits provided for you.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for hospital indemnity insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF MISSOURI:

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

The following information affects the end of insurance:

- If your Certificate does not include an Extension of Benefits provision, the following provision is added. If your Certificate includes an Extension of Benefits provision, the provision will be no less favorable than the following:

  Extension of Benefits

  If a covered person is confined on the date your insurance ends, and you do not continue insurance under the At Your Option: Continuation with Premium Payment provision, we will pay certain benefits for such covered person if the confinement continues after your insurance ends, in accordance with, and subject to all of the following:

  - No benefits will be available under this Extension of Benefits provision if your insurance ends due to non-payment of premium.

- Benefits payable under this Extension of Benefits provision will be paid in accordance with and subject to the terms and conditions of the Certificate, except as set forth in this provision.
- Benefits under this Extension of Benefits provision will end on the earlier of:
  - the date the covered person is no longer confined; or
  - the end of the number of days that Confinement Benefits are payable for the confinement.
- If the covered person is again confined at any time after discharge, no further benefits will be payable.

The following information affects claims requirements:

- You must provide us with notice of a claim within 30 days of the date of loss. Failure to provide notice of claim within such time will not invalidate or reduce any claim if it is shown that it was not reasonably possible to give such notice and that notice was given as soon as was reasonably possible.

Hospital Indemnity Coverage
Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit (paid up to 4 time(s) per calendar year)	$500 for the day of admission	$1000 for the day of admission
ICU Supplemental Admission Benefit (paid concurrently with Admission Benefit)	$500 for the day of admission	$1000 for the day of admission
Confinement Benefit (paid for up to 31 days per confinement)	$100 per day	$200 per day

Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)	$100 per day	$200 per day
ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 31 days per confinement)	$100 per day	$200 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per calendar year)	$100 per day	$200 per day
Other Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	$50 for the day the measure is taken	$50 for the day the measure is taken

4) Exclusions and Limitations

Exclusions:

The Certificate only provides benefits for sickness or injury. Sickness includes:

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;

- 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:
  - treat in injury or 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 this Certificate; or
  - 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 this Certificate;
- 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.

Additional Exclusions that Apply to Loss Due to Accident:
The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
  - 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;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- 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.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of Missouri----------

METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP HOSPITAL INDEMNITY COVERAGE

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OUTLINE OF COVERAGE

1) **Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!**

2) **Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.

3) **Benefits:** The listing below shows the benefits provided for you.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for hospital indemnity insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

Hospital Indemnity Coverage
Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit (paid up to 4 time(s) per calendar year)	$500 for the day of admission	$1000 for the day of admission
ICU Supplemental Admission Benefit (paid concurrently with Admission Benefit)	$500 for the day of admission	$1000 for the day of admission

Confinement Benefit (paid for up to 31 days per confinement)	$100 per day	$200 per day
Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)	$100 per day	$200 per day
ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 31 days per confinement)	$100 per day	$200 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per calendar year)	$100 per day	$200 per day
Other Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	$50 for the day the measure is taken	$50 for the day the measure is taken

4) Exclusions and Limitations

Exclusions:

The Certificate only provides benefits for sickness or injury. Sickness includes:

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- 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:
  - treat in injury or 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 this Certificate; or
  - 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 this Certificate;
- 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.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility;

Additional Exclusions that Apply to Loss Due to Accident:
The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
  - 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;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- 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.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of Mississippi----------

METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP HOSPITAL INDEMNITY COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

1) **Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!**

2) **Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.

3) **Benefits:** The listing below shows the benefits provided for you.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for hospital indemnity insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF MONTANA:

The following information affects the definition of the term "physician":

- The term physician includes the following providers, if licensed to provide a service for which a benefit is payable under the Certificate according to the laws and regulations of the jurisdiction where such service is performed, and if the provider is acting within the scope of their license: a medical practitioner; a physician's assistant; dentist; osteopath; chiropractor; optometrist; podiatrist; psychologist; licensed social worker; licensed professional counselor; acupuncturist; naturopathic physician; physical therapist; speech-language pathologist; audiologist; licensed addiction counselor; or advanced practice registered nurse.

The following information affects coverage of pregnancy:

- The following terms in the Definitions section of the Certificate do not apply to your coverage:
  - Complications of Pregnancy;
  - Routine Childbirth; and
  - Routine Pregnancy.

- Pregnancy and childbirth are covered as a sickness without distinction as to whether it is routine or a complication of pregnancy.

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

The following information affects claims requirements:

- Notice of a claim must be provided to us within 6 months of the date of the loss.
- A legal action on a claim may only be brought against us during a certain period. This period begins 60 days after the date proof is filed and ends on the expiration of any applicable statute of limitations.

Hospital Indemnity Coverage
Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit (paid up to 4 time(s) per calendar year)	$500 for the day of admission	$1000 for the day of admission
ICU Supplemental Admission Benefit (paid concurrently with Admission Benefit)	$500 for the day of admission	$1000 for the day of admission
Confinement Benefit (paid for up to 31 days per confinement)	$100 per day	$200 per day

Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)	$100 per day	$200 per day
ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 31 days per confinement)	$100 per day	$200 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per calendar year)	$100 per day	$200 per day
Other Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	$50 for the day the measure is taken	$50 for the day the measure is taken

4) Exclusions and Limitations

Exclusions:

The Certificate only provides benefits for sickness or injury. Sickness includes pregnancy.

Sickness does not include:

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- 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:
  - treat in injury or 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 this Certificate; or
  - 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 this Certificate;
- 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.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility;

Additional Exclusions that Apply to Loss Due to Accident:
The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
  - 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;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- 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.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** The premium rates for this insurance take into consideration benefit levels, the demographics of the insured group, the applicable industry, and other risk related rating factors. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

The applicable Premium for you is shown in the enclosed rate sheet.

Please complete the following estimated annual premium information once you have made your coverage selections using the premium rates supplied by us.
(to be completed by applicant)

Estimated annual premium $_____

At this time there is no trend information regarding premium increases and decreases to disclose

----------End of Montana----------

METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP HOSPITAL INDEMNITY COVERAGE

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OUTLINE OF COVERAGE

1) **Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!**

2) **Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.

3) **Benefits:** The listing below shows the benefits provided for you.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

Throughout this outline, “you” and “your” refer to the employee who becomes insured for hospital indemnity insurance coverage. The term “covered person” refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF NORTH CAROLINA:

The following information affects a non-custodial parent:

- If you do not have custody of a child who is insured under the Certificate, we may provide information to the custodial parent of such child as may be necessary for the child to obtain benefits.

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

The following information affects claims requirements:

- Proof of loss must be provided to us not later than 180 days after the date of the loss.

- The consent of the beneficiary is not required to terminate coverage, make any change of beneficiary, or to make any other changes to the Certificate.

- If there is no beneficiary designated or no surviving designated beneficiary at your death, we will pay any benefit payable under the Certificate to your estate.

The following information affects access to discounts for services:

- From time to time we may offer or provide certain persons who apply for coverage with us or become insureds/enrollees with us with discounts for goods and/or services. In addition, we may arrange for third party service providers, to provide discounted goods and services to those persons who apply for coverage with us. While we have arranged these goods, services and/or third party provider discounts, the third party service providers are liable to the applicants/insureds/enrollees for the provision of such goods and/or services. We are not responsible for the provision of such goods and/or services nor are we liable for the failure of the provision of the same. Further, we are not liable to the applicants/insureds/enrollees for the negligent provision of such goods and/or services by third party service providers.

Hospital Indemnity Coverage
Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit (paid up to 4 time(s) per calendar year)	$500 for the day of admission	$1000 for the day of admission
ICU Supplemental Admission Benefit (paid concurrently with Admission Benefit)	$500 for the day of admission	$1000 for the day of admission
Confinement Benefit (paid for up to 31 days per confinement)	$100 per day	$200 per day

Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)	$100 per day	$200 per day
ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 31 days per confinement)	$100 per day	$200 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per calendar year)	$100 per day	$200 per day
Other Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	$50 for the day the measure is taken	$50 for the day the measure is taken

4) Exclusions and Limitations

Exclusions:

The Certificate only provides benefits for sickness or injury. Sickness includes:

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:

- war, whether declared or undeclared, or act of war (the term "war" does not include terrorist acts);
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;

- 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:
  - treat an injury or sickness or congenital anomaly;
  - correct a disorder of normal bodily function or structure that was caused by an injury, or sickness or congenital anomaly for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an injury, sickness or congenital anomaly for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was disfigured or removed as a result of a congenital disease or congenital anomaly of a dependent child;
- 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.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility;

Additional Exclusions that Apply to Loss Due to Accident:
The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
  - 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;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- 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.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of North Carolina----------

METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP HOSPITAL INDEMNITY COVERAGE

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IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

1) **Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!**

2) **Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.

3) **Benefits:** The listing below shows the benefits provided for you.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for hospital indemnity insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF NORTH DAKOTA:

The following information affects the definition of a hospital:

- A hospital is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, or a place for convalescent, custodial, educational or rehabilitative care.

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

The following information affects the end of insurance:

- If your Certificate does not include an Extension of Benefits provision, the following provision is added. If your Certificate includes an Extension of Benefits provision, the provision will be no less favorable than the following:

  Extension of Benefits

  If a covered person is confined on the date your insurance ends, and you do not continue insurance under the At Your Option: Continuation with Premium Payment

provision, we will pay certain benefits for such covered person if the confinement continues after your insurance ends, in accordance with, and subject to all of the following:

- No benefits will be available under this Extension of Benefits provision if your insurance ends due to non-payment of premium.
- Benefits payable under this Extension of Benefits provision will be paid in accordance with and subject to the terms and conditions of the Certificate, except as set forth in this provision.
- Benefits under this Extension of Benefits provision will end on the earlier of:
  - the date the covered person is no longer confined; or
  - the end of the number of days that Confinement Benefits are payable for the confinement.

- If the covered person is again confined at any time after discharge, no further benefits will be payable.

Hospital Indemnity Coverage
Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit (paid up to 4 time(s) per calendar year)	$500 for the day of admission	$1000 for the day of admission
ICU Supplemental Admission Benefit (paid concurrently with Admission Benefit)	$500 for the day of admission	$1000 for the day of admission
Confinement Benefit (paid for up to 31 days per confinement)	$100 per day	$200 per day

Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)	$100 per day	$200 per day
ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 31 days per confinement)	$100 per day	$200 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per calendar year)	$100 per day	$200 per day
Other Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	$50 for the day the measure is taken	$50 for the day the measure is taken

4) Exclusions and Limitations

Exclusions:

The Certificate only provides benefits for sickness or injury. Sickness includes:

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;

- 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:
  - treat in injury or 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 this Certificate; or
  - 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 this Certificate;
- 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.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility;

Additional Exclusions that Apply to Loss Due to Accident:
The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
  - 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;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- 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.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of North Dakota----------

METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP HOSPITAL INDEMNITY COVERAGE

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OUTLINE OF COVERAGE

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2) **Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.

3) **Benefits:** The listing below shows the benefits provided for you.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for hospital indemnity insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF NEBRASKA:

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

The following information affects claims requirements:

- You must provide us with notice of a claim within 30 days of the date of loss or as soon as reasonably possible.

Hospital Indemnity Coverage
Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.

Admission Benefit (paid up to 4 time(s) per calendar year)	$500 for the day of admission	$1000 for the day of admission
ICU Supplemental Admission Benefit (paid concurrently with Admission Benefit)	$500 for the day of admission	$1000 for the day of admission
Confinement Benefit (paid for up to 31 days per confinement)	$100 per day	$200 per day
Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)	$100 per day	$200 per day
ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 31 days per confinement)	$100 per day	$200 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per calendar year)	$100 per day	$200 per day
Other Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	$50 for the day the measure is taken	$50 for the day the measure is taken

4) Exclusions and Limitations

Exclusions:

The Certificate only provides benefits for sickness or injury. Sickness includes:

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- 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:
  - treat in injury or 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 this Certificate; or
  - 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 this Certificate;
- 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.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility;

Additional Exclusions that Apply to Loss Due to Accident:
The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
  - 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;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- 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.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of Nebraska----------

METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP HOSPITAL INDEMNITY COVERAGE

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THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

1) **Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!**

2) **Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.

3) **Benefits:** The listing below shows the benefits provided for you.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for hospital indemnity insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF NEW HAMPSHIRE:

The following information affects eligibility requirements:

- Employees who work a minimum of 15 hours per week are eligible for coverage.

The following information affects dependent definitions and dependent eligibility requirements:

- The medical restriction requirement does not apply to dependent coverage. The effective date of insurance for a dependent is determined without regard to whether such dependent is under a medical restriction.

The following information affects coverage of pregnancy:

- The following terms in the Definitions section of the Certificate do not apply to your coverage:
  - Complications of Pregnancy;
  - Routine Childbirth; and
  - Routine Pregnancy.

- Pregnancy and childbirth are covered as a Sickness (in accordance with the definition of Sickness in this outline of coverage) without distinction as to whether they are routine or a complication of pregnancy.

The following information affects the Inpatient Rehabilitation Benefit:

- The requirement that we will not pay the Inpatient Rehabilitation Benefit for any day for which we paid a hospital admission benefit or a hospital confinement benefit does not apply.

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

The following information affects the end of insurance:

- If your Certificate does not include an Extension of Benefits provision, the following provision is added. If your Certificate includes an Extension of Benefits provision, the following provision applies instead of the Extension of Benefits provision that appears in the Certificate:

  Extension of Benefits

  If You are Disabled on the date that Your insurance under this Certificate ends, and You do not elect to continue coverage under the At Your Option: Continuation with Premium Payment provision, benefits provided under this Certificate will be extended for losses due to the Disability until the earlier of:
  1. the date You cease to be Disabled; or
  2. the end of 90 days following the date that Your insurance ends.

  Benefits will continue under and subject to the terms of and limitations set forth this Certificate during the extension, and will only be payable for losses due to the Disability.

  For purposes of this Extension of Benefits provision, the following definition applies:

  Disabled or **Disability** means that You are:
  - prevented from performing any occupation for which You are or become reasonably fitted by Your education, training or experience; and
  - not gainfully employed.

The following information affects continuation of insurance under the Certificate:

- If you and your spouse divorce or legally separate, your spouse may continue his or her coverage under the Certificate. Continuation for your spouse will continue until the earliest of the following occurrences:
  - the date your coverage under the group policy ends;

- the third anniversary of the final divorce decree or legal separation;
- the remarriage of the spouse;
- the death of the spouse;
- an earlier date if specified in the divorce decree or legal separation; or
- failure to pay premium within 30 days after it is due.

The following information affects claims requirements:

- If notice of claim or proof of loss is not given in accordance with time frames set forth in the Certificate, the delay will not cause a claim to be denied or reduced if notice and proof are given as soon as is reasonably possible.

- The benefits under the group policy are not assignable.

Hospital Indemnity Coverage
Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit (paid up to 4 time(s) per calendar year)	$500 for the day of admission	$1000 for the day of admission
ICU Supplemental Admission Benefit (paid concurrently with Admission Benefit)	$500 for the day of admission	$1000 for the day of admission
Confinement Benefit (paid for up to 31 days per confinement) *We will only pay the Confinement Benefit for a newborn baby who is diagnosed with a sickness or injury	$100 per day	$200 per day
ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 31 days per confinement)	$100 per day	$200 per day

Inpatient Rehabilitation Benefit (paid for up to 15 days per calendar year)	$100 per day	$200 per day
Other Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	$50 for the day the measure is taken	$50 for the day the measure is taken

4) Exclusions and Limitations

Exclusions:

The certificate provides benefits for sickness or injury. Sickness means an illness, disease, or Medical Condition, including pregnancy of a covered person, while insurance is in force under the Certificate. Medical condition means a physical or biological state which is not within the range of normal human variation.

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- 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:
  - treat in injury or 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 this Certificate; or
  - 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 this Certificate;
- 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.

Additional Exclusions that Apply to Loss Due to Accident:
The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the covered person's blood alcohol level met or exceeded .08%
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional capacity; or
- the covered person participating in any professional competitive athletic activity for which any type of compensation or remuneration is received.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of New Hampshire----------

Notice for New Mexico Residents

The following notice is provided in accordance with New Mexico requirements.

The coverage provided under your benefits plan or policy underwritten by Metropolitan Life Insurance Company is limited in nature and may not provide financial protection for significant costs that you could incur for the diagnosis or treatment of COVID-19 ("Corona virus") related illness.

If you do not have comprehensive major medical coverage, in addition to the plan or policy issued by our company, you may incur significant uninsured medical expenses associated with the testing, diagnosis and treatment of illness caused by COVID-19.

Major medical plans offer robust consumer protections, and are required to waive all deductibles, co-pays and other cost sharing expenses for the diagnosis or treatment of COVID-19 related illness. Your policy or plan with us is not a major medical plan and does not provide such protections.

If you do not have major medical coverage, you may:

1.Contact a licensed insurance broker or agent to see about major medical coverage availability.

2.To see if you are eligible for a special enrollment period for major Medical coverage through the New Mexico Health Insurance Exchange, contact BeWellnm toll-free at 1-833-862-3935.

3.To see if you are eligible for Medicaid coverage and to complete an application, please call the Human Service Department's Medicaid Expansion Hotline toll-free at 1-855-637-6574 or Visit https ://www.yes .state.nm .us/yesnm/home/index.

4.To See if you are eligible for high risk pool coverage, please contact the New Mexico Medical Insurance Pool (the "High Risk Pool") at 1-844-728-7896 or https://nmmip.org/". If you are uninsured and have a COVID-19 diagnosis, your condition qualifies you for pool coverage.

The Centers for Disease Control and the New Mexico Department of Health each have websites with considerable information on COVID-19. Visit each website at https://www.cdc .gov/ or http://cv.nmhealth.org/.

Individuals who have symptoms consistent with COVID-19 should immediately call the NM Department of Health at 1-855-600-3453.

METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP HOSPITAL INDEMNITY COVERAGE

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IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

1) **Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!**

2) **Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.

3) **Benefits:** The listing below shows the benefits provided for you.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for hospital indemnity insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF NEW MEXICO:

The following information affects the end of insurance:

- If your Certificate does not include an Extension of Benefits provision, the following provision is added. If your Certificate includes an Extension of Benefits provision, the provision will be no less favorable than the following:

  Extension of Benefits

  If a covered person is confined on the date your insurance ends, and You do not continue insurance under the At Your Option: Continuation with Premium Payment provision, we will pay certain benefits for such covered person if the confinement continues after your insurance ends, in accordance with, and subject to all of the following:
  - No benefits will be available under this Extension of Benefits provision if your insurance ends due to non-payment of premium.
  - Benefits payable under this Extension of Benefits provision will be paid in accordance with and subject to the terms and conditions of this Certificate, except as set forth in this provision.
  - Benefits under this Extension of Benefits provision will end on the earlier of:
    - the date the Covered Person is no longer Confined; or
    - the end of the number of days that Confinement Benefits are payable for the Confinement.
  - If the covered person is again confined at any time after discharge, no further benefits will be payable.

The following information affects claims requirements:

- If you do not have custody of a child who is insured under the Certificate, we may provide information to the custodial parent of such child as may be necessary for the child to obtain benefits.

Hospital Indemnity Coverage
Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit (paid up to 4 time(s) per calendar year)	$500 for the day of admission	$1000 for the day of admission
ICU Supplemental Admission Benefit (paid concurrently with Admission Benefit)	$500 for the day of admission	$1000 for the day of admission
Confinement Benefit (paid for up to 31 days per confinement)	$100 per day	$200 per day
Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)	$100 per day	$200 per day
ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 31 days per confinement)	$100 per day	$200 per day

Inpatient Rehabilitation Benefit (paid for up to 15 days per calendar year)	$100 per day	$200 per day
Other Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	$50 for the day the measure is taken	$50 for the day the measure is taken

4) Exclusions and Limitations

Exclusions:

The Certificate only provides benefits for sickness or injury. Sickness includes:

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- 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:
  - treat in injury or 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 this Certificate; or
  - 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 this Certificate;
- 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.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility;

Additional Exclusions that Apply to Loss Due to Accident:
The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
  - 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;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- 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.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of New Mexico----------

METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP HOSPITAL INDEMNITY COVERAGE

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OUTLINE OF COVERAGE

1) **Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!**

2) **Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.

3) **Benefits:** The listing below shows the benefits provided for you.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for hospital indemnity insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF OHIO:

The following information affects Hospital Benefits:

- The following information applies to the Confinement Benefit:

- The Ancillary Confinement Benefit for Childbirth described below is included in your coverage.

  Ancillary Confinement Benefit for Childbirth

  We will pay the Ancillary Confinement Benefit for Childbirth shown in the Benefits Summary below for a covered person's confinement for childbirth for each calendar day of such confinement, subject to the following:
  - We will only pay the Ancillary Confinement Benefit for Childbirth for a day that no other Hospital Benefit is payable because:
    - the maximum number of days for payment of a Hospital Benefit has been reached.
  - We will pay the Ancillary Benefit for Childbirth for no more than the number days shown on the Benefits Summary below.

The following information affects Other Benefits:

- The Maternity Follow-up Care Benefit described below is included in your coverage.

Maternity Follow-Up Care Benefit

If, after a covered person's discharge from a confinement for childbirth for which Hospital Benefits are payable for the confinement, a covered person receives Maternity Follow-up Care (as defined below), we will pay the Maternity Follow-up Care Benefit shown on the Benefits Summary below for the day Maternity Follow-up Care is received, subject to all of the following:

- We will only pay one Maternity Follow-up Care Benefit per day.
- We will not pay the Maternity Follow-up Care Benefit for any day for which any of the following benefits is payable:
  - Admission Benefit
  - Confinement Benefit
  - Ancillary Confinement Benefit for Childbirth

Maternity Follow-up Care means follow-up care prescribed by a physician. The term Maternity Follow-up Care includes physical assessment of the mother and newborn, parent education, assistance and training in breast or bottle feeding, assessment of the home support system, performance of any medically necessary and appropriate clinical tests, and any other services that are consistent with the follow-up care recommended in the protocols and guidelines developed by national organizations that represent pediatric, obstetric, and nursing professionals. Such services may be provided in a medical setting or through home health care visits provided by a health care professional who is knowledgeable and experienced in maternity and newborn care.

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

The following information affects continuation of insurance:

- For the At Your Option: Continuation With Premium Payment provision:
  - Continued insurance is not available to you when the Group Policy ends.
  - Continued insurance ends on the date the Group Policy ends.

The following information affects claims requirements:

- If notice of claim or proof of loss cannot be provided as specified in the Certificate, such notice and proof must be given, in no event, other than in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Hospital Indemnity Coverage

Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit (paid up to 4 time(s) per calendar year)	$500 for the day of admission	$1000 for the day of admission
ICU Supplemental Admission Benefit (paid concurrently with Admission Benefit)	$500 for the day of admission	$1000 for the day of admission
Confinement Benefit (paid for up to 31 days per confinement)	$100 per day	$200 per day
Confinement Benefit for Newborn Nursery Care (paid for each day the newborn baby is confined no more than 2 days following a normal vaginal delivery; or 4 days following a Cesarean Section delivery)	$100 per day	$200 per day
ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 31 days per confinement)	$100 per day	$200 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per calendar year)	$100 per day	$200 per day

Ancillary Confinement Benefit for Childbirth (only payable if the maximum number of days for which confinement benefits are payable has been reached. (paid for each day of confinement prior to delivery and no more than 2 days following a normal vaginal delivery; or 4 days following a Caesarean section delivery.)	$50 per day	$50 per day
Other Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	$50 for the day the measure is taken	$50 for the day the measure is taken
Maternity Follow-up Care Benefit	$25 per day	$25 per day

4) Exclusions and Limitations

Exclusions:

The Certificate only provides benefits for sickness or injury. Sickness includes:

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- 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:
  - treat in injury or 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 this Certificate; or
  - 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 this Certificate;
- 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.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility;

Additional Exclusions that Apply to Loss Due to Accident:
The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
  - 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;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- 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.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of Ohio----------

METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP HOSPITAL INDEMNITY COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

1) **Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!**

2) **Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.

3) **Benefits:** The listing below shows the benefits provided for you.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for hospital indemnity insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF OKLAHOMA:

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

The following information affects the end of insurance:

- If your Certificate does not include an Extension of Benefits provision, the following provision is added. If your Certificate includes an Extension of Benefits provision, the provision will be no less favorable than the following:

  Extension of Benefits

  If a covered person is confined on the date your insurance ends, and you do not continue insurance under the At Your Option: Continuation with Premium Payment provision, we will pay certain benefits for such covered person if the confinement continues after your insurance ends, in accordance with, and subject to all of the following:

  - No benefits will be available under this Extension of Benefits provision if your insurance ends due to non-payment of premium.

- Benefits payable under this Extension of Benefits provision will be paid in accordance with and subject to the terms and conditions of this Certificate, except as set forth in this provision.
- Benefits under this Extension of Benefits provision will end on the earlier of:
  - the date the Covered Person is no longer confined; or
  - the end of the number of days that Confinement Benefits are payable for the confinement.
- If the covered person is again confined at any time after discharge, no further benefits will be payable.

Hospital Indemnity Coverage
Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit (paid up to 4 time(s) per calendar year)	$500 for the day of admission	$1000 for the day of admission
ICU Supplemental Admission Benefit (paid concurrently with Admission Benefit)	$500 for the day of admission	$1000 for the day of admission
Confinement Benefit (paid for up to 31 days per confinement)	$100 per day	$200 per day
Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)	$100 per day	$200 per day

ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 31 days per confinement)	$100 per day	$200 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per calendar year)	$100 per day	$200 per day
Other Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	$50 for the day the measure is taken	$50 for the day the measure is taken

4) Exclusions and Limitations

Exclusions:

The Certificate only provides benefits for sickness or injury. Sickness includes:

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:

- 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 active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- 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:
  - treat in injury or 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 this Certificate; or

    - 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 this Certificate;
- 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.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility;

Additional Exclusions that Apply to Loss Due to Accident:
The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
    - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
    - 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;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- 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.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of Oklahoma----------

METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP HOSPITAL INDEMNITY COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

1) **Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!**

2) **Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.

3) **Benefits:** The listing below shows the benefits provided for you.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for hospital indemnity insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF SOUTH CAROLINA:

The following information affects the end of insurance:

- If your Certificate does not include an Extension of Benefits provision, the following provision is added. If your Certificate includes an Extension of Benefits provision, the provision will be no less favorable than the following:

  Extension of Benefits

  If a covered person is confined on the date your insurance ends, and you do not continue insurance under the At Your Option: Continuation with Premium Payment provision, we will pay certain benefits for such covered person if the confinement continues after your insurance ends, in accordance with, and subject to all of the following:
  - No benefits will be available under this Extension of Benefits provision if your insurance ends due to non-payment of premium.
  - Benefits payable under this Extension of Benefits provision will be paid in accordance with and subject to the terms and conditions of the Certificate, except as set forth in this provision.
  - Benefits under this Extension of Benefits provision will end on the earlier of:
    - the date the covered person is no longer confined; or
    - the end of the number of days that Confinement Benefits are payable for the confinement.

- If the covered person is again confined at any time after discharge, no further benefits will be payable.

The following information affects continuation of insurance:

- If you and your spouse divorce, your spouse may elect to continue his or her coverage under the Certificate. Continuation for your spouse will continue until the earliest of the following occurrences:
  - the date your coverage under the Group Policy ends;
  - the death of the spouse; or
  - failure to pay premium within 30 days after it is due.

The following information affects claims requirements:

- A legal action on a claim may only be brought against us during a certain time period. This period begins 60 days after the date proof of claim is filed and ends six years after the date such proof is required to be filed.

Hospital Indemnity Coverage
Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit (paid up to 4 time(s) per calendar year)	$500 for the day of admission	$1000 for the day of admission
ICU Supplemental Admission Benefit (paid concurrently with Admission Benefit)	$500 for the day of admission	$1000 for the day of admission
Confinement Benefit (paid for up to 31 days per confinement)	$100 per day	$200 per day

Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)	$100 per day	$200 per day
ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 31 days per confinement)	$100 per day	$200 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per calendar year)	$100 per day	$200 per day
Other Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	$50 for the day the measure is taken	$50 for the day the measure is taken

4) Exclusions and Limitations

Exclusions:

The Certificate only provides benefits for sickness or injury. Sickness includes:

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;

- 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:
  - treat in injury or 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 this Certificate; or
  - 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 this Certificate;
- 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.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility;

Additional Exclusions that Apply to Loss Due to Accident:
The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
  - 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;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- 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.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of South Carolina----------

METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP HOSPITAL INDEMNITY COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

This limited health benefits plan does not provide comprehensive medical coverage. It is a basic or limited benefits Certificate and is not intended to cover all medical expenses. This plan is not designed to cover the costs of serious or chronic illness.

OUTLINE OF COVERAGE

1) **Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!**

2) **Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.

3) **Benefits:** The listing below shows the benefits provided for you.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for hospital indemnity insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF SOUTH DAKOTA:

The following information affects the definition of Confinement:

- Any requirement within the definition of the term Confinement that a confinement in an observation area must last a minimum number of hours does not apply.

The following information affects the definition of Physician:

- The term Physician does not include:
  - you;
  - your spouse or anyone to whom you are related by blood or marriage unless any of these people is the only Physician in the area and is acting within the scope of his or her normal employment;
  - anyone with whom you are residing;
  - your adopted or stepchild unless your adopted or stepchild is the only Physician in the area and is acting within the scope of his or her normal employment;
  - anyone with whom you share a business interest; or
  - your employee.

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

Hospital Indemnity Coverage
Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit (paid up to 4 time(s) per calendar year)	$500 for the day of admission	$1000 for the day of admission
ICU Supplemental Admission Benefit (paid concurrently with Admission Benefit)	$500 for the day of admission	$1000 for the day of admission
Confinement Benefit (paid for up to 31 days per confinement)	$100 per day	$200 per day
Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)	$100 per day	$200 per day
ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 31 days per confinement)	$100 per day	$200 per day

Inpatient Rehabilitation Benefit (paid for up to 15 days per calendar year)	$100 per day	$200 per day
Other Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	$50 for the day the measure is taken	$50 for the day the measure is taken

4) Exclusions and Limitations

Exclusions:

The Certificate only provides benefits for sickness or injury. Sickness includes:

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a tooth;
- cosmetic surgery, except when such surgery is performed to:
  - treat in injury or 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 this Certificate; or
  - 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 this Certificate;
- 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.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility;

Additional Exclusions that Apply to Loss Due to Accident:

The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- 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.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of South Dakota----------

METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP HOSPITAL INDEMNITY COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

1) **Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!**

2) **Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.

3) **Benefits:** The listing below shows the benefits provided for you.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for hospital indemnity insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF TEXAS:

The following information affects the definition of the term "physician":

- The term physician, for other than a dentist, does not include: you; your spouse or anyone to whom you are related by blood or marriage; anyone with whom you are residing; your adopted or stepchild; anyone with whom you share a business interest; or your employee.

The following information affects claims requirements:

- The benefits under the Group Policy are not assignable prior to a claim for benefits, except to a physician or other health care provider who provides health care services to you, or except as required by law or permitted by us.

- Proof of loss must be provided to us not later than 90 days after the date of the loss. If this time frame is not met, the delay will not cause a claim to be denied or reduced if proof is given as soon as is reasonably possible, but in no event, other than in the absence of the legal capacity of the claimant, later than15 months from the date proof of the loss is required.

Hospital Indemnity Coverage
Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit (paid up to 4 time(s) per calendar year)	$500 for the day of admission	$1000 for the day of admission
ICU Supplemental Admission Benefit (paid concurrently with Admission Benefit)	$500 for the day of admission	$1000 for the day of admission
Confinement Benefit (paid for up to 31 days per confinement)	$100 per day	$200 per day
Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)	$100 per day	$200 per day
ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 31 days per confinement)	$100 per day	$200 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per calendar year)	$100 per day	$200 per day
Other Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.

Health Screening Benefit - benefit provided for certain screening/prevention tests	$50 for the day the measure is taken	$50 for the day the measure is taken

4) Exclusions and Limitations

Exclusions:

The Certificate only provides benefits for sickness or injury. Sickness includes:

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- 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:
  - treat in injury or 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 this Certificate; or
  - 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 this Certificate;
- 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.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility;

Additional Exclusions that Apply to Loss Due to Accident:

The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
  - 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;

- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- 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.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of Texas----------

METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP HOSPITAL INDEMNITY COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

1) **Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!**

2) **Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.

3) **Benefits:** The listing below shows the benefits provided for you.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for hospital indemnity insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF UTAH:

The following information affects dependent definitions and dependent eligibility requirements:

- The "For Mentally or Physically Handicapped Children" provision in the Certificate does not apply since disabled children who exceed the dependent child age limit are eligible from the beginning of coverage.

The following information affects definitions of facilities:

- A hospital will be defined no more restrictively than a short-term, acute care, general facility that is duly licensed as a hospital by the agency responsible for such licensing.

- In the definition of the term Rehabilitation Facility, the list of what a Rehabilitation Facility does not include is limited to the following:
  - a nursing home, unless the covered person is receiving rehabilitation care services at the nursing home facility;
  - an extended care facility, unless the covered person is receiving rehabilitation care services at the extended care facility;
  - a skilled nursing facility, unless the covered person is receiving rehabilitation care services at the facility.

The following information affects Hospital Benefits:

- For the Admission Benefit, the time period after an accident within which the hospital admission must occur is the greater of 30 days or the time period set forth in the Certificate.

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

The following information affects continuation of insurance under your Certificate:

Continuation Under State Law is available to you as described below:

Qualifying Event means any of the following that would cause insurance under the Certificate to end:

- the end of your employment with your employer, including voluntary or involuntary termination, or your retirement;
- your disability that results in your employment temporarily or permanently ending;
- a reduction of the number of hours that you work for your employer;
- your leave of absence from your employer, including sabbatical;
- with respect to dependent insurance, a change in status that causes a dependent to no longer qualify as a dependent;
- with respect to dependent insurance, your divorce or legal separation; or
- with respect to dependent insurance, your death.

Insurance provided under the Certificate may be continued with premium payment under state law if a Qualifying Event occurs ("State Required Continued Insurance") unless:

- insurance under the Group Policy ends for all employees;
- insurance under the Group Policy ends for the class of employees to which you belong;
- you become covered under another group policy that provides similar coverage to the coverage described in the Certificate, without application of a preexisting conditions exclusion or limitation;
- your insurance ends because you failed to pay a required premium when due;
- your insurance ends because you performed an act or practice that constitutes fraud in connection with the insurance provided by the Certificate;
- your insurance ends because you made an intentional misrepresentation of material fact in connection with the insurance provided by the Certificate;
- your employment ends due to your gross misconduct; or
- on the date of the Qualifying Event, you have not been continuously insured under the Group Policy for at least three consecutive months.

Your employer shall send written notice of the right to continue insurance under this provision, the payment amounts required for continued coverage, and the manner, place and time in which such payments must be made. Your employer shall send such written notice via first class mail to:

- you at your home address as shown in the records of your employer;
- your ex-spouse at the home address of your ex-spouse if the Qualifying Event is your divorce or legal separation and such address is shown in the records of your employer; or
- your surviving spouse and the guardian of any dependents, if the Qualifying Event is your death, in which case your employer shall send such notice to your surviving spouse's home address, if different from yours and if shown in the records of your employer, and to the home address of the guardian of any dependents, if different from yours and if shown in the records of your employer.

If your employer fails to provide the written notice described above within 30 days after the Qualifying Event, a person entitled to continuation under this provision may contact us directly within 60 days after the Qualifying Event for information regarding the right to continue insurance, the payment amounts required for continued coverage, and the manner, place and time in which such payments must be made.

The premium that you, your ex-spouse if there has been a divorce or legal separation, or your dependents if you are not living, must pay for State Required Continued Insurance may include the amount, if any, that you previously contributed for insurance under the Certificate, plus any amount your employer contributed. To obtain State Required Continued Insurance you, your ex-spouse if there has been a divorce or legal separation, or your dependents if you are not living, must send a written request for State Required Continued Insurance and pay the first premium due no later than 60 days after the date of the Qualifying Event.

If you, your ex-spouse if there has been a divorce or legal separation, or your dependents if you are not living, fail to make a written request for State Required Continued Insurance and pay the first premium by the 60th day after the Qualifying Event, or if we do not receive the first premium due before the end of the grace period provided in the Group Policy, the right to State Required Continued Insurance will end.

State Required Continued Insurance will continue for all covered persons for a period of 366 days, beginning on the date of the Qualifying Event, and ending at 11:59 p.m. eastern standard time on the 366th day, ("366 day period") unless one of the following events occurs sooner, in which case, State Required Continued Insurance will end before the expiration of the 366 day period for one or more covered persons as indicated below, on the earliest of the following dates:

- for all covered persons, on the date insurance ends under the Group Policy for all employees;

- for persons covered by dependent insurance, the date dependent insurance ends under the Group Policy for all employees;
- for all covered persons, the date insurance ends under the Group Policy for the class of employees to which You belong;
- for persons covered by dependent insurance, the date dependent insurance ends under the Group Policy for the class of employees to which you belong;
- for any covered person, the date insurance takes effect for such person under another continuation option described in the Certificate if the other continuation option is expected to provide continued insurance for at least 366 days;
- for all covered persons, the last day of the grace period provided in the Group Policy if we do not receive a premium due for State Required Continued Insurance before the end of the grace period provided in the Group Policy;
- for any covered person, the date such person becomes eligible for coverage under another group policy providing coverage that is similar to the coverage provided under the Certificate;
- for each covered person, the date such person performs an act or practice that constitutes fraud in connection with the insurance provided by the Certificate; and
- for any covered person, the date such person makes an intentional misrepresentation of material fact in connection with the insurance provided by the Certificate.

The following information affects claims requirements:

- If notice of claim or proof of loss is not given in accordance with time frames set forth in the Certificate, the delay will not cause a claim to be denied or reduced if notice and proof are given as soon as is reasonably possible. Failure to give notice does not bar recovery under the Group Policy if the insurer fails to show that it was prejudiced by the failure.

Hospital Indemnity Coverage
Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.

Admission Benefit (paid up to 4 time(s) per calendar year)	$500 for the day of admission	$1000 for the day of admission
ICU Supplemental Admission Benefit (paid concurrently with Admission Benefit)	$500 for the day of admission	$1000 for the day of admission
Confinement Benefit (paid for up to 31 days per confinement)	$100 per day	$200 per day
Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)	$100 per day	$200 per day
ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 31 days per confinement)	$100 per day	$200 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per calendar year)	$100 per day	$200 per day
Other Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	$50 for the day the measure is taken	$50 for the day the measure is taken

4) Exclusions and Limitations

Exclusions:

The Certificate only provides benefits for sickness or injury. Sickness includes:

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:

- war, whether declared or undeclared; or act of war;
- the covered person's voluntary active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered persons's active participation in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- 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:
  - treat in injury or 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 this Certificate; or
  - 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 this Certificate;
- 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.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility;

Additional Exclusions that Apply to Loss Due to Accident:
The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- the covered person’s operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the covered person’s blood alcohol level met or exceeded .08%; and
  - 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;
- the covered person’s travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- 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.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of Utah----------

METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP HOSPITAL INDEMNITY COVERAGE

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THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.

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OUTLINE OF COVERAGE

1) **Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!**

2) **Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.

3) **Benefits:** The listing below shows the benefits provided for you.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for hospital indemnity insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF VERMONT:

The following information affects dependent definitions and dependent eligibility requirements:

- A child of your civil union partner is eligible for coverage as a dependent child, subject to the same requirements that apply to a biological, adopted or stepchild.

The following information affects civil union partners:

- The term spouse includes your civil union partner with whom you have entered into a civil union established pursuant to Vermont statutes.

The following information affects benefit amounts:

- If the Schedule of Insurance of the Certificate reflects a higher benefit amount than a benefit amount set forth in the Benefits Summary below, the benefit amount that appears in the Benefits Summary will apply.

The following information affects definitions of facilities:

- In the definition of the term Hospital, a hospital is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, or a place for convalescent, custodial, educational or rehabilitative care.

- In the definition of a Rehabilitation Facility, the list what a Rehabilitation Facility does not include is limited to the following:
  - a nursing home;
  - an extended care facility, unless the covered person is receiving rehabilitation care services on an inpatient basis at the extended care facility;
  - a skilled nursing facility, unless the covered person is receiving rehabilitation care services on an inpatient basis at the facility;
  - a rest home or home for the aged;
  - a hospice facility; or
  - an assisted living facility.

The following information affects Hospital Admission Benefits:

- The time period after an accident within which the hospital admission must occur is the greater of 180 days or the time period set forth in the Certificate.

The following information affects Hospital Confinement Benefits:

- The time period after an accident within which the hospital confinement must occur is the greater of 180 days or the time period set forth in the Certificate.

The following information affects the Inpatient Rehabilitation Benefit:

- The time period after an accident within which the rehabilitation facility inpatient stay must begin is the greater of 180 days or the time period set forth in the Certificate.

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

The following information affects the end of insurance:

- If your Certificate does not include an Extension of Benefits provision, the following provision is added. If your Certificate includes an Extension of Benefits provision, the provision will be no less favorable than the following:

  Extension of Benefits

  If a covered person is confined on the date your insurance ends, and you do not continue insurance under the At Your Option: Continuation with Premium Payment provision, we will pay certain benefits for such covered person if the confinement

continues after your insurance ends, in accordance with, and subject to all of the following:

- No benefits will be available under this Extension of Benefits provision if your insurance ends due to non-payment of premium.
- Benefits payable under this Extension of Benefits provision will be paid in accordance with and subject to the terms and conditions of the Certificate, except as set forth in this provision.
- Benefits under this Extension of Benefits provision will end on the earlier of:
- the date the Covered Person is no longer confined; or
- the end of the number of days that Confinement Benefits are payable for the confinement.
- If the covered person is again confined at any time after discharge, no further benefits will be payable.

Hospital Indemnity Coverage
Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit (paid up to 4 time(s) per calendar year)	$500 for the day of admission	$1000 for the day of admission
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Confinement Benefit (paid for up to 31 days per confinement)	$100 per day	$200 per day

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Other Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	$50 for the day the measure is taken	$50 for the day the measure is taken

4) Exclusions and Limitations

Exclusions:

The Certificate only provides benefits for sickness or injury. Sickness includes:

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;

- 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:
  - treat in injury or 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 this Certificate; or
  - 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 this Certificate;
- 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.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility;

Additional Exclusions that Apply to Loss Due to Accident:
The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
  - 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;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- 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.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of Vermont----------

METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP HOSPITAL INDEMNITY COVERAGE

IMPORTANT INFORMATION ABOUT THE COVERAGE YOU ARE BEING OFFERED

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

Benefits provided under the Certificate are non-coordinated – this means that benefits are payable without regard to any other coverage that you may have.

Save this statement! It may be important to you in the future. The Washington State Insurance Commissioner requires that we give you the following information about fixed payment benefits.

This coverage is not comprehensive health care insurance and will not cover the cost of most hospital and other medical services.

DISCLOSURE STATEMENT

1) **Read Your Certificate Carefully – This disclosure statement provides a very brief description of the important features of the coverage. This is not the insurance**

contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Group Policy itself will include in detail the rights and obligations of both the Group Policyholder and us. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) Hospital Indemnity coverage: Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.

CAUTION: If you are also covered under a High Deductible Health Plan (HDHP) and are contributing to a Health Savings Account (HSA), you should check with your tax advisor or benefit advisor prior to purchasing this coverage to be sure that you will continue to be eligible to contribute to the HSA if this coverage is purchased.

3) Benefits: The listing below shows the benefits provided for you.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

Throughout this outline, “you” and “your” refer to the employee who becomes insured for hospital indemnity insurance coverage. The term “covered person” refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF WASHINGTON:

The following information affects the dependent child definition and dependent child eligibility requirements:

- A child of your domestic partner is eligible for coverage as a dependent child who is a stepchild.

The following information affects domestic partners:

- The term spouse includes your domestic partner or civil union partner if the partnership is registered with a government agency where such registration is available.

The following information affects Hospital Admission Benefits:

- The time period after an accident within which the hospital admission must occur is 365 days.

- A subsequent hospital confinement will be treated as a continuation of a previous hospital confinement for which we paid an Admission Benefit (for purposes of determining whether another Admission Benefit is payable), if a covered person is discharged from a hospital confinement and within 180 days is again hospital confined for the same or related injury or sickness.

The following information affects Hospital Confinement Benefits:

- The time period after an accident within which the hospital confinement must begin is 365 days.

- A subsequent hospital confinement will be treated as a continuation of a previous hospital confinement for which we paid Confinement Benefits, if a covered person is discharged from a hospital confinement and within 180 days is again hospital confined for the same or related injury or sickness.

The following information affects the Inpatient Rehabilitation Benefit:

- The time period after the accident within which the inpatient rehabilitation facility stay must begin is 365 days.

- A subsequent inpatient rehabilitation facility stay will be treated as a continuation of a previous stay, if a covered person is discharged from an inpatient rehabilitation facility stay and within 14 days is again admitted as an inpatient to a rehabilitation facility for the same or related condition.

The following information affects exclusions:

- There are differences between the exclusions that apply to your state of residence and the exclusions that appear in the Certificate. This outline of coverage reflects the exclusions that apply in your state.

Hospital Indemnity Coverage
Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit (paid up to 4 time(s) per calendar year)	$500 for the day of admission	$1000 for the day of admission
ICU Supplemental Admission Benefit (paid concurrently with Admission Benefit)	$500 for the day of admission	$1000 for the day of admission
Confinement Benefit (paid for up to 31 days per confinement)	$100 per day	$200 per day
Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)	$100 per day	$200 per day
ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 31 days per confinement)	$100 per day	$200 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per calendar year)	$100 per day	$200 per day

Other Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	$50 for the day the measure is taken	$50 for the day the measure is taken

4) Exclusions and Limitations

Exclusions:

The Certificate only provides benefits for sickness or injury. Sickness includes:

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- 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:
  - treat in injury or 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 this Certificate; or
  - 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 this Certificate;
- 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.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility;

Additional Exclusions that Apply to Loss Due to Accident:
The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- 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.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of Washington----------

METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP HOSPITAL INDEMNITY COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

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IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

1) **Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!**

2) **Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.

3) **Benefits:** The listing below shows the benefits provided for you.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

Throughout this outline, “you” and “your” refer to the employee who becomes insured for hospital indemnity insurance coverage. The term “covered person” refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF WISCONSIN:

The following information affects claims requirements:

- If notice of claim or proof is not given within the required time limits, the delay will not cause a claim to be denied or reduced if such notice and proof are given as soon as is reasonably possible, but in no event, other than in the absence of the legal capacity of the claimant, later than 12 months from the date such notice and proof are otherwise required to be filed.

- Benefits payable under the Certificate may be assigned, but not prior to a claim for benefits. Unless you have assigned this insurance, all benefits will be paid in accordance with the Payment of Benefits Certificate provision.

Hospital Indemnity Coverage
Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit (paid up to 4 time(s) per calendar year)	$500 for the day of admission	$1000 for the day of admission
ICU Supplemental Admission Benefit (paid concurrently with Admission Benefit)	$500 for the day of admission	$1000 for the day of admission
Confinement Benefit (paid for up to 31 days per confinement)	$100 per day	$200 per day
Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)	$100 per day	$200 per day
ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 31 days per confinement)	$100 per day	$200 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per calendar year)	$100 per day	$200 per day
Other Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	$50 for the day the measure is taken	$50 for the day the measure is taken

4) Exclusions and Limitations

Exclusions:
The Certificate only provides benefits for sickness or injury. Sickness includes:
- complications of pregnancy;
- routine childbirth.

Sickness does not include:
- routine pregnancy;

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- 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:
  - treat in injury or 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 this Certificate; or
  - 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 this Certificate;
- 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.

In addition, the Certificate does not provide benefits for:
- a covered person while incarcerated in any type of penal or detention facility;

Additional Exclusions that Apply to Loss Due to Accident:
The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
  - 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;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;

- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- 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.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of Wisconsin----------

METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP HOSPITAL INDEMNITY COVERAGE

THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

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THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

1) **Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!**

2) **Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.

3) **Benefits:** The listing below shows the benefits provided for you.

Please be aware that the Certificate contains specific conditions, definitions, maximums, limitations, exclusions and proof requirements for the benefits described below.

You should retain a copy of this outline of coverage with your Certificate.

The plan design selected by your employer will be reflected in the Certificate that we will provide to you. That Certificate is part of the Group Policy and reflects the requirements of the state where the Group Policy is delivered. Please be advised that the Certificate may contain provisions that are different than the provisions required by the state in which you reside on your initial effective date of insurance. This outline of coverage describes some of those differences but if you have specific questions about the provisions that apply in your state, please contact MetLife at the telephone number set forth on the Certificate. Please be advised that claims will be adjudicated based on the provisions that apply to your state of residence as of your initial coverage effective date.

Throughout this outline, "you" and "your" refer to the employee who becomes insured for hospital indemnity insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

Hospital Indemnity Coverage
Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Admission Benefit (paid up to 4 time(s) per calendar year)	$500 for the day of admission	$1000 for the day of admission
ICU Supplemental Admission Benefit (paid concurrently with Admission Benefit)	$500 for the day of admission	$1000 for the day of admission

Confinement Benefit (paid for up to 31 days per confinement)	$100 per day	$200 per day
Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)	$100 per day	$200 per day
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Inpatient Rehabilitation Benefit (paid for up to 15 days per calendar year)	$100 per day	$200 per day
Other Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
Health Screening Benefit - benefit provided for certain screening/prevention tests	$50 for the day the measure is taken	$50 for the day the measure is taken

4) Exclusions and Limitations

Exclusions:

The Certificate only provides benefits for sickness or injury. Sickness includes:

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- 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:
  - treat in injury or 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 this Certificate; or
  - 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 this Certificate;
- 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.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility;

Additional Exclusions that Apply to Loss Due to Accident:
The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
  - 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;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- 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.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of West Virginia----------

METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")
NEW YORK, NEW YORK

GROUP HOSPITAL INDEMNITY COVERAGE

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OUTLINE OF COVERAGE

1) **Read Your Certificate Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!**

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You may select from the plan choice(s) shown below which provide payments in addition to any other insurance payments you may receive.

Hospital Indemnity Coverage
Benefits Summary

Hospital Benefits	**Low Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.	**High Plan Benefits -** Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details.
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4) Exclusions and Limitations

Exclusions:

The Certificate only provides benefits for sickness or injury. Sickness includes:

- complications of pregnancy;
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Sickness does not include:

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The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- 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:
  - treat in injury or 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 this Certificate; or
  - 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 this Certificate;
- 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.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility;

Additional Exclusions that Apply to Loss Due to Accident:
The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
  - 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;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- 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.

5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of Wyoming----------