

READ YOUR OUTLINE OF COVERAGE

Group Critical Illness Insurance is provided under a Group Policy that has been issued to the Policyholder. **The Policyholder is your employer: Big M Transportation, Inc.**

The Outline of Coverage provides a very brief summary of the important features of the Group Critical Illness Insurance. 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 your state of residence on the following page: **Alaska, Arkansas, Colorado, Connecticut, Florida, Idaho, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin, 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:** MISSISSIPPI

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.

Please contact MetLife at 1-800-GET-MET8 if you have any questions about this important coverage.

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METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

(1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

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

(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(4) Benefits

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

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

The “Benefit Amount” is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The “Initial Benefit” is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
muscular dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:

    - blood alcohol level met or exceeded .08%; or
    - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- the covered person voluntarily taking or using any drug, medication or sedative unless it is:
    - taken or used as prescribed by a physician, or
    - an "over the counter" drug, medication or sedative taken according to package directions**;** or
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates 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
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

(1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

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(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(4) Benefits

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

Please be aware that the Certificate contains specific definitions, conditions, 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.

The “Benefit Amount” is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The “Initial Benefit” is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER

COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE

tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
muscular dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:
  - blood alcohol level met or exceeded .08%; or
  - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- the covered person voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician, or
  - an "over the counter" drug, medication or sedative taken according to package directions**;** or
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

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ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF ARKANSAS:

The following information affects dependent definitions and dependent eligibility requirements:

- 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 “Benefit Amount” is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The “Initial Benefit” is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
muscular dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS

The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:
  - blood alcohol level met or exceeded .08%; or
  - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- the covered person voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician, or
  - an "over the counter" drug, medication or sedative taken according to package directions**;** or
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a

different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

(1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

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

(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(4) Benefits

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

Please be aware that the Certificate contains specific definitions, conditions, 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.

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.

The following information affects benefits for cancer covered conditions:

- For the Covered Condition Category: Cancer, the following will not be excluded with respect to a Cancer Covered Condition: any cancer in the presence of human immune-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV.

The “Benefit Amount” is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The “Initial Benefit” is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE

diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer’s Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE

muscular dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane);
- war, whether declared or undeclared; or act of war;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:
  - blood alcohol level met or exceeded .08%; or
  - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- the covered person voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician, or
  - an "over the counter" drug, medication or sedative taken according to package directions**;** or

- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

(1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

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

(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(4) Benefits

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

Please be aware that the Certificate contains specific definitions, conditions, 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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF CONNECTICUT:

The following information affects limitations on payment of benefits for certain covered conditions:

- The initial benefit separation period provision does not apply to the following covered condition category(ies): childhood disease; infectious disease; and progressive disease.

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 the At Your Option: Portability Through Continuation with Premium Payment provision:

- You will have the option to continue coverage under the At Your Option: Portability Through Continuation With Premium Payment provision in your Certificate:
  - if the Group Policy ends (even if the Group Policy is replaced by another group policy); and
  - without regard to how long you have been insured.
- Continuation under the At Your Option: Portability Through Continuation With Premium Payment provision will not end based on the length of time of your continuation or if the Group Policy ends (even if the Group Policy is replaced by another group policy).

The “Benefit Amount” is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The “Initial Benefit” is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

Initial Benefit – Minimum Amount
For each covered condition, the Initial Benefit will be the greater of the amount determined in accordance with the Schedule of Insurance stated in the Certificate or $250.

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE

COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE

COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
muscular dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person's active participation in an insurrection, rebellion, or riot;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:
  - blood alcohol level met or exceeded .08%; or

    - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (the Controlled Substances Act), as now or hereafter amended, unless prescribed by a physician for the covered person; or
    - taken or used as prescribed by a physician, or
    - an "over the counter" drug, medication or sedative taken according to package directions**;** or
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

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.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

(1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

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

(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(4) Benefits

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

Please be aware that the Certificate contains specific definitions, conditions, 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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF FLORIDA:

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 benefits for Cancer Covered Conditions:

- For the Covered Condition Category: Cancer, the following will not be excluded with respect to a Cancer Covered Condition: any cancer in the presence of human immune-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV.

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.

The “Benefit Amount” is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The “Initial Benefit” is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer’s Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
muscular dystrophy	100% of Benefit Amount	NONE
Parkinson’s Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: SEVERE BURN

COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person’s active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person’s intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the covered person’s operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person’s:
  - blood alcohol level met or exceeded .08%; or
  - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- the covered person voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician, or
  - an “over the counter” drug, medication or sedative taken according to package directions**;** or
- activities required by the covered person to carry out the duties and responsibilities of their service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE
CERTIFICATE FORM NO: GCERT19-CI

THE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

(1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

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

(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(4) Benefits

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

Please be aware that the Certificate contains specific definitions, conditions, 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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF IDAHO:

The following information affects dependent definitions and dependent eligibility requirements:

- 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 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 benefits for Coronary Artery Disease Covered Conditions:

Additional Definitions that Apply to the Coronary Artery Disease Covered Condition Category

Coronary Artery Disease Covered Condition means, as the term applies to the Coronary Artery Disease Covered Condition Category, that a covered person's physician has determined that:

- a covered person's arteries of the heart are damaged or diseased, or there is significant impairment of cardiac function due to the presence of plaques, or fatty deposit, buildup on the artery walls that has caused narrowing of the coronary arteries resulting in partial or complete blockage of the arteries; and
- one or more of the following are present:
    - disabling angina despite maximum medical therapy;
    - greater than 50% stenosis in the left main coronary artery;
    - greater than 70% stenosis in the proximal left anterior descending coronary artery and the proximal circumflex coronary artery;
    - three-vessel disease that meets the following criteria:
    - disease of the left anterior descending coronary artery, left circumflex coronary artery and right coronary artery;
    - proximal left anterior descending coronary artery stenosis in the presence of left ventricular function with an ejection fraction measurement of less than 40%; or
    - greater than 70% stenosis in the left anterior descending coronary artery together with an ejection fraction less than 50% or demonstratable cardiac ischemia on non-invasive testing.

Occurs or **Occurrence**, with respect to a Coronary Artery Disease Covered Condition, means a covered person is diagnosed with such covered condition while coverage is in effect under the Certificate for such covered person. A Coronary Artery Disease Covered Condition will be deemed to Occur on the date that such diagnosis is made.

Initial Benefit for a Coronary Artery Disease Covered Condition

We will pay the Initial Benefit for a Coronary Artery Disease Covered Condition shown on the schedule below, the first time that a Coronary Artery Disease Covered Condition Occurs for a covered person. The Initial Benefit Separation Period must be satisfied in order for the Initial Benefit to be payable.

Recurrence Benefit for a Coronary Artery Disease Covered Condition

We will pay the Recurrence Benefit for a Coronary Artery Disease Covered Condition for another Occurrence of a Coronary Artery Disease Covered Condition if the subsequent Occurrence happens after the Recurrence Benefit Separation Period has been satisfied.

Additional Proof Requirements for a Coronary Artery Disease Covered Condition

Proof of a Coronary Artery Disease Covered Condition requires a clinical diagnosis and submission of medical records that include a coronary angiogram providing objective evidence of a Coronary Artery Disease Covered Condition. Such proof requirements must be documented in a written report by a physician.

Special Exclusions Applicable to a Coronary Artery Disease Covered Condition

We will not pay benefits for a Coronary Artery Disease Covered Condition for a heart attack.

The following information affects benefits for Kidney Failure Covered Conditions:

- The definition of Kidney Failure is changed to the definition that appears below and the definition for Kidney Failure in the Certificate does not apply to you.

  Kidney Failure Covered Condition means the total, end stage, irreversible failure of all functioning kidneys, provided that a Physician has determined that the estimated glomerular filtration rate (eGRF) is less than 15ml/min/1.73m2.

- The definition of Occurs or Occurrence is changed to the definition that appears below and the definition for Occurs or Occurrence in the Certificate does not apply to you.

  Occurs or **Occurrence**, with respect to a Kidney Failure Covered Condition, means a Covered Person is Diagnosed with such Covered Condition while coverage is in effect under this Certificate for such Covered Person. A Kidney Failure Covered Condition will be deemed to Occur on the date a Diagnosis of a Kidney Failure Covered Condition is made.

The following information affects benefits for Major Organ Failure Covered Conditions:

Additional Definitions that Apply to the Major Organ Failure Covered Condition Category

Major Organ Failure Covered Condition means Major Organ Failure.

Major Organ Failure means that a physician has determined that there is irreversible, permanent end-stage failure of a covered person's heart, lung, liver,

or any combination thereof and such Major Organ Failure meets the following criteria:

- for end-stage heart failure, such heart failure is classified as Stage D heart disease by the American College of Cardiology (ACC) and the American Heart Association (AHA);
- for end-stage lung failure, such failure is classified as Stage 4 under the Global Initiative for Chronic Obstructive Lung Disease (GOLD) pulmonary classification system;
- for end-stage liver failure, such failure is scored as greater than or equal to 15 under the Model for End Stage Liver Disease (MELD); and
- such organ failure has continued for at least 30 days.

Occurs or **Occurrence**, with respect to a Major Organ Failure Covered Condition, means a covered person is diagnosed with such covered condition while the coverage is in effect under the Certificate for such covered person. A Major Organ Failure Covered Condition will be deemed to Occur on the date a diagnosis of a Major Organ Failure Covered Condition is made.

Initial Benefit for a Major Organ Failure Covered Condition

We will pay the Initial Benefit for a Major Organ Failure Covered Condition, the first time that a Major Organ Failure Covered Condition Occurs for a covered person. The Initial Benefit Separation Period must be satisfied in order for the Initial Benefit to be payable.

Recurrence Benefit for a Major Organ Failure Transplant Covered Condition

For a Major Organ Failure Covered Condition for which the schedule below shows a Recurrence Benefit is available, once we have paid an Initial Benefit for a covered person for a Major Organ Failure, any subsequent Occurrence of Major Organ Failure for the same or another organ within the definition of Major Organ Failure will be considered a Recurrence of Major Organ Failure and we will pay the applicable Recurrence Benefit. The Recurrence Benefit Separation Period must be satisfied in order for a Recurrence Benefit to be payable.

Special Limitation Applicable to a Major Organ Failure Covered Condition

Payment of benefits for a Major Organ Failure Covered Condition is subject to the following:

- Two or more organs included in the definition of a Major Organ Failure Covered Condition for which a physician has determined there is major organ failure on the same day shall be deemed one Occurrence of a Major Organ Failure Covered Condition.

Additional Proof Requirements for a Major Organ Failure Covered Condition

A clinical diagnosis of a Major Organ Failure Covered Condition must be made in writing by a physician and include medical records with the following additional documentation:

- for end-stage heart failure – an angiogram;
- for end stage liver failure – laboratory values for serum bilirubin, serum creatine, and the international normalized ration (INR) used to determine the MELD score determined by a physician; and
- for end-stage lung failure – a pulmonary function test.

Special Exclusions Applicable to a Major Organ Failure Covered Condition

We will not pay benefits for a Major Organ Failure Covered Condition for a covered person:

- if prior to the covered person's coverage becoming effective under the Certificate, a physician determined that the covered person had organ failure or had been placed on a transplant list for the same organ for which a diagnosis of a Major Organ Failure Covered Condition is made under the Certificate.

The following information affects benefits for Progressive Disease Covered Conditions:

- The definition of Parkinson's Disease (Advanced) is changed to the definition that appears below and the definition for Activities of Daily Living in the Certificate does not apply to you.

  Parkinson's Disease (Advanced) means a chronic, slowly progressive neurological condition affecting the brain's ability to produce dopamine and that is marked by tremor of the muscles, rigidity, slowness of movement, impaired balance, and a shuffling gait where such symptoms are unable to be controlled by pharmaceutical treatment and which has resulted in a covered person requiring 24-hour care and being unable to live independently.

The "Benefit Amount" is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The "Initial Benefit" is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: CORONARY ARTERY DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coronary artery disease	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit

COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
major organ failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
muscular dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person's active participation in an insurrection or riot;
- the covered person's participation in a felony;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the covered person's alcoholism or drug addiction; or
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

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

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

(1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

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

(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(4) Benefits

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

Please be aware that the Certificate contains specific definitions, conditions, 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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF LOUISIANA:

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 “Benefit Amount” is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The “Initial Benefit” is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
muscular dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS

The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:
  - blood alcohol level met or exceeded .08%; or
  - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- the covered person voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician, or
  - an "over the counter" drug, medication or sedative taken according to package directions**;** or
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a

different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

(1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

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

(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(4) Benefits

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

Please be aware that the Certificate contains specific definitions, conditions, 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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF MINNESOTA:

The following information affects dependent definitions and dependent eligibility requirements:

- A dependent child born to You while insurance is in effect under the Certificate will be covered from the moment of birth.

- A dependent child adopted by you or placed for adoption with you while insurance is in effect under the Certificate will be covered: from the moment of birth if placement for adoption or adoption occurs within 31 days after the child’s birth; or from the date of adoption or placement for adoption.

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:

- 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 “Benefit Amount” is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The “Initial Benefit” is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE

Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
muscular dystrophy	100% of Benefit Amount	NONE

Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- war, whether declared or undeclared; or act of war;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:
  - blood alcohol level met or exceeded .08%; or
  - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- the covered person voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician, or
  - an "over the counter" drug, medication or sedative taken according to package directions**;** or
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of Minnesota----------



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

(1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

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

(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(4) Benefits

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

Please be aware that the Certificate contains specific definitions, conditions, 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.

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 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.

The “Benefit Amount” is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The “Initial Benefit” is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE

paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer’s Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
muscular dystrophy	100% of Benefit Amount	NONE
Parkinson’s Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit

transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane);
- war, whether declared or undeclared; or act of war;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:
  - blood alcohol level met or exceeded .08%; or
  - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place; or
- the covered person voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician, or
  - an "over the counter" drug, medication or sedative taken according to package directions.

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

(1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

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

(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(4) Benefits

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

Please be aware that the Certificate contains specific definitions, conditions, 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.

The “Benefit Amount” is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The “Initial Benefit” is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER

COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE

tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
muscular dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:
  - blood alcohol level met or exceeded .08%; or
  - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- the covered person voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician, or
  - an "over the counter" drug, medication or sedative taken according to package directions**;** or
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

(1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

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

(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(4) Benefits

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

Please be aware that the Certificate contains specific definitions, conditions, 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.

The “Benefit Amount” is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The “Initial Benefit” is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER

COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE

tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
muscular dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:
  - blood alcohol level met or exceeded .08%; or
  - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- the covered person voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician, or
  - an "over the counter" drug, medication or sedative taken according to package directions**;** or
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

(1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

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

(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(4) Benefits

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

Please be aware that the Certificate contains specific definitions, conditions, 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.

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 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 benefits for a Kidney Failure Covered Condition:

Additional Definitions that Apply to the Kidney Failure Covered Condition Category

Kidney Failure Covered Condition means the total, end stage, irreversible failure of all functioning kidneys, provided that a physician has determined that the estimated glomerular filtration rate (eGRF) is less than 15 ml/min/1.73 m2.

Occurs or **Occurrence**, with respect to a Kidney Failure Covered Condition, means a covered person is diagnosed with such covered condition while coverage is in effect under the Certificate for such covered person. A Kidney Failure Covered Condition will be deemed to Occur on the date a diagnosis of a Kidney Failure Covered Condition is made.

Additional Proof Requirements For A Kidney Failure Covered Condition

A clinical diagnosis of a Kidney Failure Covered Condition must be made in writing by a physician and must be substantiated in the medical records which include an eGFR test.

The following information affects the Major Organ Failure Covered Condition Category:

Your coverage includes the Major Organ Failure Covered Condition Category described below, instead of the Major Organ Transplant Covered Condition Category:

Additional Definitions that Apply to the Major Organ Failure Covered Condition Category

Major Organ Failure Covered Condition means that a physician has determined that there is irreversible permanent end-stage failure of a covered person's heart, lung, liver, or any combination thereof and such Major Organ Failure meets the following criteria:

- for end-stage heart failure, such heart failure is classified as Stage D heart disease by the American College of Cardiology (ACC) and the American Heart Association (AHA);
- for end-stage lung failure, such failure is classified as Stage 4 under the Global Initiative for Chronic Obstructive Lung Disease (GOLD) pulmonary classification system;
- for end-stage liver failure, such failure is scored as greater than or equal to 15 under the Model for End Stage Liver Disease (MELD); and
- such organ failure has continued for at least 30 days.

Occurs or **Occurrence**, with respect to a Major Organ Failure Covered Condition, means a covered person is diagnosed with such covered condition while the coverage is in effect under the Certificate for such covered person. A Major Organ Failure Covered Condition will be deemed to Occur on the date a diagnosis of a Major Organ Failure Covered Condition is made.

Initial Benefit for a Major Organ Failure Covered Condition

We will pay the Initial Benefit for a Major Organ Failure Covered Condition shown on the schedule below, the first time that a Major Organ Failure Covered Condition Occurs for a covered person. The Initial Benefit Separation Period must be satisfied in order for the Initial Benefit to be payable.

Recurrence Benefit for A Major Organ Failure Covered Condition

Once we have paid an Initial Benefit for a covered person for a Major Organ Failure Covered Condition, any subsequent Occurrence of a Major Organ Failure Covered Condition for the same or another organ within the definition of a Major Organ Failure Covered Condition will be considered a Recurrence of a Major Organ Failure Covered Condition and we will pay the Recurrence Benefit shown on the schedule below). The Recurrence Benefit Separation Period must be satisfied in order for a Recurrence Benefit to be payable.

Additional Proof Requirements For A Major Organ Failure Covered Condition

A clinical diagnosis of a Major Organ Failure Covered Condition must be made in writing by a physician and include medical records with the following additional information:

- for end-stage heart failure – an angiogram;
- for end-stage liver failure – laboratory values for serum bilirubin, serum creatine, and the international normalized ration (INR) used to determine the MELD score determined by a physician; and
- for end-stage lung failure – a pulmonary function test.

Special Exclusions Applicable To A Major Organ Failure Covered Condition

We will not pay benefits for a Major Organ Failure Covered Condition for a covered person:

- if prior to the covered person's coverage becoming effective under the Certificate, a physician determined that the covered person had organ failure or been placed on a transplant list for the same organ for which a diagnosis of a Major Organ Failure Covered Condition is made under the Certificate.

The following information affects the Stroke Covered Condition Category:

- The term "Stroke" in the Certificate is changed to "Severe Stroke".

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 date of your remarriage;
- the date of your death;
- 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.

- The following appeal provision applies to your coverage:

  If your claim is denied, you may appeal the decision by writing to us at the address indicated on the claim form within 180 days of receiving our decision. Furthermore, in the event you disagree with our determination of the cause and/or amount of an overpayment, you have the right to submit an appeal.

  Appeals must be in writing and must include at least the following information:
  - name of the covered person;
  - name of the group policyholder;
  - claim number;
  - group policy number; and
  - an explanation why you are appealing the decision

  As part of your appeal, you may submit any written comments, documents, records, or other information relating to your claim. After we receive your written request appealing the decision, we will conduct a review of your claim. We will notify you in writing within 30 days after our receipt of your request for an appeal of: (i) our decision; (ii) if additional time will be required to complete the review; or (iii) if additional information is necessary from you for us to render an appeal decision.

  In the event we request additional information from you, the 30 day time period for us to render our appeal decision will be tolled until the earlier of: 45 days from the date we notify you of the additional necessary information; or the date we receive the requested

information. If you fail to provide, within the 45 day period from the date of notification, sufficient information for us to render a decision, we may deny your appeal on the basis of incompleteness. In the event your appeal is denied on the basis of incompleteness, your appeal may be reopened upon our receipt of the necessary information If we require additional time, beyond the 30 days, to complete our appeal review, we will notify you of the reason additional time is required.

The "Benefit Amount" is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The "Initial Benefit" is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
major organ failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
muscular dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:
  - blood alcohol level met or exceeded .08%; or
  - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- the covered person voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician, or

- an “over the counter” drug, medication or sedative taken according to package directions**;** or
- activities required by the covered person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates 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 Services 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
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

(1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

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

(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(4) Benefits

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

Please be aware that the Certificate contains specific definitions, conditions, 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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF NEW MEXICO:

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

- A physician includes a Practitioner of the Healing Arts as defined in section 59A-22-32 of the laws of New Mexico.

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.

The "Benefit Amount" is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The "Initial Benefit" is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: BENIGN TUMOR

COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT

bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
muscular dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:
  - blood alcohol level met or exceeded .08%; or
  - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- the covered person voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician, or
  - an "over the counter" drug, medication or sedative taken according to package directions**;** or
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

(1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

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

(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(4) Benefits

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

Please be aware that the Certificate contains specific definitions, conditions, 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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF NORTH CAROLINA:

The following information applies to 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 benefits for Cancer Covered Conditions:

- For the Covered Condition Category: Cancer, if, a clinical diagnosis of a cancer covered condition has not been made for a covered person prior to death, and, postmortem, a pathological diagnosis is made for such covered person, we will consider the cancer covered condition to have occurred on the date of death.

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.

The “Benefit Amount” is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The “Initial Benefit” is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER

COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE

tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
muscular dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war (undeclared war does not include acts of terrorism);
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:
  - blood alcohol level met or exceeded .08%; or
  - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- the covered person voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician, or
  - an "over the counter" drug, medication or sedative taken according to package directions**;** or
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

(1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

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

(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(4) Benefits

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

Please be aware that the Certificate contains specific definitions, conditions, 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.

The “Benefit Amount” is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The “Initial Benefit” is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER

COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE

tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
muscular dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:
  - blood alcohol level met or exceeded .08%; or
  - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- the covered person voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician, or
  - an "over the counter" drug, medication or sedative taken according to package directions**;** or
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

(1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

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

(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(4) Benefits

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

Please be aware that the Certificate contains specific definitions, conditions, 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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF OHIO:

The following information affects continuation of insurance:

- For the At Your Option: Portability Through 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 12 months from the time proof is otherwise required.

The “Benefit Amount” is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The “Initial Benefit” is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE

paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer’s Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
muscular dystrophy	100% of Benefit Amount	NONE
Parkinson’s Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit

transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:
  - blood alcohol level met or exceeded .08%; or
  - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- the covered person voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician, or
  - an "over the counter" drug, medication or sedative taken according to package directions**;** or
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

(1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

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

(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(4) Benefits

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

Please be aware that the Certificate contains specific definitions, conditions, 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.

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 “Benefit Amount” is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The “Initial Benefit” is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
muscular dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS

The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war - this exclusion only applies to a covered person while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:
  - blood alcohol level met or exceeded .08%; or
  - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- the covered person voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician, or
  - an "over the counter" drug, medication or sedative taken according to package directions**;** or
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a

different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

(1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

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

(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(4) Benefits

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

Please be aware that the Certificate contains specific definitions, conditions, 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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF SOUTH CAROLINA:

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 a claim is filed and ends six years after the date such proof is required to be filed.

The “Benefit Amount” is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The “Initial Benefit” is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit

loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer’s Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
muscular dystrophy	100% of Benefit Amount	NONE
Parkinson’s Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE

COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:
  - blood alcohol level met or exceeded .08%; or
  - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- the covered person voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician, or
  - an "over the counter" drug, medication or sedative taken according to package directions**;** or
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

(1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

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

(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(4) Benefits

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

Please be aware that the Certificate contains specific definitions, conditions, 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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF SOUTH DAKOTA:

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 who is a member of your household;
  - your adopted or step-child 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.

The “Benefit Amount” is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The “Initial Benefit” is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer’s Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
muscular dystrophy	100% of Benefit Amount	NONE
Parkinson’s Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT

severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- 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, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

(1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

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

(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(4) Benefits

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

Please be aware that the Certificate contains specific definitions, conditions, 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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF TEXAS:

The following information affects dependent definitions and dependent eligibility requirements:

- The effective date of insurance for a child who becomes covered under the Certificate pursuant to a medical support order issued under Texas Statutes 154, Family Code, or enforceable by a court in the State of Texas, will be determined without regard to whether the child is under a medical restriction.

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:

- 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.

- 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.

The following information affects claims payment for a dependent child:

We will pay to the Texas Department of Human Services, any amounts which would have been paid to you but were paid by the Department through the Medical Assistance Act of 1967, as amended, as described below.

- Benefits payable on behalf of a dependent child will be paid to the Texas Department of Human Services upon written notification if:
  - you have possession or access to the dependent child by court order or you are not entitled to possession or access to the dependent child and are required by court order to pay child support;
  - the Texas Department of Human Services is paying benefits on behalf of the dependent child under Chapter 31 and 32 of the Texas Human Resources Code; and
  - notification is given to us in writing by the Texas Department of Human Services or by you in an attachment to the first submitted claim that such claim reimbursement should be paid to the Texas Department of Human Services.

- In accordance with Texas law, benefits under the Certificate may be paid on behalf of a dependent child to a possessory or managing conservator for the dependent child (who is not a member of an eligible class) if such a conservator has been appointed by a court in Texas or another state. A possessory or managing conservator is entitled to be paid benefits under this section if we are provided with the following:
  - written notice that the person is a possessory or managing conservator for the dependent child on whose behalf the claim is made; and
  - a certified copy of the court order designating the person as possessory or managing conservator for the dependent child or other evidence designated by rule of the Commissioner that the person is eligible for the benefits.

The “Benefit Amount” is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The “Initial Benefit” is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer’s Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
muscular dystrophy	100% of Benefit Amount	NONE
Parkinson’s Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:
  - blood alcohol level met or exceeded .08%; or
  - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- the covered person voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician, or
  - an "over the counter" drug, medication or sedative taken according to package directions**;** or
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- diagnosis or treatment of a covered condition by a physician who is: you; your spouse or anyone to whom you are related by blood or marriage; anyone who is a member of your household; your adopted child or step-child; anyone with whom you share a business; or your employee;
- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

(1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

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

(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(4) Benefits

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

Please be aware that the Certificate contains specific definitions, conditions, 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.

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.

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" as defined in the Certificate;
- 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.

The "Benefit Amount" is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The "Initial Benefit" is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit

skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE

COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
muscular dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person’s voluntary active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity as a voluntary participant that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person’s intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the covered person’s operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person’s:
  - blood alcohol level met or exceeded .08%; or
  - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- the covered person voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician, or
  - an “over the counter” drug, medication or sedative taken according to package directions**;** or
- activities required by the covered person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

(1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

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

(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(4) Benefits

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

Please be aware that the Certificate contains specific definitions, conditions, 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.

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 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.

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:

- Throughout the Certificate, the provision titled At Your Option: Portability Through Continuation of Insurance With Premium Payment is changed to read At Your Option: Continuation of Insurance With Premium Payment.

The “Benefit Amount” is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The “Initial Benefit” is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE

COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE

COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
muscular dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane);
- war, whether declared or undeclared; or act of war;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:
  - blood alcohol level met or exceeded .08%; or

- blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- the covered person's voluntary and felonious use of any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician, or
  - an “over the counter” drug, medication or sedative taken according to package directions**;** or
- 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, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

POLICYHOLDER: Your Employer

CRITICAL ILLNESS COVERAGE

IMPORTANT INFORMATION ABOUT THE COVERAGE YOU ARE BEING OFFERED

THE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

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) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

(2) Read Your Certificate Carefully. This disclosure statement provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate 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 with respect to the coverage. It is, therefore, important that You READ YOUR CERTIFICATE CAREFULLY!

The benefits under this policy are summarized below:

(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

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.

(4) Benefits

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

Please be aware that the Certificate contains specific definitions, conditions, 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.

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 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 "Benefit Amount" is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The "Initial Benefit" is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT

invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit

tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
muscular dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;

- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- 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, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

(1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

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

(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(4) Benefits

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

Please be aware that the Certificate contains specific definitions, conditions, 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.

The “Benefit Amount” is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The “Initial Benefit” is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER

COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE

tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
muscular dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:
  - blood alcohol level met or exceeded .08%; or
  - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- the covered person voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician, or
  - an "over the counter" drug, medication or sedative taken according to package directions**;** or
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of West Virginia----------



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

(1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

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

(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(4) Benefits

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

Please be aware that the Certificate contains specific definitions, conditions, 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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF WISCONSIN:

The following information affects benefits for Cancer Covered Conditions:

- For the Special Exclusions Applicable to a Cancer Covered Condition:
  - the following will not be excluded with respect to a Cancer Covered Condition: any cancer in the presence of human immune-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV; and
  - the following exclusion is added: any Kaposi sarcoma (all forms).

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.

The “Benefit Amount” is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The “Initial Benefit” is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer’s Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
muscular dystrophy	100% of Benefit Amount	NONE
Parkinson’s Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: SEVERE BURN

COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:
  - blood alcohol level met or exceeded .08%; or
  - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- the covered person voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician, or
  - an "over the counter" drug, medication or sedative taken according to package directions**;** or
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of Wisconsin----------



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. YOU SHOULD HAVE MAJOR MEDICAL INSURANCE WHEN YOU ENROLL FOR THIS COVERAGE.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE – IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.

OUTLINE OF COVERAGE

(1) This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.

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

(3) Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(4) Benefits

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

Please be aware that the Certificate contains specific definitions, conditions, 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.

The “Benefit Amount” is the amount that you elect during enrollment and that we use to determine the Benefit Amount payable for a covered condition. The Benefit Amount applicable to your covered dependents may vary from the amount you elect.

The “Initial Benefit” is the benefit that is payable the first time that a covered condition occurs, as defined in the benefit provision applicable to the specific covered condition, while coverage is in effect under the Certificate and subject to the terms and conditions of the Certificate.

The Certificate will specify the number of times a benefit is payable for each covered condition per covered person.

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER

COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Coronary Artery Bypass Graft (CABG)	50% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE

tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
muscular dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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 screening measure was taken

(5) GENERAL EXCLUSIONS

The exclusions that appear below apply to all covered conditions and benefits set forth in the Certificate. Please note that certain covered conditions have additional exclusions that are set forth in the benefit provisions of the Certificate.

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:
  - blood alcohol level met or exceeded .08%; or
  - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- the covered person voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician, or
  - an "over the counter" drug, medication or sedative taken according to package directions**;** or
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

The Benefit Separation Period is the number of days that must elapse between occurrences of covered conditions for a covered person in order for a benefit to be payable.

Initial Benefit Separation Period is the number of days that must elapse between an occurrence of a covered condition for which a benefit is payable and an occurrence of a different covered condition in order for an initial benefit to be payable for the later covered condition.

Recurrence Benefit Separation Period is the number of days that must elapse for a subsequent occurrence of the same covered condition that previously occurred and for which a benefit was payable.

The Benefit Separation Period that applies to benefits payable under the Certificate is as follows:

For Initial Benefit	30 days
For Recurrence Benefit	90 days

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; or you cease to be in an eligible class.

(8) CONTINUATION OF INSURANCE

If your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

(9) 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.

(10) PREMIUMS

Premium rates for your coverage are based on your age and are shown in the accompanying materials. Premium rates for your dependents may be determined separately. Premium rates for this coverage are subject to change in accordance with the provisions of the Group Policy.

----------End of Wyoming----------