

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: State of Kansas-SEHBP.**

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:** KANSAS

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.

Table of Contents 2
Group Policy Issuance State: KANSAS 3
Alaska 9
Arkansas 15
Colorado 21
Connecticut 27
Florida 35
Idaho 41
Louisiana 49
Minnesota 55
Mississippi 61
Missouri 67
Montana 73
Nebraska 79
New Hampshire 85
New Mexico 93
North Carolina 101
North Dakota 108
Ohio 114
Oklahoma 120
South Carolina 126
South Dakota 132
Texas 138
Utah 146
Vermont 155
Washington 161
West Virginia 167
Wisconsin 173
Wyoming 179



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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
diphtheria	25% of Benefit Amount	NONE
encephalitis	25% of Benefit Amount	NONE
Legionnaire's disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION		
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE

ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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

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 ALASKA:

The following information affects dependent definitions and dependent eligibility requirements:

- Registered domestic partners are eligible for coverage. In addition, same and opposite sex domestic partners who are not registered are eligible for coverage if they otherwise meet the requirements set forth in the Certificate for unregistered domestic partners.

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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
diphtheria	25% of Benefit Amount	NONE
encephalitis	25% of Benefit Amount	NONE
Legionnaire's disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT

Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION		
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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

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 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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
diphtheria	25% of Benefit Amount	NONE
encephalitis	25% of Benefit Amount	NONE
Legionnaire's disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION		
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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 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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	50% of Initial Benefit

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

encephalitis	25% of Benefit Amount	NONE
Legionnaire's disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION		
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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 your Certificate:

- Your coverage includes the At Your Option: Portability Through Continuation Of Insurance With Premium Payment provision below:

  At Your Option: Portability Through Continuation With Premium Payment

  If your insurance ends, in certain situations, it may be continued, as described in this provision. This is referred to in this provision as “Continued Insurance”. For purposes of this provision, insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as “Group Billed Insurance”.

Except as described below, Continued Insurance is subject to all of the conditions, maximums, limitations, exclusions and proof requirements contained in the provisions of the Certificate.

Requirements for Continued Insurance

Continued Insurance will be available to you if:

- your Group Billed Insurance ends for any reason other than non-payment of premium or Contribution; we receive your written request for Continued Insurance on a form approved by us within 31 calendar days after your Group Billed Insurance ends;
- you pay premiums required for Continued Insurance by the due date specified in the premium notice sent to you; and
- you have been insured for Group Billed Insurance immediately prior to the date your Continued Insurance would otherwise take effect.

Changes in Continued Insurance

You may elect to decrease Your insurance if a lower benefit option is available. In addition, you may end insurance for any or all of your dependents. Please contact us for information. You may not increase insurance once Continued Insurance goes into effect.

Contributions for Continued Insurance

The contribution that you must pay for Continued Insurance is the amount of your contribution for your Group Billed Insurance before it ended, plus any amount of premium that your employer paid. The contribution that you must pay for Continued Insurance will be determined on the same basis as premium rates charged for the employee paid Group Billed Insurance. We have the right to change premium rates in accordance with the terms set forth in the Group Policy. All payments for Continued Insurance must be made directly to us by the due date specified in the premium notice we send to you.

End of Continued Insurance

Continued Insurance will end on the earliest of the following dates:

- the date you die;
- if you do not pay a contribution that is required for Continued Insurance, the end of the calendar month for which the last full premium has been paid for your insurance;
- with respect to Continued Insurance for a dependent:
    - the date Continued Insurance for you ends for any reason;
    - the date the dependent no longer meets the definition of a dependent for purposes of this coverage; or
    - the date the dependent is no longer eligible for insurance.

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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

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: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT

Heart Attack	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
diphtheria	25% of Benefit Amount	NONE
encephalitis	25% of Benefit Amount	NONE
Legionnaire's disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION		
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE

Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	50% of Initial Benefit

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

diphtheria	25% of Benefit Amount	NONE
encephalitis	25% of Benefit Amount	NONE
Legionnaire's disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION		
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE

systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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.

- Registered domestic partners are eligible for coverage. In addition, same and opposite sex domestic partners who are not registered are eligible for coverage if they otherwise meet the requirements set forth in the Certificate for unregistered domestic partners.

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 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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

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

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
diphtheria	25% of Benefit Amount	NONE
encephalitis	25% of Benefit Amount	NONE
Legionnaire's disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE

systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
diphtheria	25% of Benefit Amount	NONE
encephalitis	25% of Benefit Amount	NONE
Legionnaire’s disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION		
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	50% of Initial Benefit

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

bacterial cerebrospinal meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
diphtheria	25% of Benefit Amount	NONE
encephalitis	25% of Benefit Amount	NONE
Legionnaire's disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION		
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE

poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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 MISSISSIPPI:

- 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, but in no event other than the absence of legal capacity of the claimant, later than 12 months from the date 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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
diphtheria	25% of Benefit Amount	NONE
encephalitis	25% of Benefit Amount	NONE
Legionnaire’s disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION		
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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 Mississippi----------



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 the Waiver of Premium provision:

- The definition of Disabled or Disability is changed to the definition that appears below.

  Disabled or **Disability** means that, solely due to a covered condition for which we have paid a benefit under the Certificate:
  - during an initial period of 12 months that begins on or after the date that such covered condition occurs, you are continuously unable to perform the substantial and material duties of your occupation; and
  - after the initial 12 month period, you are continuously unable to perform the substantial and material duties any occupation for which you are qualified by education, training or experience.

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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
diphtheria	25% of Benefit Amount	NONE
encephalitis	25% of Benefit Amount	NONE
Legionnaire's disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION		
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE

muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
diphtheria	25% of Benefit Amount	NONE
encephalitis	25% of Benefit Amount	NONE
Legionnaire's disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION		
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
diphtheria	25% of Benefit Amount	NONE
encephalitis	25% of Benefit Amount	NONE
Legionnaire's disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION		
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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.

- Registered domestic partners are eligible for coverage. In addition, domestic partners who are 16 years or older and who are not registered are eligible for coverage if they otherwise meet the requirements set forth in the Certificate for unregistered domestic partners.

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 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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
diphtheria	25% of Benefit Amount	NONE
encephalitis	25% of Benefit Amount	NONE
Legionnaire's disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE

tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: OCCUPATIONAL POSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
diphtheria	25% of Benefit Amount	NONE
encephalitis	25% of Benefit Amount	NONE
Legionnaire's disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE

COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION		
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
diphtheria	25% of Benefit Amount	NONE
encephalitis	25% of Benefit Amount	NONE
Legionnaire's disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION		
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
diphtheria	25% of Benefit Amount	NONE
encephalitis	25% of Benefit Amount	NONE
Legionnaire's disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION		
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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 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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
diphtheria	25% of Benefit Amount	NONE
encephalitis	25% of Benefit Amount	NONE
Legionnaire’s disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION		
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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 dependent definitions and dependent eligibility requirements:

- Registered domestic partners are eligible for coverage. In addition, same and opposite sex domestic partners who are not registered are eligible for coverage if they otherwise meet the requirements set forth in the Certificate for unregistered domestic partners.

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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
diphtheria	25% of Benefit Amount	NONE
encephalitis	25% of Benefit Amount	NONE
Legionnaire's disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE

rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION		
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
diphtheria	25% of Benefit Amount	NONE
encephalitis	25% of Benefit Amount	NONE
Legionnaire's disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE

osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION		
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	50% of Initial Benefit

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

encephalitis	25% of Benefit Amount	NONE
Legionnaire's disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION		
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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:

- Registered domestic partners are eligible for coverage (registration of civil union partners is not currently available in Texas). In addition, same and opposite sex domestic partners who are not registered are eligible for coverage if they otherwise meet the requirements set forth in the Certificate for unregistered domestic partners.

- 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 continuation of insurance under the Certificate:

AT YOUR OPTION: CONTINUATION OF YOUR INSURANCE DURING A LABOR DISPUTE

This provision only applies if your employer pays all or any part of the premium for your coverage under the Certificate under the terms of a collective bargaining agreement.

If this provision applies as described above, you may elect to continue the insurance provided under the Certificate if You cease to be actively at work (as defined in the Certificate) as the result of a labor dispute. Insurance will continue under this provision, for up to 6 months, for the period of time you are not actively at work due to a labor dispute, if the following conditions are met:

- at least 75% of the employees eligible to continue their insurance under the Group Policy due to the labor dispute elect to continue such insurance; and
- you pay the entire required premium for your insurance, which includes any contributions You were making, and any portion being paid by your employer and/or union, before you stopped active work. We may increase the required premium by up to 20% while You are continuing Your insurance under this provision.

Continued insurance provided under this provision will end upon the earliest of the following:

- if you do not pay a premium that is required to continue insurance under this provision, the last day of the period for which a required premium payment was made;
- the date that the number of employees who elect to continue insurance under the Group Policy falls below 75% of all employees eligible to continue this insurance due to the labor dispute;
- the date you begin full-time employment with another employer; or
- the date you cease to be eligible to continue your insurance under this section and You do not immediately resume active work in a class that is eligible for such insurance.

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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
diphtheria	25% of Benefit Amount	NONE
encephalitis	25% of Benefit Amount	NONE
Legionnaire's disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT

Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION		
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
diphtheria	25% of Benefit Amount	NONE
encephalitis	25% of Benefit Amount	NONE
Legionnaire's disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION		
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT

occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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 “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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE

COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
diphtheria	25% of Benefit Amount	NONE
encephalitis	25% of Benefit Amount	NONE
Legionnaire's disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION		
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE

Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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 Occupational Exposure Disease Covered Condition Category:

- The reporting and investigation requirement that applies to the time period within which the incident report must be filed following the occupational exposure is 10 days.
- The number of days following the occupational exposure within which a covered person must receive the initial required testing is 14 days.

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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

Coronary Artery Bypass Graft (CABG)	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
diphtheria	25% of Benefit Amount	NONE
encephalitis	25% of Benefit Amount	NONE
Legionnaire's disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION		
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE

COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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.

ADDITIONAL COVERAGE INFORMATION FOR RESIDENTS OF WEST VIRGINIA:

The following information affects continuation of insurance under your Certificate:

AT YOUR OPTION: UPON INVOLUNTARY LAYOFF

If your employment ends because you are involuntarily laid off, you may continue insurance provided to you under the Certificate for a limited period of time, as explained below. To continue insurance under this provision, we must receive your completed written request on a form approved by us within the request period which begins on the date your employment ends, and ends 31 days later. If you do not request to continue insurance within the request period, you cannot exercise this option. You must pay all the premium required under the Group Policy for the insurance provided to you under the Certificate, including any portion the group policyholder paid prior to the date your employment ended, when it is due.

Insurance continued under this provision will end on the earliest of the following dates:

- the date the group policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you; or
- the end of 18 months following the date your employment ends.

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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	50% of Initial Benefit

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

bacterial cerebrospinal meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
diphtheria	25% of Benefit Amount	NONE
encephalitis	25% of Benefit Amount	NONE
Legionnaire's disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION		
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE

poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	50% of Initial Benefit

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

diphtheria	25% of Benefit Amount	NONE
encephalitis	25% of Benefit Amount	NONE
Legionnaire's disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION		
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE

systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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.

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 5 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	50% 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	NONE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	25% of Benefit Amount	NONE
cystic fibrosis	25% of Benefit Amount	NONE
sickle cell anemia	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
diphtheria	25% of Benefit Amount	NONE
encephalitis	25% of Benefit Amount	NONE
Legionnaire's disease	25% of Benefit Amount	NONE
malaria	25% of Benefit Amount	NONE
necrotizing fasciitis	25% of Benefit Amount	NONE
osteomyelitis	25% of Benefit Amount	NONE
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	NONE
tuberculosis	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION		
Major Organ Transplant (for other than bone marrow transplant)	100% of Benefit Amount	50% of Initial Benefit

COVERED CONDITION CATEGORY: OCCUPATIONAL EXPOSURE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
occupational hepatitis or occupational HIV	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: PROGRESSIVE DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
adrenal hypofunction (Addison's disease)	25% of Benefit Amount	NONE
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Huntington's disease	25% of Benefit Amount	NONE
Multiple Sclerosis	25% of Benefit Amount	NONE
muscular dystrophy	25% of Benefit Amount	NONE
myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	25% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	50% of Initial Benefit

(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	180 days
For Recurrence Benefit	180 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; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) 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.

(9) 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----------