



READ YOUR OUTLINE OF COVERAGE

Group Accident Insurance is provided under a Group Policy that has been issued to the Policyholder. **The Policyholder is your employer: Main Line Health.**

The Outline of Coverage provides a very brief summary of the important features of the Group Accident 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 the box below that shows the name of your state of residence:

OR

- If you do not reside in one of the above listed states, click on the box below that shows the name of the **GROUP POLICY ISSUANCE STATE**. **The GROUP POLICY ISSUANCE STATE is: Pennsylvania.**

It is important that you follow the above directions and click on the box 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.



METROPOLITAN LIFE INSURANCE COMPANY (“MetLife”)

GROUP HOSPITAL INDEMNITY COVERAGE

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

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

OUTLINE OF COVERAGE

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

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

3) Benefits: The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed.

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

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

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

**Hospital Indemnity Coverage
Benefits Summary**

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day

Benefit Supplement

If a covered person is treated for an injury or sickness in a facility designated by the group policyholder we may pay an additional amount for certain benefits in accordance with the Benefit Supplement Rider that is issued with the Certificate.

4) Exclusions and Limitations

Exclusions:

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

- complications of pregnancy; and
- routine childbirth.

The Certificate only provides benefits for sickness or injury. Sickness does not include:

- routine pregnancy; or
- well-baby or nursing care provided to a newborn child.

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

- the covered person's voluntary use, by any means, 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 as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;
- cosmetic surgery, except when such surgery is performed to:
 - treat an injury or sickness;
 - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility; or
- any of the following outside of the United States, Canada or Mexico:
 - any medical or healthcare treatment, services or transportation; or
 - any inpatient admission or stay in any medical or health care facility.

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a dependent child's routine pregnancy and any well baby or nursing care provided to the dependent child's newborn child; or
- the covered person's alcoholism, drug addiction, chemical dependency or complications thereof.

Additional Exclusions that Apply to Loss Due to Accident:

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

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

Limitations:

Benefit Reduction Due to Age

A benefit payable with respect to a covered person will be reduced as described in the table below, based on the covered person's attained age.

Attained Age	Reduction Amount
65 to 69	Any benefit payable will be reduced by 25% if the covered person's attained age is 65 to 69.
70 or older	Any benefit payable will be reduced by 50% if the covered person's attained age is 70 or older.

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

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

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

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

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

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

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Benefits Summary**

Hospital Benefits	Low Plan Benefits	High Plan Benefits
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Benefit Supplement

If a covered person is treated for an injury or sickness in a facility designated by the group policyholder we may pay an additional amount for certain benefits in accordance with the Benefit Supplement Rider that is issued with the Certificate.

4) Exclusions and Limitations

Exclusions:

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- complications of pregnancy; and
- routine childbirth.

The Certificate only provides benefits for sickness or injury. Sickness does not include:

- routine pregnancy; or
- well-baby or nursing care provided to a newborn child.

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

- the covered person's voluntary use, of any narcotic, unless it is taken or used as prescribed by a Physician;
- the Covered Person's voluntary use of:
 - an "over the counter" drug, medication or sedative unless taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;
- cosmetic surgery, except when such surgery is performed to:
 - treat an injury or sickness;
 - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility; or
- any of the following outside of the United States, Canada or Mexico:
 - any medical or healthcare treatment, services or transportation; or
 - any inpatient admission or stay in any medical or health care facility.

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a dependent child's routine pregnancy and any well baby or nursing care provided to the dependent child's newborn child; or
- the covered person's alcoholism, drug addiction, chemical dependency or complications thereof.

Additional Exclusions that Apply to Loss Due to Accident:

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

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;

- the covered person riding in or driving in a professional capacity in any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

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

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

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

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 - 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 as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - the covered person's voluntary inhalation of gas, or fumes or voluntary taking of poison;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war (the term "war" does not include terrorist acts);
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;

- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;
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 - correct a disorder of normal bodily function or structure that was caused by an injury, sickness or congenital anomaly for which coverage is not otherwise excluded under this Certificate; or
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- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
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5) When your insurance ends. Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

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

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

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

This is the end of the Outline of Coverage that applies to you.



METROPOLITAN LIFE INSURANCE COMPANY (“MetLife”)

GROUP HOSPITAL INDEMNITY COVERAGE

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

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

OUTLINE OF COVERAGE

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

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

3) Benefits: The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed.

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

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

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

**Hospital Indemnity Coverage
Benefits Summary**

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day

Benefit Supplement

If a covered person is treated for an injury or sickness in a facility designated by the group policyholder we may pay an additional amount for certain benefits in accordance with the Benefit Supplement Rider that is issued with the Certificate.

4) Exclusions and Limitations

Exclusions:

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

- complications of pregnancy; and
- routine childbirth.

The Certificate only provides benefits for sickness or injury. Sickness does not include:

- routine pregnancy; or
- well-baby or nursing care provided to a newborn child.

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

- the covered person's voluntary use, by any means, 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 as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, or riot;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;
- cosmetic surgery, except when such surgery is performed to:
 - treat an injury or sickness;
 - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility; or
- any of the following outside of the United States, Canada or Mexico:
 - any medical or healthcare treatment, services or transportation; or
 - any inpatient admission or stay in any medical or health care facility.

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a dependent child's routine pregnancy and any well baby or nursing care provided to the dependent child's newborn child; or
- the covered person's alcoholism, drug addiction, chemical dependency or complications thereof.

Additional Exclusions that Apply to Loss Due to Accident:

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

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation; or
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received.

Limitations:

Benefit Reduction Due to Age

A benefit payable with respect to a covered person will be reduced as described in the table below, based on the covered person's attained age.

Attained Age	Reduction Amount
65 to 69	Any benefit payable will be reduced by 25% if the covered person's attained age is 65 to 69.
70 or older	Any benefit payable will be reduced by 50% if the covered person's attained age is 70 or older.

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

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

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

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

This is the end of the Outline of Coverage that applies to you.



METROPOLITAN LIFE INSURANCE COMPANY (“MetLife”)

GROUP HOSPITAL INDEMNITY COVERAGE

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

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OUTLINE OF COVERAGE

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

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

3) Benefits: The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed.

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

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

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

**Hospital Indemnity Coverage
Benefits Summary**

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit (paid for up to 31 days per calendar year)	\$100 per day	\$200 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day

Benefit Supplement

If a covered person is treated for an injury or sickness in a facility designated by the group policyholder we may pay an additional amount of for certain benefits in accordance with the Benefit Supplement Rider that is issued with the Certificate.

4) Exclusions and Limitations

Exclusions:

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

- complications of pregnancy; and
- routine childbirth.

The Certificate only provides benefits for sickness or injury. Sickness does not include:

- routine pregnancy; or
- well-baby or nursing care provided to a newborn child.

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

- the covered person's voluntary use, by any means, 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 as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's voluntary active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's active participation in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;
- cosmetic surgery, except when such surgery is performed to:
 - treat an injury or sickness;
 - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility; or
- any of the following outside of the United States, Canada or Mexico:
 - any medical or healthcare treatment, services or transportation; or
 - any inpatient admission or stay in any medical or health care facility.

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a dependent child's routine pregnancy and any well baby or nursing care provided to the dependent child's newborn child; or
- the covered person's alcoholism, drug addiction, chemical dependency or complications thereof.

Additional Exclusions that Apply to Loss Due to Accident:

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

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

Limitations:

Benefit Reduction Due to Age

A benefit payable with respect to a covered person will be reduced as described in the table below, based on the covered person's attained age.

Attained Age	Reduction Amount
65 to 69	Any benefit payable will be reduced by 25% if the covered person's attained age is 65 to 69.
70 or older	Any benefit payable will be reduced by 50% if the covered person's attained age is 70 or older.

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

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

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

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

This is the end of the Outline of Coverage that applies to you.



METROPOLITAN LIFE INSURANCE COMPANY (“MetLife”)

GROUP HOSPITAL INDEMNITY COVERAGE

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OUTLINE OF COVERAGE

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

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

3) Benefits: The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed.

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

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

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

**Hospital Indemnity Coverage
Benefits Summary**

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day

Benefit Supplement

If a covered person is treated for an injury or sickness in a facility designated by the group policyholder we may pay an additional amount for certain benefits in accordance with the Benefit Supplement Rider that is issued with the Certificate.

4) Exclusions and Limitations

Exclusions:

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

- complications of pregnancy; and
- routine childbirth.

The Certificate only provides benefits for sickness or injury. Sickness does not include:

- routine pregnancy; or
- well-baby or nursing care provided to a newborn child.

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

- the covered person's voluntary use, by any means, 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 as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;
- cosmetic surgery, except when such surgery is performed to:
 - treat an injury or sickness;
 - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility; or
- a covered person while incarcerated in any type of penal or detention facility; or
- any of the following outside of the United States, Canada or Mexico:
 - any medical or healthcare treatment, services or transportation; or
 - any inpatient admission or stay in any medical or health care facility.

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a dependent child's routine pregnancy and any well baby or nursing care provided to the dependent child's newborn child; or
- the covered person's alcoholism, drug addiction, chemical dependency or complications thereof.

Additional Exclusions that Apply to Loss Due to Accident:

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

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

Limitations:

Benefit Reduction Due to Age

A benefit payable with respect to a covered person will be reduced as described in the table below, based on the covered person's attained age.

Attained Age	Reduction Amount
65 to 69	Any benefit payable will be reduced by 25% if the covered person's attained age is 65 to 69.
70 or older	Any benefit payable will be reduced by 50% if the covered person's attained age is 70 or older.

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

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

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

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

This is the end of the Outline of Coverage that applies to you.



METROPOLITAN LIFE INSURANCE COMPANY (“MetLife”)

GROUP HOSPITAL INDEMNITY COVERAGE

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OUTLINE OF COVERAGE

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

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

3) Benefits: The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed.

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

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

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

**Hospital Indemnity Coverage
Benefits Summary**

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day

Benefit Supplement

If a covered person is treated for an injury or sickness in a facility designated by the group policyholder we may pay an additional amount of for certain benefits in accordance with the Benefit Supplement Rider that is issued with the Certificate.

4) Exclusions and Limitations

Exclusions:

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

- complications of pregnancy; and
- routine childbirth.

The Certificate only provides benefits for sickness or injury. Sickness does not include:

- routine pregnancy; or
- well-baby or nursing care provided to a newborn child.

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

- the voluntary use of a controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (the Controlled Substances Act), as now or hereafter amended, unless prescribed by the covered person's physician for the covered person;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;
- cosmetic surgery, except when such surgery is performed to:
 - treat an injury or sickness;
 - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility; or
- any of the following outside of the United States, Canada or Mexico:
 - any medical or healthcare treatment, services or transportation; or
 - any inpatient admission or stay in any medical or health care facility.

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a dependent child’s routine pregnancy and any well baby or nursing care provided to the dependent child’s newborn child; or
- the covered person’s alcoholism, drug addiction, chemical dependency or complications thereof.

Additional Exclusions that Apply to Loss Due to Accident:

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

- the covered person’s operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the covered person’s blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- the covered person’s travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving in a professional capacity in any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

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

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

Limitations:

Benefit Reduction Due to Age

A benefit payable with respect to a covered person will be reduced as described in the table below, based on the covered person’s attained age.

Attained Age	Reduction Amount
65 to 69	Any benefit payable will be reduced by 25% if the covered person’s attained age is 65 to 69.
70 or older	Any benefit payable will be reduced by 50% if the covered person’s attained age is 70 or older.

5) When your insurance ends. Your insurance will end on the date described in the Certificate if: the Group

Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

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

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

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

This is the end of the Outline of Coverage that applies to you.



METROPOLITAN LIFE INSURANCE COMPANY (“MetLife”)

GROUP HOSPITAL INDEMNITY COVERAGE

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

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OUTLINE OF COVERAGE

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

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

3) Benefits: The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed.

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

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

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

**Hospital Indemnity Coverage
Benefits Summary**

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day

Benefit Supplement

If a covered person is treated for an injury or sickness in a facility designated by the group policyholder we may pay an additional amount for certain benefits in accordance with the Benefit Supplement Rider that is issued with the Certificate.

4) Exclusions and Limitations

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

Sickness does not include:

- well-baby or nursing care provided to a newborn child.

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

- the covered person's voluntary use, by any means, 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 as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;
- cosmetic surgery, except when such surgery is performed to:
 - treat an injury or sickness;
 - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility; or
- any of the following outside of the United States, Canada or Mexico:
 - any medical or healthcare treatment, services or transportation; or
 - any inpatient admission or stay in any medical or health care facility.

Additional Exclusions that Apply to Loss Due to Accident:

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

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;

- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

Limitations:

Benefit Reduction Due to Age

A benefit payable with respect to a covered person will be reduced as described in the table below, based on the covered person's attained age.

Attained Age	Reduction Amount
65 to 69	Any benefit payable will be reduced by 25% if the covered person's attained age is 65 to 69.
70 or older	Any benefit payable will be reduced by 50% if the covered person's attained age is 70 or older.

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

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

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

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

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

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

Estimated annual premium \$_____

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

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Benefit Supplement

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Exclusions:

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- complications of pregnancy; and
- routine childbirth.

The Certificate only provides benefits for sickness or injury. Sickness does not include:

- routine pregnancy; or
- well-baby or nursing care provided to a newborn child.

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

- the covered person's voluntary use, by any means, 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 as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
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- cosmetic surgery, except when such surgery is performed to:
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 - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility; or
- any of the following outside of the United States, Canada or Mexico:
 - any medical or healthcare treatment, services or transportation; or
 - any inpatient admission or stay in any medical or health care facility.

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a covered person’s routine pregnancy;
- any well baby or nursing care provided to a covered person’s newborn child or children; or
- the covered person’s alcoholism, drug addiction, chemical dependency or complications thereof.

Additional Exclusions that Apply to Loss Due to Accident:

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- the covered person’s operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the covered person’s blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- the covered person’s travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

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6) Continuation of insurance. If Your insurance ends for any reason other than non-payment of premium or the end of the Group Policy, you may continue it under certain circumstances as described in the Certificate.

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

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

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Benefits Summary**

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Benefit Supplement

If a covered person is treated for an injury or sickness in a facility designated by the group policyholder we may pay an additional amount for certain benefits in accordance with the Benefit Supplement Rider that is issued with the Certificate.

4) Exclusions and Limitations

Exclusions:

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- complications of pregnancy; and
- routine childbirth.

The Certificate only provides benefits for sickness or injury. Sickness does not include:

- routine pregnancy; or
- well-baby or nursing care provided to a newborn child.

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

- the covered person's voluntary and felonious use, by any means, 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 as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;
- cosmetic surgery, except when such surgery is performed to:
 - treat an injury or sickness;
 - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
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Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a dependent child's routine pregnancy and any well baby or nursing care provided to the dependent child's newborn child.

Additional Exclusions that Apply to Loss Due to Accident:

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

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

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

**Hospital Indemnity Coverage
Benefits Summary**

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
ICU Supplemental Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day

Benefit Supplement

If a covered person is treated for an injury or sickness in a facility designated by the group policyholder we may pay an additional amount for certain benefits in accordance with the Benefit Supplement Rider that is issued with the Certificate.

4) Exclusions and Limitations

Exclusions:

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

- complications of pregnancy; and
- routine childbirth.

The Certificate only provides benefits for sickness or injury. Sickness does not include:

- routine pregnancy; or
- well-baby or nursing care provided to a newborn child.

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

- the covered person's voluntary use, by any means, of:
 - any intoxicant or narcotic, unless it is:
 - taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed;
 - alcohol in combination with any narcotic ; or
- the covered person's suicide or attempted suicide ;
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;
- cosmetic surgery, except when such surgery is performed to:
 - treat an injury or sickness;
 - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility; or
- any of the following outside of the United States, Canada or Mexico:
 - any medical or healthcare treatment, services or transportation; or
 - any inpatient admission or stay in any medical or health care facility.

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a dependent child's routine pregnancy and any well baby or nursing care provided to the dependent child's newborn child; or
- the covered person's alcoholism, drug addiction, chemical dependency or complications thereof.

Additional Exclusions that Apply to Loss Due to Accident:

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

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

Limitations:

Benefit Reduction Due to Age

A benefit payable with respect to a covered person will be reduced as described in the table below, based on the covered person's attained age.

Attained Age	Reduction Amount
65 to 69	Any benefit payable will be reduced by 25% if the covered person's attained age is 65 to 69.
70 or older	Any benefit payable will be reduced by 50% if the covered person's attained age is 70 or older.

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

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

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

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

This is the end of the Outline of Coverage that applies to you.



METROPOLITAN LIFE INSURANCE COMPANY (“MetLife”)

GROUP HOSPITAL INDEMNITY COVERAGE

IMPORTANT INFORMATION ABOUT THE COVERAGE YOU ARE BEING OFFERED

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

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

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

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

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

DISCLOSURE STATEMENT

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

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

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

3) Benefits: The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed.

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

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

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

**Hospital Indemnity Coverage
Benefits Summary**

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$1,000 for the day of admission	\$2,000 for the day of admission
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ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day

Benefit Supplement

If a covered person is treated for an injury or sickness in a facility designated by the group policyholder we may pay an additional amount for certain benefits in accordance with the Benefit Supplement Rider that is issued with the Certificate.

4) Exclusions and Limitations

Exclusions:

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

- complications of pregnancy; and
- routine childbirth.

The Certificate only provides benefits for sickness or injury. Sickness does not include:

- routine pregnancy; or
- well-baby or nursing care provided to a newborn child.

We will not pay benefits for the covered person's injury due to voluntary use, by any means, of poison, gas or fumes.

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

- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;
- cosmetic surgery, except when such surgery is performed to:
 - treat an injury or sickness;
 - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; 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, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility; or
- any of the following outside of the United States, Canada or Mexico:
 - any medical or healthcare treatment, services or transportation; or
 - any inpatient admission or stay in any medical or health care facility.

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a dependent child's routine pregnancy or routine childbirth and any well baby or nursing care provided to the dependent child's newborn child; or
- the covered person's alcoholism, drug addiction, chemical dependency or complications thereof.

Additional Exclusions that Apply to Loss Due to Accident:

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

- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

Limitations:

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

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

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

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

This is the end of the Outline of Coverage that applies to you.

This product is not approved for policies to be issued in this state. Please verify the correct POLICY ISSUANCE state. Furthermore, if you are a RESIDENT of this state you are not eligible to enroll for this product.

This is the end of the Outline of Coverage that applies to you.