

Metropolitan Life Insurance Company, New York, NY

Summary of Benefits, Exceptions and Reductions
New York State United Teachers Member Benefits Trust

Long-Term Disability Benefits, Exclusions, and Limitations

This is a summary of the long-term disability insurance benefits, exceptions and reductions under the policy. Full details are in the policy and the certificates issued under it which govern and describe the terms and conditions of coverage. You will only be insured for the benefits:

- for which You become and remain eligible;
- which You elect, if subject to election; and
- which are in effect.

Disability Income Insurance: The options available under the plan are the 12 Month Plan, the 5 Year Plan and the Long Term Plan. Each option is outlined below.

Plan Option	Monthly Benefit	Elimination Period	Maximum Benefit Duration	
12 Month Plan	\$500 to \$5,000 in increments of \$50, not to exceed 60% of Your Predisability Earnings <i>(For members enrolled prior to 1/1/2018, the benefit could be in increments of \$10)</i>	Option 1: 60 Days Option 2: 90 Days Option 3: 120 Days Option 4: 150 Days Option 5: 180 Days <i>(For members enrolled prior to 1/1/2018, elimination period could be 30 Days)</i>	12 Months	
5 Year Plan	\$500 to \$5,000 in increments of \$50, not to exceed 60% of Your Predisability Earnings	Option 1: 60 Days Option 2: 90 Days Option 3: 120 Days Option 4: 150 Days Option 5: 180 Days	Age on Date of Disability	Maximum Duration
			Less than age 64	60 months
			age 64 to 65	The greater of 12 months or to age 65
			65 and older	12 months
Long Term Plan	\$500 to \$5,000 in increments of \$50, not to exceed 60% of Your Predisability Earnings <i>(For members enrolled prior to 1/1/2018, the benefit could be in increments of \$10)</i>	Option 1: 60 Days Option 2: 90 Days Option 3: 120 Days Option 4: 150 Days Option 5: 180 Days <i>(For members enrolled prior to 1/1/2018, elimination period could be 30 Days)</i>	Age on Date of Disability	Maximum Duration
			Less than age 64	To age 65
			age 64 to 65	The greater of 12 months or to age 65
			65 and older	12 months

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REHABILITATION INCENTIVES

Rehabilitation Program Incentive

If You participate in a Rehabilitation Program, We will increase Your Monthly Benefit by an amount equal to 10% of the Monthly Benefit. We will do so before We reduce Your Monthly Benefit by any other income.

Family Care Incentive

If You work or participate in a Rehabilitation Program while You are Disabled, We will reimburse You for up to \$400 for monthly expenses You incur for each family member to provide:

- care for Your or Your Spouse's child, legally adopted child, or child for whom You or Your Spouse are legal guardian and who is:
- living with You as part of Your household;
- dependent on You for support; and
- under age 13.

The child care provider may not be a member of Your immediate family.

- care to Your family member who is:
- living with You as part of Your household;
- chiefly dependent on You for support; and
- incapable of independent living, regardless of age, due to mental or physical handicap as defined by applicable law.

Care to Your family member may not be provided by a member of Your immediate family.

We will make reimbursement payments to You on a monthly basis starting with the first Monthly Benefit payment as long as the above requirements are met for a maximum of 24 Monthly Benefit Payments. In no event will payments be made beyond the Maximum Benefit Period. We will not reimburse You for any expenses for which You are eligible for payment from any other source. You must send Proof that You have incurred such expenses.

Reduction of Benefits for Other Income

We will reduce Your Disability benefit by the amount of all Other Income. Other Income includes the following:

1. any disability or retirement benefits which You, Your Spouse or child(ren) receive because of Your disability or retirement under:

- Federal Social Security Act;
- Railroad Retirement Act;

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- any state, public or federal employee retirement or disability plan, including State Teachers Retirement System (STRS); Public Employee Retirement System (PERS) or Federal Retirement System (FERS). You must apply for such benefits through the highest appeal level that is applicable to such benefits and available under the plan; or
 - any pension or disability plan of any other nation or political subdivision thereof.
2. any income received for disability or retirement under the Employer's Retirement Plan, to the extent that it can be attributed to the employer's contributions.
3. any income received for disability under:
- a group insurance policy to which the employer has made a contribution, such as:
 - ✓ benefits for loss of time from work due to disability;
 - ✓ installment payments for permanent total disability;
 - a no-fault auto law for loss of income, excluding supplemental disability benefits;
 - a government compulsory benefit plan or program which provides payment for loss of time from Your job due to Your disability, whether such payment is made directly by the plan or program, or through a third party;
 - a self-funded plan, or other arrangement if the employer contributes toward it or makes payroll deductions for it;
 - any sick pay, vacation pay or other salary continuation that the employer pays to You;
 - workers' compensation or a similar law which provides periodic benefits;
 - occupational disease laws;
 - laws providing for maritime maintenance and cure;
 - unemployment insurance law or program.
4. any income that You receive from working while Disabled to the extent that such income reduces the amount of Your Monthly Benefit as described in REHABILITATION INCENTIVES. This includes but is not limited to salary, commissions, overtime pay, bonus or other extra pay arrangements from any source.

SINGLE SUM PAYMENT

If You receive Other Income in the form of a single sum payment, You must, within 10 days after receipt of such payment, give Written Proof satisfactory to Us of:

- the amount of the single sum payment;
- the amount to be attributed to income replacement; and
- the time period for which the payment applies.

When We receive such Proof, We will adjust the amount of Your Disability benefit.

If We do not receive the Written Proof described above, and We know the amount of the single sum payment, We may reduce Your Disability benefit by an amount equal to such benefit until the single sum has been exhausted.

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If We adjust the amount of Your Disability benefit due to a single sum payment, the amount of the adjustment will not result in a benefit amount less than the minimum amount, except in the case of an Overpayment.

If You receive Other Income in the form of a single sum payment and We do not receive the Written Proof described above, and We do not know the amount of the single sum payment, We will suspend Your Disability benefit. We will notify You in writing when We suspend such benefit.

We will not reduce Your Disability benefit to less than the Minimum Benefit shown in the SCHEDULE OF BENEFITS, or by:

- cost of living adjustments that are paid under any of the above sources of Other Income;
- reasonable attorney fees included in any award or settlement. If the attorney fees are incurred because of Your successful pursuit of Social Security disability benefits, such fees are limited to those approved by the Social Security Administration;
- group credit insurance;
- mortgage disability insurance benefits;
- early retirement benefits that have not been voluntarily taken by You;
- veteran's benefits;
- individual disability income insurance policies;
- benefits received from an accelerated death benefit payment; or
- amounts rolled over to a tax qualified plan unless subsequently received by You while You are receiving benefit payments.

For Disabilities Due to Alcohol, Drug or Substance Addiction, and Mental or Nervous Disorders or Diseases *(This section is not applicable to the 12 Month Plan)*

If You are Disabled due to alcohol; drug or substance addiction; or Mental or Nervous Disorders or Diseases.

We will limit Your Disability benefits to a per occurrence maximum equal to the lesser of 12 months; or the Maximum Benefit Period.

If Your Disability is due to alcohol, drug or substance addiction, We require You to participate in an alcohol, drug or substance addiction recovery program recommended by a Physician. We will end Disability benefit payments at the earliest of the period described above or the date You cease, refuse to participate, or complete such recovery program.

This limitation will not apply to a Disability resulting from schizophrenia; dementia; or organic brain disease.

Mental or Nervous Disorder or Disease means a medical condition which meets the diagnostic criteria set forth in the most recent edition of the Diagnostic And Statistical Manual Of Mental Disorders as of

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the date of Your Disability. A condition may be classified as a Mental or Nervous Disorder or Disease regardless of its cause.

EXCLUSIONS

We will not pay for any Disability caused or contributed to by:

- war, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Your active participation in a riot;
- intentionally self-inflicted injury;
- attempted suicide; or
- commission of or attempt to commit a felony.

Accidental Death and Dismemberment Insurance Benefits, Exclusions, and Limitations

This is a summary of the accidental death and dismemberment insurance benefits, exceptions and reductions under the policy. Full details are in the policy and the certificates issued under it, which govern and describe the terms and conditions of coverage. You and Your Dependents will only be insured for the benefits:

- for which You and Your Dependents become and remain eligible;
- which You elect, if subject to election; and
- which are in effect.

BENEFIT

For Members Full Amount - \$25,000

Additional Benefits:

Seat Belt Benefit	Yes
Air Bag Use Benefit	Yes
Child Care Benefit	Yes
Child Education Benefit	Yes
Spouse Education Benefit	Yes
Hospital Confinement Benefit	Yes
Common Carrier Benefit	Yes

The Common Carrier Benefit is an amount equal to the Full Amount.

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Schedule of Covered Losses for Voluntary Accidental Death and Dismemberment Insurance

All amounts listed are stated as percentages of the Full Amount.

Covered Losses

Loss of life	100%
Loss of a hand permanently severed at or above the wrist but below the elbow	50%
Loss of a foot permanently severed at or above the ankle but below the knee	50%
Loss of an arm permanently severed at or above the elbow	75%
Loss of a leg permanently severed at or above the knee	75%
Loss of sight in one eye	50%

Loss of sight means permanent and uncorrectable loss of sight in the eye. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.

Loss of any combination of hand, foot, or sight of one eye, as defined above	100%
Loss of the thumb and index finger of same hand	25%

Loss of thumb and index finger of same hand means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.

Loss of speech and loss of hearing	100%
Loss of speech or loss of hearing	50%

Loss of speech means the entire and irrecoverable loss of speech that continues for 6 consecutive months following the accidental injury.

Loss of hearing means the entire and irrecoverable loss of hearing in both ears that continues for 6 consecutive months following the accidental injury.

Paralysis of both arms and both legs	100%
Paralysis of both legs	50%
Paralysis of the arm and leg on either side of the body	50%
Paralysis of one arm or leg	25%

Paralysis means loss of use of a limb, without severance. A Physician must determine the paralysis to be permanent, complete and irreversible.

Brain Damage	100%
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Brain Damage means permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material functions and activities normal to everyday life. Such damage must manifest itself within 30 days of the accidental injury, require a hospitalization of at least 5 days and persists for 12 consecutive months after the date of the accidental injury.

Coma

1% monthly beginning on the 7th day of the Coma for the duration of the Coma to a maximum of 60 months

Coma means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 30 days of the accidental injury and continue for 7 consecutive days.

Third-degree burn(s)

A percentage of the Full Amount equal to the percentage of body surface suffering third-degree burns

ADDITIONAL BENEFIT: SEAT BELT USE

The Seat Belt Use benefit is an additional benefit equal to 10% of the Full Amount shown in the SCHEDULE OF BENEFITS. However, the amount We will pay for this benefit will not be less than \$1,000 or more than \$25,000.

ADDITIONAL BENEFIT: AIR BAG USE

The Air Bag Use Benefit is an additional benefit equal to 5% of the Full Amount shown in the SCHEDULE OF BENEFITS. However, the amount We will pay for this benefit will not be less than \$1,000 or more than \$10,000.

ADDITIONAL BENEFIT: CHILD CARE

For each Child who qualifies for this benefit, We will pay an amount equal to the Child Care Center charges incurred for a period of up to 4 consecutive years, not to exceed:

- an annual maximum of \$5,000; and
- an overall maximum of 12% of the Full Amount shown in the SCHEDULE OF BENEFITS.

We will not pay for Child Care Center charges incurred after the date a Child attains age 13.

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ADDITIONAL BENEFIT: CHILD EDUCATION

For each Child who qualifies for this benefit, We will pay an amount equal to the tuition charges incurred for a period of up to 4 consecutive academic years, not to exceed:

- an academic year maximum of \$10,000; and
- an overall maximum of 20% of the Full Amount shown in the SCHEDULE OF BENEFITS.

ADDITIONAL BENEFIT: SPOUSE EDUCATION

We will pay an amount equal to the tuition charges incurred for a period of up to 1 academic year, not to exceed:

- an academic year maximum of \$5,000; and
- an overall maximum of 5% of the Full Amount shown in the SCHEDULE OF BENEFITS.

ADDITIONAL BENEFIT: HOSPITAL CONFINEMENT

- We will pay \$250 for each full month of Hospital Confinement.
- We will pay this benefit on a monthly basis beginning on the 5th day of confinement, for up to 12 months of continuous confinement. This benefit will be paid on a pro-rata basis for any partial month of confinement.
- We will only pay benefits for one period of continuous confinement for any accidental injury. That period will be the first period of confinement that qualifies for payment.

ADDITIONAL BENEFIT: COMMON CARRIER

- The Common Carrier Benefit is shown in the SCHEDULE OF BENEFITS.

EXCLUSIONS

We will not pay benefits under this section for any loss caused or contributed to by:

1. service in the armed forces of any country or international authority. However, service in reserve forces does not constitute service in the armed forces, unless in connection with such reserve service an individual is on active military duty as determined by the applicable military authority other than weekend or summer training. For purposes of this provision reserve forces are defined as reserve forces of any branch of the military of the United States or of any other country or international authority, including but not limited to the National Guard of the United States or the national guard of any other country;
2. aviation, other than a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline;
3. war, whether declared or undeclared; or act of war, participation in a felony, riot, or insurrection.

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Exclusion for Intoxication

We will not pay benefits under this section for any loss if the injured party is intoxicated at the time of the incident and is the operator of a vehicle or other device involved in the incident.