



READ YOUR OUTLINE OF COVERAGE

Group Critical Illness Insurance is provided under a Group Policy that has been issued to the Policyholder. **The Policyholder is: American Better Health Organization.**

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

To access and read your Outline of Coverage:

- If you are a **RESIDENT** of one of the following states, click on the box below that shows the name of your state of residence: **Alaska, Arkansas, Colorado, Connecticut, Florida, Idaho, Maryland, Mississippi, Missouri, Nebraska, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Texas, Vermont, West Virginia, Wisconsin or Wyoming.**

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.
- **This product is not approved for policies to be issued in the states noted in red. Furthermore, if you are a RESIDENT of this state you are not eligible to enroll for this product. Please contact your plan administrator for details.**

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
NEW YORK, NEW YORK**

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

- (1)** This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.
- (2) Read Your Certificate Carefully.** This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate will control. The Certificate sets forth in detail the rights and obligations of both You and MetLife with respect to the coverage. It is, therefore, important that You READ YOUR CERTIFICATE CAREFULLY!
- (3)** Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- (4) Benefits**
Throughout this outline, "you" and "your" refer to the employee who becomes insured for critical illness insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

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

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

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

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

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 3 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	NONE
non-invasive cancer	5% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	NONE

(5) GENERAL EXCLUSIONS

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

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

- the covered person’s active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person’s engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person’s intentionally self-inflicted injury;
- the covered person’s suicide or attempted suicide (while sane or insane);

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

In addition, we will not pay benefits for any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

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(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) ADMINISTRATION OF INSURANCE

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- the covered person’s intentionally self-inflicted injury;
- the covered person’s suicide or attempted suicide (while sane);

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

In addition, we will not pay benefits for any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

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(7) WHEN YOUR INSURANCE ENDS

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Initial Benefit – Minimum Amount

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

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	NONE
non-invasive cancer	5% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	NONE

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- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:
 - blood alcohol level met or exceeded .08%; or
 - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (the Controlled Substances Act), as now or hereafter amended, unless prescribed by a physician for the covered person; or
 - taken or used as prescribed by a physician, or
 - an "over the counter" drug, medication or sedative taken according to package directions; or
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for: any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

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

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

(6) LIMITATIONS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

- (1)** This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.
- (2) Read Your Certificate Carefully.** This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate will control. The Certificate sets forth in detail the rights and obligations of both You and MetLife with respect to the coverage. It is, therefore, important that You READ YOUR CERTIFICATE CAREFULLY!
- (3)** Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- (4) Benefits**
Throughout this outline, "you" and "your" refer to the employee who becomes insured for critical illness insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

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

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

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

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

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 3 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	NONE
non-invasive cancer	5% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	NONE

(5) GENERAL EXCLUSIONS

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

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

- the covered person’s active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person’s engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person’s intentionally self-inflicted injury;
- the covered person’s suicide or attempted suicide (while sane);

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

In addition, we will not pay benefits for any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

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

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

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

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

For Initial Benefit	30 days
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Preexisting Condition Limitation

The Certificate does not provide benefits for a covered condition that is caused by a Preexisting Condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate. **Preexisting Condition** means a sickness or injury for which, in the 3 months before a covered person becomes insured under the Certificate medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician or other practitioner of the healing arts. The Preexisting Condition Limitation applies to all Covered Conditions unless otherwise stated in the Certificate.

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) ADMINISTRATION OF INSURANCE

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

(9) PREMIUMS

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

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**METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK**

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BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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non-invasive cancer	5% of Benefit Amount	NONE

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Heart Attack	100% of Benefit Amount	NONE

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COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	NONE

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- the covered person’s intentionally self-inflicted injury;
- the covered person’s suicide or attempted suicide (while sane or insane);

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

In addition, we will not pay benefits for any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

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(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) ADMINISTRATION OF INSURANCE

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**METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK**

CRITICAL ILLNESS COVERAGE

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BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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(4) Benefits

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COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	NONE
non-invasive cancer	5% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
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Heart Attack	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	NONE

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- war, whether declared or undeclared; or act of war;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:
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- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

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(7) WHEN YOUR INSURANCE ENDS

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OUTLINE OF COVERAGE

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

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 3 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	NONE
non-invasive cancer	5% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	NONE

(5) GENERAL EXCLUSIONS

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

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

- the covered person’s active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person’s engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person’s intentionally self-inflicted injury;
- the covered person’s suicide or attempted suicide (while sane or insane);

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

In addition, we will not pay benefits for any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

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

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

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

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

For Initial Benefit	30 days
For Recurrence Benefit	90 days

Preexisting Condition Limitation

The Certificate does not provide benefits for a covered condition that is caused by or results from a Preexisting Condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate. **Preexisting Condition** means a sickness or injury for which, in the 3 months before a covered person becomes insured under the Certificate medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician or other practitioner of the healing arts. The Preexisting Condition Limitation applies to all Covered Conditions unless otherwise stated in the Certificate.

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) ADMINISTRATION OF INSURANCE

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

(9) PREMIUMS

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

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



**METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK**

**CRITICAL ILLNESS COVERAGE
CERTIFICATE FORM NO: GCERT19-CI**

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

- (1)** This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.
- (2) Read Your Certificate Carefully.** This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate will control. The Certificate sets forth in detail the rights and obligations of both You and MetLife with respect to the coverage. It is, therefore, important that You READ YOUR CERTIFICATE CAREFULLY!
- (3)** Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- (4) Benefits**
Throughout this outline, "you" and "your" refer to the employee who becomes insured for critical illness insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

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

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

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

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

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 3 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	NONE
non-invasive cancer	5% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
major organ failure	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	NONE

(5) GENERAL EXCLUSIONS

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

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

- the covered person's active participation in an insurrection or riot;
- the covered person's participation in a felony;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;

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

In addition, we will not pay benefits for any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

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

(6) LIMITATIONS

Benefit Separation Period

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

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

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

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

For Initial Benefit	30 days
For Recurrence Benefit	90 days

Preexisting Condition Limitation

The Certificate does not provide benefits for a covered condition that is caused by or results from a Preexisting Condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate. **Preexisting Condition** means a sickness or injury for which, in the 3 months before a covered person becomes insured under the Certificate medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician or other practitioner of the healing arts. The Preexisting Condition Limitation applies to all Covered Conditions unless otherwise stated in the Certificate.

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) ADMINISTRATION OF INSURANCE

Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance

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

(9) PREMIUMS

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

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



**METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK**

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

- (1)** This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.
- (2) Read Your Certificate Carefully.** This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate will control. The Certificate sets forth in detail the rights and obligations of both You and MetLife with respect to the coverage. It is, therefore, important that You READ YOUR CERTIFICATE CAREFULLY!
- (3)** Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- (4) Benefits**
Throughout this outline, "you" and "your" refer to the employee who becomes insured for critical illness insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

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

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

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

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

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 3 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	NONE
non-invasive cancer	5% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	NONE

(5) GENERAL EXCLUSIONS

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

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

- the covered person’s active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person’s engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person’s intentionally self-inflicted injury;
- the covered person’s suicide or attempted suicide (while sane or insane);

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

In addition, we will not pay benefits for any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

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

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

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

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

For Initial Benefit	30 days
For Recurrence Benefit	90 days

Preexisting Condition Limitation

The Certificate does not provide benefits for a covered condition that is caused by or results from a Preexisting Condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate. **Preexisting Condition** means a sickness or injury for which, in the 3 months before a covered person becomes insured under the Certificate medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician or other practitioner of the healing arts. The Preexisting Condition Limitation applies to all Covered Conditions unless otherwise stated in the Certificate.

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) ADMINISTRATION OF INSURANCE

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

(9) PREMIUMS

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

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



**METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK**

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

- (1)** This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.
- (2) Read Your Certificate Carefully.** This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate will control. The Certificate sets forth in detail the rights and obligations of both You and MetLife with respect to the coverage. It is, therefore, important that You READ YOUR CERTIFICATE CAREFULLY!
- (3)** Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- (4) Benefits**
Throughout this outline, "you" and "your" refer to the employee who becomes insured for critical illness insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

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

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

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

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

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 3 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	NONE
non-invasive cancer	5% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	NONE

(5) GENERAL EXCLUSIONS

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

We will not pay benefits for any covered conditions for a covered person caused by, or that takes place during:the covered person’s intentionally self-inflicted injury;

- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- activities required by the covered person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

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

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

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

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

For Initial Benefit	30 days
For Recurrence Benefit	90 days

Preexisting Condition Limitation

The Certificate does not provide benefits for a covered condition that is caused by or results from a Preexisting Condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate. **Preexisting Condition** means a sickness or injury for which, in the 0 months before a covered person becomes insured under the Certificate medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician or other practitioner of the healing arts. The Preexisting Condition Limitation applies to all Covered Conditions unless otherwise stated in the Certificate.

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) ADMINISTRATION OF INSURANCE

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

(9) PREMIUMS

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

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

Notice for New Mexico Residents

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

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

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

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

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

1. Contact a licensed insurance broker or agent to see about major medical coverage availability.
2. To see if you are eligible for a special enrollment period for major medical coverage through the New Mexico Health Insurance Exchange, contact beWellnm toll-free at 1-833-862-3935.
3. To see if you are eligible for Medicaid coverage and to complete an application, please call the Human Services Department's Medicaid Expansion Hotline toll-free at 1-855-637-6574 or visit <https://www.yes.state.nm.us/yesnm/home/index>
4. To see if you are eligible for high risk pool coverage, please contact the New Mexico Medical Insurance Pool (the "High Risk Pool ") at 1-844-728-7896 or <https://nmmip.org/>". If you are uninsured and have a COVID-19 diagnosis, your condition qualifies you for Pool coverage.

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

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



**METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK**

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

- (1)** This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.
- (2) Read Your Certificate Carefully.** This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate will control. The Certificate sets forth in detail the rights and obligations of both You and MetLife with respect to the coverage. It is, therefore, important that You READ YOUR CERTIFICATE CAREFULLY!
- (3)** Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- (4) Benefits**
Throughout this outline, "you" and "your" refer to the employee who becomes insured for critical illness insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

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

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

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

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

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 3 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	NONE
non-invasive cancer	5% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	NONE

(5) GENERAL EXCLUSIONS

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

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

- the covered person’s active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person’s engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person’s intentionally self-inflicted injury;
- the covered person’s suicide or attempted suicide (while sane or insane);

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

In addition, we will not pay benefits for any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

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

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

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

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

For Initial Benefit	30 days
For Recurrence Benefit	90 days

Preexisting Condition Limitation

The Certificate does not provide benefits for a covered condition that is caused by or results from a Preexisting Condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate. **Preexisting Condition** means a sickness or injury for which, in the 3 months before a covered person becomes insured under the Certificate medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician or other practitioner of the healing arts. The Preexisting Condition Limitation applies to all Covered Conditions unless otherwise stated in the Certificate.

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) ADMINISTRATION OF INSURANCE

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

(9) PREMIUMS

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

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



**METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK**

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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

(4) Benefits

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

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

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

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

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

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 3 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	NONE
non-invasive cancer	5% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	NONE

(5) GENERAL EXCLUSIONS

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

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

- the covered person’s active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person’s engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person’s intentionally self-inflicted injury;
- the covered person’s suicide or attempted suicide (while sane or insane);

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

In addition, we will not pay benefits for any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

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

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

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

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

For Initial Benefit	30 days
For Recurrence Benefit	90 days

Preexisting Condition Limitation

The Certificate does not provide benefits for a covered condition that is caused by or results from a Preexisting Condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate. **Preexisting Condition** means a sickness or injury for which, in the 3 months before a covered person becomes insured under the Certificate medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician or other practitioner of the healing arts. The Preexisting Condition Limitation applies to all Covered Conditions unless otherwise stated in the Certificate.

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) ADMINISTRATION OF INSURANCE

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

(9) PREMIUMS

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

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



**METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK**

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

- (1)** This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.
- (2) Read Your Certificate Carefully.** This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate will control. The Certificate sets forth in detail the rights and obligations of both You and MetLife with respect to the coverage. It is, therefore, important that You READ YOUR CERTIFICATE CAREFULLY!
- (3)** Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- (4) Benefits**
Throughout this outline, "you" and "your" refer to the employee who becomes insured for critical illness insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

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

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

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

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

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 3 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	NONE
non-invasive cancer	5% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	NONE

(5) GENERAL EXCLUSIONS

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

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

- the covered person’s active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person’s intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);

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

In addition, we will not pay benefits for any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

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

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

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

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

For Initial Benefit	30 days
For Recurrence Benefit	90 days

Preexisting Condition Limitation

The Certificate does not provide benefits for a covered condition that is caused by or results from a Preexisting Condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate. **Preexisting Condition** means a sickness or injury for which, in the 3 months before a covered person becomes insured under the Certificate medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician or other practitioner of the healing arts. The Preexisting Condition Limitation applies to all Covered Conditions unless otherwise stated in the Certificate.

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) ADMINISTRATION OF INSURANCE

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

(9) PREMIUMS

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

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



**METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK**

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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

(4) Benefits

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

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

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

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

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

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 3 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	NONE
non-invasive cancer	5% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	NONE

(5) GENERAL EXCLUSIONS

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

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

- the covered person’s active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person’s intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);

- war, whether declared or undeclared; or act of war;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:
 - blood alcohol level met or exceeded .08%; or
 - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place; or
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

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

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

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

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

For Initial Benefit	30 days
For Recurrence Benefit	90 days

Preexisting Condition Limitation

The Certificate does not provide benefits for a covered condition that is caused by or results from a Preexisting Condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate. **Preexisting Condition** means a sickness or injury for which, in the 0 months before a covered person becomes insured under the Certificate medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician or other practitioner of the healing arts. The Preexisting Condition Limitation applies to all Covered Conditions unless otherwise stated in the Certificate.

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) ADMINISTRATION OF INSURANCE

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

(9) PREMIUMS

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

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



**METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK**

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

- (1)** This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.
- (2) Read Your Certificate Carefully.** This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate will control. The Certificate sets forth in detail the rights and obligations of both You and MetLife with respect to the coverage. It is, therefore, important that You READ YOUR CERTIFICATE CAREFULLY!
- (3)** Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- (4) Benefits**
Throughout this outline, "you" and "your" refer to the employee who becomes insured for critical illness insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

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

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

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

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

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 3 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	NONE
non-invasive cancer	5% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	NONE

(5) GENERAL EXCLUSIONS

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

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

- the covered person’s active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person’s engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person’s intentionally self-inflicted injury;
- the covered person’s suicide or attempted suicide (while sane or insane);

- war, whether declared or undeclared; or act of war;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

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

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

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

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

For Initial Benefit	30 days
For Recurrence Benefit	90 days

Preexisting Condition Limitation

The Certificate does not provide benefits for a covered condition that is caused by or results from a Preexisting Condition if the claim for the covered condition is incurred during the first 6 months that a covered person is insured under the Certificate. For purposes of this Preexisting Condition Limitation, a claim for a covered condition is incurred on the date a covered condition occurs, as defined in the Certificate. **Preexisting Condition** means a sickness or injury for which, in the 3 months before a covered person becomes insured under the Certificate medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician or other practitioner of the healing arts. The Preexisting Condition Limitation applies to all Covered Conditions unless otherwise stated in the Certificate.

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) ADMINISTRATION OF INSURANCE

Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance

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

(9) PREMIUMS

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

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



**METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK**

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

- (1)** This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.
- (2) Read Your Certificate Carefully.** This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate will control. The Certificate sets forth in detail the rights and obligations of both You and MetLife with respect to the coverage. It is, therefore, important that You READ YOUR CERTIFICATE CAREFULLY!
- (3)** Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- (4) Benefits**
Throughout this outline, "you" and "your" refer to the employee who becomes insured for critical illness insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

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

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

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

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

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 3 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	NONE
non-invasive cancer	5% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	NONE

(5) GENERAL EXCLUSIONS

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

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

- the covered person’s active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person’s engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person’s intentionally self-inflicted injury;
- the covered person’s suicide or attempted suicide (while sane or insane);

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

In addition, we will not pay benefits for:

- diagnosis or treatment of a covered condition by a physician who is: you; your spouse or anyone to whom you are related by blood or marriage; anyone who is a member of your household; your adopted child or step-child; anyone with whom you share a business; or your employee;
- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

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

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

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

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

For Initial Benefit	30 days
For Recurrence Benefit	90 days

Preexisting Condition Limitation

The Certificate does not provide benefits for a covered condition that is caused by or results from a Preexisting Condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate. **Preexisting Condition** means a sickness or injury for which, in the 3 months before a covered person becomes insured under the Certificate medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician or other practitioner of the healing arts. The

Preexisting Condition Limitation applies to all Covered Conditions unless otherwise stated in the Certificate.

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) ADMINISTRATION OF INSURANCE

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

(9) PREMIUMS

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

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



**METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK**

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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

(4) Benefits

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

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

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

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

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

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 3 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	NONE
non-invasive cancer	5% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	NONE

(5) GENERAL EXCLUSIONS

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

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

- the covered person’s active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person’s engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person’s intentionally self-inflicted injury;
- the covered person’s suicide or attempted suicide (while sane);

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

In addition, we will not pay benefits for any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

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

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

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

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

For Initial Benefit	30 days
For Recurrence Benefit	90 days

Preexisting Condition Limitation

The Certificate does not provide benefits for a covered condition that is caused by or results from a Preexisting Condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate. **Preexisting Condition** means a sickness or injury for which, in the 3 months before a covered person becomes insured under the Certificate medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician or other practitioner of the healing arts. The Preexisting Condition Limitation applies to all Covered Conditions unless otherwise stated in the Certificate.

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) ADMINISTRATION OF INSURANCE

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

(9) PREMIUMS

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

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



**METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK**

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

- (1)** This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.
- (2) Read Your Certificate Carefully.** This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate will control. The Certificate sets forth in detail the rights and obligations of both You and MetLife with respect to the coverage. It is, therefore, important that You READ YOUR CERTIFICATE CAREFULLY!
- (3)** Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- (4) Benefits**
Throughout this outline, "you" and "your" refer to the employee who becomes insured for critical illness insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

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

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

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

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

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 3 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	NONE
non-invasive cancer	5% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	NONE

(5) GENERAL EXCLUSIONS

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

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

- the covered person’s active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person’s engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person’s intentionally self-inflicted injury;
- the covered person’s suicide or attempted suicide (while sane or insane);

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

In addition, we will not pay benefits for any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

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

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

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

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

For Initial Benefit	30 days
For Recurrence Benefit	90 days

Preexisting Condition Limitation

The Certificate does not provide benefits for a covered condition that is caused by or results from a Preexisting Condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate. **Preexisting Condition** means a sickness or injury for which, in the 3 months before a covered person becomes insured under the Certificate medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician or other practitioner of the healing arts. The Preexisting Condition Limitation applies to all Covered Conditions unless otherwise stated in the Certificate.

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) ADMINISTRATION OF INSURANCE

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

(9) PREMIUMS

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

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



**METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK**

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

- (1)** This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.
- (2) Read Your Certificate Carefully.** This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate will control. The Certificate sets forth in detail the rights and obligations of both You and MetLife with respect to the coverage. It is, therefore, important that You READ YOUR CERTIFICATE CAREFULLY!
- (3)** Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- (4) Benefits**
Throughout this outline, "you" and "your" refer to the employee who becomes insured for critical illness insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

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

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

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

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

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 3 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	NONE
non-invasive cancer	5% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	NONE

(5) GENERAL EXCLUSIONS

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

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

- the covered person’s active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person’s engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person’s intentionally self-inflicted injury;
- the covered person’s suicide or attempted suicide (while sane or insane);

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

In addition, we will not pay benefits for any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

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

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

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

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

For Initial Benefit	30 days
For Recurrence Benefit	90 days

Preexisting Condition Limitation

The Certificate does not provide benefits for a covered condition that is caused by or results from a Preexisting Condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate. **Preexisting Condition** means a sickness or injury for which, in the 3 months before a covered person becomes insured under the Certificate medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician or other practitioner of the healing arts. The Preexisting Condition Limitation applies to all Covered Conditions unless otherwise stated in the Certificate.

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) ADMINISTRATION OF INSURANCE

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

(9) PREMIUMS

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

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.



**METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK**

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

- (1)** This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.
- (2) Read Your Certificate Carefully.** This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate will control. The Certificate sets forth in detail the rights and obligations of both You and MetLife with respect to the coverage. It is, therefore, important that You READ YOUR CERTIFICATE CAREFULLY!
- (3)** Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits as a lump sum ONLY when certain losses occur as a result of certain specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- (4) Benefits**
Throughout this outline, "you" and "your" refer to the employee who becomes insured for critical illness insurance coverage. The term "covered person" refers to a person for whom insurance is in effect under the Certificate.

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

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

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

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

The Total Benefit Amount is the maximum aggregate amount that we will pay for any and all Covered Conditions unless otherwise stated in the Certificate, per covered person, per lifetime. The Total Benefit Amount is equal to 3 time(s) the Benefit Amount.

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	NONE
non-invasive cancer	5% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	NONE

(5) GENERAL EXCLUSIONS

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

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

- the covered person’s active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person’s engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person’s intentionally self-inflicted injury;
- the covered person’s suicide or attempted suicide (while sane or insane);

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

In addition, we will not pay benefits for: any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

(6) LIMITATIONS

Benefit Separation Period

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

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

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

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

For Initial Benefit	30 days
For Recurrence Benefit	90 days

Preexisting Condition Limitation

The Certificate does not provide benefits for a covered condition that is caused by or results from a Preexisting Condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate. **Preexisting Condition** means a sickness or injury for which, in the 3 months before a covered person becomes insured under the Certificate medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician or other practitioner of the healing arts. The Preexisting Condition Limitation applies to all Covered Conditions unless otherwise stated in the Certificate.

(7) WHEN YOUR INSURANCE ENDS

Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid; the Total Benefit Amount is exhausted (reduced to zero); or you cease to be in an eligible class.

(8) ADMINISTRATION OF INSURANCE

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

(9) PREMIUMS

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

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



**METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK**

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BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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OUTLINE OF COVERAGE

- (1)** This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.
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COVERED CONDITION CATEGORY: CANCER		
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Major Organ Transplant	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	NONE

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- the covered person’s intentionally self-inflicted injury;
- the covered person’s suicide or attempted suicide (while sane or insane);

- war, whether declared or undeclared; or act of war;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:
 - blood alcohol level met or exceeded .08%; or
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- the covered person voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a physician, or
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- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

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(7) WHEN YOUR INSURANCE ENDS

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(8) ADMINISTRATION OF INSURANCE

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