



## READ YOUR OUTLINE OF COVERAGE

Group Hospital Indemnity Insurance is provided under a Group Policy that has been issued to the Policyholder. **The Policyholder is your employer: Ecolab Inc.**

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

OR

- If you do not reside in one of the above listed states, click on the **GROUP POLICY ISSUANCE STATE** on the following page. **The GROUP POLICY ISSUANCE STATE is: MINNESOTA**

It is important that you follow the above directions and click on the link for the state that applies to you. Some of the information in the Outline of Coverage varies by state.

If a Health Screening Benefit is offered under your plan, please note that in certain states, it is provided by MetLife Consumer Services as a separate service and is not part of your insurance coverage. This does not impact the Health Screening Benefit's availability, your cost, or the way in which you access the service. Please refer to the Health Screening Benefit section in your Plan Summary for further information about this benefit. Please call MetLife's toll-free at 1-800-GET-MET8 for further information and any questions you have about this important coverage.

The Outlines of Coverage start on page 3.

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**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")  
NEW YORK, NEW YORK**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

**THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.**

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

**OUTLINE OF COVERAGE**

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

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

**3) Benefits:** The listing below shows the benefits provided for you.

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

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

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

### Hospital Indemnity Coverage Benefits Summary

| <b>Hospital Benefits</b>                                                              | <b>High Plan Benefits</b> - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits</b> - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admission Benefit                                                                     | \$1500 for the day of admission                                                                                                                                   | \$2500 for the day of admission                                                                                                                                      |
| ICU Supplemental Admission Benefit (paid concurrently with Admission Benefit)         | \$1500 for the day of admission                                                                                                                                   | \$2500 for the day of admission                                                                                                                                      |
| Confinement Benefit (paid for up to 365 days per calendar year)                       | \$300 per day                                                                                                                                                     | \$400 per day                                                                                                                                                        |
| Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby) | \$200 per day                                                                                                                                                     | \$200 per day                                                                                                                                                        |

|                                                                                                                        |                                                                                                                                                                   |                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 365 days per calendar year) | \$300 per day                                                                                                                                                     | \$400 per day                                                                                                                                                        |
| Inpatient Rehabilitation Benefit (paid for up to 60 days per calendar year)                                            | \$300 per day                                                                                                                                                     | \$400 per day                                                                                                                                                        |
| <b>Other Benefits</b>                                                                                                  | <b>High Plan Benefits</b> - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits</b> - Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests                                     | \$100 for the day the measure is taken                                                                                                                            | \$100 for the day the measure is taken                                                                                                                               |
| Lodging Benefit* - for a companion of a covered person who is hospitalized                                             | \$50 per day                                                                                                                                                      | \$100 per day                                                                                                                                                        |
| Transportation Benefit                                                                                                 | \$100 per day                                                                                                                                                     | \$200 per day                                                                                                                                                        |

\* The Lodging Benefit is not available in all states. The lodging must be at least 50 miles from insured's primary residence.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

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

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;
- cosmetic surgery, except when such surgery is performed to:
  - treat in injury or sickness

- correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
- reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:

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

**Additional Exclusions that Apply to Loss Due to Sickness:**

The Certificate does not provide benefits for:

- a dependent child's routine childbirth and any well baby provided to the dependent child's newborn child;

**Additional Exclusions that Apply to Loss Due to Accident:**

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

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

- 5) When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- 6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of Group Policy Issuance State -----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")  
NEW YORK, NEW YORK**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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**OUTLINE OF COVERAGE**

- 1) Read Your Certificate Carefully –** This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.
- 3) Benefits:** The listing below shows the benefits provided for you.

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

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

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

### **Hospital Indemnity Coverage Benefits Summary**

| <b>Hospital Benefits</b>                                                              | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admission Benefit                                                                     | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| ICU Supplemental Admission Benefit<br>(paid concurrently with Admission Benefit)      | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| Confinement Benefit (paid for up to 365 days per calendar year)                       | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby) | \$200 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

|                                                                                                                        |                                                                                                                                                                      |                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 365 days per calendar year) | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Inpatient Rehabilitation Benefit (paid for up to 60 days per calendar year)                                            | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| <b>Other Benefits</b>                                                                                                  | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests                                     | \$100 for the day the measure is taken                                                                                                                               | \$100 for the day the measure is taken                                                                                                                                  |
| Lodging Benefit* - for a companion of a covered person who is hospitalized                                             | \$50 per day                                                                                                                                                         | \$100 per day                                                                                                                                                           |
| Transportation Benefit                                                                                                 | \$100 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

\* The Lodging Benefit is not available in all states. The lodging must be at least 50 miles from insured's primary residence.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

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

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;

- cosmetic surgery, except when such surgery is performed to:
  - treat an injury or sickness
  - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a dependent child's routine childbirth and any well baby provided to the dependent child's newborn child;

Additional Exclusions that Apply to Loss Due to Accident:

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

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

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

- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")  
NEW YORK, NEW YORK**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

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

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

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

### **Hospital Indemnity Coverage Benefits Summary**

| <b>Hospital Benefits</b>                                                              | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
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| Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby) | \$200 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

|                                                                                                                        |                                                                                                                                                                      |                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 365 days per calendar year) | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Inpatient Rehabilitation Benefit (paid for up to 60 days per calendar year)                                            | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| <b>Other Benefits</b>                                                                                                  | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests                                     | \$100 for the day the measure is taken                                                                                                                               | \$100 for the day the measure is taken                                                                                                                                  |
| Lodging Benefit* - for a companion of a covered person who is hospitalized                                             | \$50 per day                                                                                                                                                         | \$100 per day                                                                                                                                                           |
| Transportation Benefit                                                                                                 | \$100 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

\* The Lodging Benefit is not available in all states. The lodging must be at least 50 miles from insured's primary residence.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

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

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;

- cosmetic surgery, except when such surgery is performed to:
  - treat an injury or sickness
  - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

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

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

- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



**METROPOLITAN LIFE INSURANCE COMPANY (“MetLife”)  
NEW YORK, NEW YORK**

**GROUP ACCIDENT & SICKNESS COVERAGE**  
(In Colorado, MetLife’s Group Hospital Indemnity Coverage is referred as  
“Group Accident and Sickness” Coverage)

**THE CERTIFICATE OF INSURANCE PROVIDES LIMITED BENEFITS – BENEFITS  
PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL  
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- 2) Group Accident and Sickness:** Group Accident and Sickness coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below. (In Colorado, MetLife’s Group Hospital Indemnity coverage is referred to as “Group Accident and Sickness” coverage.)

**3) Benefits:** The listing below shows the benefits provided for you.

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

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

If a Health Screening Benefit is offered under your plan, please note that in certain states, it is provided by MetLife Consumer Services as a separate service and is not part of your insurance coverage. This does not impact the Health Screening Benefit’s availability, your cost, or the way in which you access the service. Please refer to the Health Screening Benefit section in your Plan Summary for further information about this benefit. Please call MetLife’s toll-free at 1-800-GET-MET8 for further information.

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

**Accident and Sickness Coverage  
Benefits Summary**

| <b>Hospital Benefits</b>                                                         | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admission Benefit                                                                | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| ICU Supplemental Admission Benefit<br>(paid concurrently with Admission Benefit) | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| Confinement Benefit (paid for up to 365 days per calendar year)                  | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |

|                                                                                                                                                                                                        |                                                                                                                                                                      |                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Confinement Benefit for Newborn Nursery Care (paid for each day the newborn baby is confined no more than 2 days following a normal vaginal delivery; or 4 days following a Cesarean Section delivery) | \$200 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |
| ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 365 days per calendar year)                                                                                 | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Inpatient Rehabilitation Benefit (paid for up to 60 days per calendar year)                                                                                                                            | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| <b>Other Benefits</b>                                                                                                                                                                                  | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Lodging Benefit* - for a companion of a covered person who is hospitalized                                                                                                                             | \$50 per day                                                                                                                                                         | \$100 per day                                                                                                                                                           |
| Transportation Benefit                                                                                                                                                                                 | \$100 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

\* The Lodging Benefit is not available in all states. The lodging must be at least 50 miles from insured's primary residence.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;
- routine childbirth.
- routine nursery care or well-baby care for a newborn child; and
- routine pregnancy

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

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;

- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth or to reconstruct a part of the body which was disfigured or removed as a result of a Congenital Anomaly of a Dependent Child;
- cosmetic surgery, except when such surgery is performed to:
  - treat an injury or sickness
  - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was disfigured or removed as a result of a congenital disease or congenital anomaly of a dependent child;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Accident:

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

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

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

- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")  
NEW YORK, NEW YORK**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

**THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.**

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

**OUTLINE OF COVERAGE**

- 1) Read Your Certificate Carefully –** This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.
- 3) Benefits:** The listing below shows the benefits provided for you.

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

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

If a Health Screening Benefit is offered under your plan, please note that in certain states, it is provided by MetLife Consumer Services as a separate service and is not part of your insurance coverage. This does not impact the Health Screening Benefit’s availability, your cost, or the way in which you access the service. Please refer to the Health Screening Benefit section in your Plan Summary for further information about this benefit. Please call MetLife's toll-free at 1-800-GET-MET8 for further information.

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

### **Hospital Indemnity Coverage Benefits Summary**

| <b>Hospital Benefits</b>                                                         | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admission Benefit                                                                | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| ICU Supplemental Admission Benefit<br>(paid concurrently with Admission Benefit) | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| Confinement Benefit (paid for up to 365 days per confinement)                    | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |

|                                                                                                                      |                                                                                                                                                                      |                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)                                | \$200 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |
| ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 365 days per confinement) | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Inpatient Rehabilitation Benefit (paid for up to 60 days per calendar year)                                          | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| <b>Other Benefits</b>                                                                                                | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Lodging Benefit* - for a companion of a covered person who is hospitalized                                           | \$50 per day                                                                                                                                                         | \$100 per day                                                                                                                                                           |
| Transportation Benefit                                                                                               | \$100 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

\* The Lodging Benefit is not available in all states. The lodging must be at least 50 miles from insured's primary residence.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

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

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;

- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;
- cosmetic surgery, except when such surgery is performed to:
  - treat an injury or sickness
  - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a dependent child's routine childbirth and any well baby provided to the dependent child's newborn child;

Additional Exclusions that Apply to Loss Due to Accident:

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

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

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

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

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

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

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

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

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")  
NEW YORK, NEW YORK**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

**THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.**

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

**OUTLINE OF COVERAGE**

- 1) Read Your Certificate Carefully –** This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.
- 3) Benefits:** The listing below shows the benefits provided for you.

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

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

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

### Hospital Indemnity Coverage Benefits Summary

| <b>Hospital Benefits</b>                                                              | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admission Benefit                                                                     | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| ICU Supplemental Admission Benefit<br>(paid concurrently with Admission Benefit)      | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| Confinement Benefit (paid for up to 365 days per calendar year)                       | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby) | \$200 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

|                                                                                                                        |                                                                                                                                                                      |                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 365 days per calendar year) | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Inpatient Rehabilitation Benefit (paid for up to 60 days per calendar year)                                            | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| <b>Other Benefits</b>                                                                                                  | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests                                     | \$100 for the day the measure is taken                                                                                                                               | \$100 for the day the measure is taken                                                                                                                                  |
| Lodging Benefit* - for a companion of a covered person who is hospitalized                                             | \$50 per day                                                                                                                                                         | \$100 per day                                                                                                                                                           |
| Transportation Benefit                                                                                                 | \$100 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

\* The Lodging Benefit is not available in all states. The lodging must be at least 50 miles from insured's primary residence.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

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

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;

- cosmetic surgery, except when such surgery is performed to:
  - treat an injury or sickness
  - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- activities required by the covered person to carry out the duties and the responsibilities of their service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a dependent child's routine childbirth and any well baby provided to the dependent child's newborn child;

Additional Exclusions that Apply to Loss Due to Accident:

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

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

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

- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")  
NEW YORK, NEW YORK**

**GROUP HOSPITAL INDEMNITY COVERAGE  
GROUP POLICY FORM NO: GPNP12-AX  
CERTIFICATE FORM NO: GCERT16-HI**

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

**THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.**

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

#### **OUTLINE OF COVERAGE**

- 1) Read Your Certificate Carefully –** This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.
- 3) Benefits:** The listing below shows the benefits provided for you.

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

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

If a Health Screening Benefit is offered under your plan, please note that in certain states, it is provided by MetLife Consumer Services as a separate service and is not part of your insurance coverage. This does not impact the Health Screening Benefit’s availability, your cost, or the way in which you access the service. Please refer to the Health Screening Benefit section in your Plan Summary for further information about this benefit. Please call MetLife's toll-free at 1-800-GET-MET8 for further information.

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

### Hospital Indemnity Coverage Benefits Summary

| <b>Hospital Benefits</b>                                                         | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admission Benefit                                                                | \$1725 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| ICU Supplemental Admission Benefit<br>(paid concurrently with Admission Benefit) | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| Confinement Benefit (paid for up to 365 days per confinement)                    | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |

|                                                                                                                      |               |               |
|----------------------------------------------------------------------------------------------------------------------|---------------|---------------|
| Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)                                | \$200 per day | \$200 per day |
| ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 365 days per confinement) | \$300 per day | \$400 per day |
| Inpatient Rehabilitation Benefit (paid for up to 60 days per calendar year)                                          | \$300 per day | \$400 per day |

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

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

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection or riot;
- the covered person's participation in a felony;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;
- cosmetic surgery, except when such surgery is performed to:
  - treat an injury or sickness
  - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of a trauma, infection or other disease that results from an injury or sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was disfigured or removed as a result of a congenital disease or congenital anomaly of a dependent child;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:

- any of the following services or treatment received outside of the United States, Canada or Mexico:
  - any medical or healthcare treatment, services or transportation; or
  - any inpatient admission or stay in any medical or health care facility.

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a dependent child's routine childbirth and any well baby provided to the dependent child's newborn child;

Additional Exclusions that Apply to Loss Due to Accident:

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

- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- if acting in a professional capacity, the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person participating in any professional competitive athletic activity for which any type of compensation or remuneration is received; or
- if acting in a professional capacity, the covered person hang gliding, para-kiting, or sail-gliding.

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

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

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

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

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")  
NEW YORK, NEW YORK**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

**THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.**

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

**OUTLINE OF COVERAGE**

- 1) Read Your Certificate Carefully –** This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.
- 3) Benefits:** The listing below shows the benefits provided for you.

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

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

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

### Hospital Indemnity Coverage Benefits Summary

| <b>Hospital Benefits</b>                                                              | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admission Benefit                                                                     | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| ICU Supplemental Admission Benefit<br>(paid concurrently with Admission Benefit)      | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| Confinement Benefit (paid for up to 365 days per calendar year)                       | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby) | \$200 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

|                                                                                                                        |                                                                                                                                                                      |                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 365 days per calendar year) | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Inpatient Rehabilitation Benefit (paid for up to 60 days per calendar year)                                            | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| <b>Other Benefits</b>                                                                                                  | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests                                     | \$100 for the day the measure is taken                                                                                                                               | \$100 for the day the measure is taken                                                                                                                                  |
| Lodging Benefit* - for a companion of a covered person who is hospitalized                                             | \$50 per day                                                                                                                                                         | \$100 per day                                                                                                                                                           |
| Transportation Benefit                                                                                                 | \$100 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

\* The Lodging Benefit is not available in all states. The lodging must be at least 50 miles from insured's primary residence.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

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

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;

- cosmetic surgery, except when such surgery is performed to:
  - treat an injury or sickness
  - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:

- any of the following services or treatment received outside of the United States, Canada or Mexico:
  - any medical or healthcare treatment, services or transportation; or
  - any inpatient admission or stay in any medical or health care facility.

**Additional Exclusions that Apply to Loss Due to Sickness:**

The Certificate does not provide benefits for:

- a dependent child's routine childbirth and any well baby provided to the dependent child's newborn child;

**Additional Exclusions that Apply to Loss Due to Accident:**

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

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

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

- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")  
NEW YORK, NEW YORK**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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**OUTLINE OF COVERAGE**

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- 3) Benefits:** The listing below shows the benefits provided for you.

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

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

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

### Hospital Indemnity Coverage Benefits Summary

| <b>Hospital Benefits</b>                                                              | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
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| Admission Benefit                                                                     | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| ICU Supplemental Admission Benefit<br>(paid concurrently with Admission Benefit)      | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| Confinement Benefit (paid for up to 365 days per calendar year)                       | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby) | \$200 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

|                                                                                                                        |                                                                                                                                                                      |                                                                                                                                                                         |
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| ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 365 days per calendar year) | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Inpatient Rehabilitation Benefit (paid for up to 60 days per calendar year)                                            | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| <b>Other Benefits</b>                                                                                                  | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests                                     | \$100 for the day the measure is taken                                                                                                                               | \$100 for the day the measure is taken                                                                                                                                  |
| Lodging Benefit* - for a companion of a covered person who is hospitalized                                             | \$50 per day                                                                                                                                                         | \$100 per day                                                                                                                                                           |
| Transportation Benefit                                                                                                 | \$100 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

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#### 4) Exclusions and Limitations

##### Exclusions:

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- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

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

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;

- cosmetic surgery, except when such surgery is performed to:
  - treat an injury or sickness
  - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:

- any of the following services or treatment received outside of the United States, Canada or Mexico:
  - any medical or healthcare treatment, services or transportation; or
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**Additional Exclusions that Apply to Loss Due to Sickness:**

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

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

- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



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| <b>Hospital Benefits</b>                                                              | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admission Benefit                                                                     | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| ICU Supplemental Admission Benefit<br>(paid concurrently with Admission Benefit)      | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| Confinement Benefit (paid for up to 365 days per calendar year)                       | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby) | \$200 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

|                                                                                                                        |                                                                                                                                                                      |                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 365 days per calendar year) | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
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| <b>Other Benefits</b>                                                                                                  | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests                                     | \$100 for the day the measure is taken                                                                                                                               | \$100 for the day the measure is taken                                                                                                                                  |
| Lodging Benefit* - for a companion of a covered person who is hospitalized                                             | \$50 per day                                                                                                                                                         | \$100 per day                                                                                                                                                           |
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#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

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

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;

- cosmetic surgery, except when such surgery is performed to:
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  - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility;
- any of the following services or treatment received outside of the United States, Canada or Mexico:
  - any medical or healthcare treatment, services or transportation; or
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Additional Exclusions that Apply to Loss Due to Sickness:

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Additional Exclusions that Apply to Loss Due to Accident:

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- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
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- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of Mississippi-----



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NEW YORK, NEW YORK**

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|                                                                                                                        |                                                                                                                                                                      |                                                                                                                                                                         |
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##### Exclusions:

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- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
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- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;
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  - treat an injury or sickness

- correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
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  - any inpatient admission or stay in any medical or health care facility.

**Additional Exclusions that Apply to Loss Due to Accident:**

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

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

- 5) When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- 6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

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

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

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

Estimated annual premium \$ \_\_\_\_\_

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

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")  
NEW YORK, NEW YORK**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

**THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.**

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

**OUTLINE OF COVERAGE**

- 1) Read Your Certificate Carefully –** This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.
- 3) Benefits:** The listing below shows the benefits provided for you.

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

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

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

### Hospital Indemnity Coverage Benefits Summary

| <b>Hospital Benefits</b>                                                              | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admission Benefit                                                                     | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| ICU Supplemental Admission Benefit<br>(paid concurrently with Admission Benefit)      | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| Confinement Benefit (paid for up to 365 days per calendar year)                       | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby) | \$200 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

|                                                                                                                        |                                                                                                                                                                      |                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 365 days per calendar year) | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Inpatient Rehabilitation Benefit (paid for up to 60 days per calendar year)                                            | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| <b>Other Benefits</b>                                                                                                  | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests                                     | \$100 for the day the measure is taken                                                                                                                               | \$100 for the day the measure is taken                                                                                                                                  |
| Lodging Benefit* - for a companion of a covered person who is hospitalized                                             | \$50 per day                                                                                                                                                         | \$100 per day                                                                                                                                                           |
| Transportation Benefit                                                                                                 | \$100 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

\* The Lodging Benefit is not available in all states. The lodging must be at least 50 miles from insured's primary residence.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

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

- war, whether declared or undeclared, or act of war (the term "war" does not include terrorist acts);
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;

- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;
- cosmetic surgery, except when such surgery is performed to:
  - treat an injury or sickness or congenital anomaly;
  - correct a disorder of normal bodily function or structure that was caused by an injury, or sickness or congenital anomaly for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an injury, sickness or congenital anomaly for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was disfigured or removed as a result of a congenital disease or congenital anomaly of a dependent child;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a dependent child's routine childbirth and any well baby provided to the dependent child's newborn child;

Additional Exclusions that Apply to Loss Due to Accident:

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

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

- 5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")  
NEW YORK, NEW YORK**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

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IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO  
HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

**OUTLINE OF COVERAGE**

- 1) Read Your Certificate Carefully –** This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.
- 3) Benefits:** The listing below shows the benefits provided for you.

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

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

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

### Hospital Indemnity Coverage Benefits Summary

| <b>Hospital Benefits</b>                                                              | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admission Benefit                                                                     | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| ICU Supplemental Admission Benefit<br>(paid concurrently with Admission Benefit)      | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| Confinement Benefit (paid for up to 365 days per calendar year)                       | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby) | \$200 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

|                                                                                                                        |                                                                                                                                                                      |                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 365 days per calendar year) | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Inpatient Rehabilitation Benefit (paid for up to 60 days per calendar year)                                            | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| <b>Other Benefits</b>                                                                                                  | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests                                     | \$100 for the day the measure is taken                                                                                                                               | \$100 for the day the measure is taken                                                                                                                                  |
| Lodging Benefit* - for a companion of a covered person who is hospitalized                                             | \$50 per day                                                                                                                                                         | \$100 per day                                                                                                                                                           |
| Transportation Benefit                                                                                                 | \$100 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

\*The Lodging Benefit is not available in all states. The lodging must be at least 50 miles from insured's primary residence.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

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

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;

- cosmetic surgery, except when such surgery is performed to:
  - treat an injury or sickness
  - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a dependent child's routine childbirth and any well baby provided to the dependent child's newborn child;

Additional Exclusions that Apply to Loss Due to Accident:

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

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

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

- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")  
NEW YORK, NEW YORK**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

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IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO  
HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

**OUTLINE OF COVERAGE**

- 1) Read Your Certificate Carefully –** This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.
- 3) Benefits:** The listing below shows the benefits provided for you.

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

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

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

### Hospital Indemnity Coverage Benefits Summary

| <b>Hospital Benefits</b>                                                              | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admission Benefit                                                                     | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| ICU Supplemental Admission Benefit<br>(paid concurrently with Admission Benefit)      | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| Confinement Benefit (paid for up to 365 days per calendar year)                       | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby) | \$200 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

|                                                                                                                        |                                                                                                                                                                      |                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 365 days per calendar year) | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Inpatient Rehabilitation Benefit (paid for up to 60 days per calendar year)                                            | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| <b>Other Benefits</b>                                                                                                  | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests                                     | \$100 for the day the measure is taken                                                                                                                               | \$100 for the day the measure is taken                                                                                                                                  |
| Lodging Benefit* - for a companion of a covered person who is hospitalized                                             | \$50 per day                                                                                                                                                         | \$100 per day                                                                                                                                                           |
| Transportation Benefit                                                                                                 | \$100 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

\* The Lodging Benefit is not available in all states. The lodging must be at least 50 miles from insured's primary residence.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

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

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;

- cosmetic surgery, except when such surgery is performed to:
  - treat an injury or sickness
  - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a dependent child's routine childbirth and any well baby provided to the dependent child's newborn child;

Additional Exclusions that Apply to Loss Due to Accident:

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

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

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

- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")  
NEW YORK, NEW YORK**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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**OUTLINE OF COVERAGE**

- 1) Read Your Certificate Carefully –** This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.
- 3) Benefits:** The listing below shows the benefits provided for you.

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

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

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

### **Hospital Indemnity Coverage Benefits Summary**

| <b>Hospital Benefits</b>                                                                                                                                              | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admission Benefit                                                                                                                                                     | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| ICU Supplemental Admission Benefit<br>(paid concurrently with Admission Benefit)                                                                                      | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| Confinement Benefit (paid for up to 365 days per confinement) *We will only pay the Confinement Benefit for a newborn baby who is diagnosed with a sickness or injury | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 365 days per confinement)                                                  | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Inpatient Rehabilitation Benefit<br>(paid for up to 60 days per calendar year)                                                                                        | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |

| <b>Other Benefits</b>                                                              | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Health Screening Benefit - benefit provided for certain screening/prevention tests | \$100 for the day the measure is taken                                                                                                                               | \$100 for the day the measure is taken                                                                                                                                  |
| Lodging Benefit* - for a companion of a covered person who is hospitalized         | \$50 per day                                                                                                                                                         | \$100 per day                                                                                                                                                           |
| Transportation Benefit                                                             | \$100 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

#### 4) Exclusions and Limitations

##### Exclusions:

The certificate provides benefits for sickness or injury. Sickness means an illness, disease, or Medical Condition, including pregnancy of a covered person, while insurance is in force under the Certificate. Medical condition means a physical or biological state which is not within the range of normal human variation.

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

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

In addition, the Certificate does not provide benefits for:

- any of the following services or treatment received outside of the United States, Canada or Mexico:
  - any medical or healthcare treatment, services or transportation; or
  - any inpatient admission or stay in any medical or health care facility.

**Additional Exclusions that Apply to Loss Due to Accident:**

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

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the covered person's blood alcohol level met or exceeded .08%
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional capacity; or
- the covered person participating in any professional competitive athletic activity for which any type of compensation or remuneration is received.

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

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

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

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

-----End of New Hampshire-----

## **Notice for New Mexico Residents**

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

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

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

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

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

1. Contact a licensed insurance broker or agent to see about major medical coverage availability.
2. To see if you are eligible for a special enrollment period for major Medical coverage through the New Mexico Health Insurance Exchange, contact BeWellNm toll-free at 1-833-862-3935.
3. To see if you are eligible for Medicaid coverage and to complete an application, please call the Human Service 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://nm mip.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 ("MetLife")  
NEW YORK, NEW YORK**

### **GROUP HOSPITAL INDEMNITY COVERAGE**

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

**THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.**

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

### **OUTLINE OF COVERAGE**

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

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

**3) Benefits:** The listing below shows the benefits provided for you.

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

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

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

### Hospital Indemnity Coverage Benefits Summary

| <b>Hospital Benefits</b>                                                                                               | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admission Benefit                                                                                                      | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| ICU Supplemental Admission Benefit<br>(paid concurrently with Admission Benefit)                                       | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| Confinement Benefit (paid for up to 365 days per calendar year)                                                        | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)                                  | \$200 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |
| ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 365 days per calendar year) | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |

|                                                                                    |                                                                                                                                                                      |                                                                                                                                                                         |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Inpatient Rehabilitation Benefit<br>(paid for up to 60 days per calendar year)     | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| <b>Other Benefits</b>                                                              | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests | \$100 for the day the measure is taken                                                                                                                               | \$100 for the day the measure is taken                                                                                                                                  |
| Lodging Benefit* - for a companion of a covered person who is hospitalized         | \$50 per day                                                                                                                                                         | \$100 per day                                                                                                                                                           |
| Transportation Benefit                                                             | \$100 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

\* The Lodging Benefit is not available in all states. The lodging must be at least 50 miles from insured's primary residence.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

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

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;
- cosmetic surgery, except when such surgery is performed to:
  - treat in injury or sickness
  - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or

- reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a dependent child's routine childbirth and any well baby provided to the dependent child's newborn child;

Additional Exclusions that Apply to Loss Due to Accident:

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

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

- 5) When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.
- 6) Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.

- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")  
NEW YORK, NEW YORK**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

**OUTLINE OF COVERAGE**

- 1) Read Your Certificate Carefully –** This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.
- 3) Benefits:** The listing below shows the benefits provided for you.

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

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

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

### Hospital Indemnity Coverage Benefits Summary

| <b>Hospital Benefits</b>                                                                                                                                                                               | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admission Benefit                                                                                                                                                                                      | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| ICU Supplemental Admission Benefit<br>(paid concurrently with Admission Benefit)                                                                                                                       | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| Confinement Benefit (paid for up to 365 days per calendar year)                                                                                                                                        | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Confinement Benefit for Newborn Nursery Care (paid for each day the newborn baby is confined no more than 2 days following a normal vaginal delivery; or 4 days following a Cesarean Section delivery) | \$200 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                      |                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 365 days per calendar year)                                                                                                                                                                                                    | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Inpatient Rehabilitation Benefit (paid for up to 60 days per calendar year)                                                                                                                                                                                                                                               | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Ancillary Confinement Benefit for Childbirth (only payable if the maximum number of days for which confinement benefits are payable has been reached. (paid for each day of confinement prior to delivery and no more than 2 days following a normal vaginal delivery; or 4 days following a Caesarean section delivery.) | \$50 per day                                                                                                                                                         | \$50 per day                                                                                                                                                            |
| <b>Other Benefits</b>                                                                                                                                                                                                                                                                                                     | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests                                                                                                                                                                                                                                        | \$100 for the day the measure is taken                                                                                                                               | \$100 for the day the measure is taken                                                                                                                                  |
| Lodging Benefit* - for a companion of a covered person who is hospitalized                                                                                                                                                                                                                                                | \$50 per day                                                                                                                                                         | \$100 per day                                                                                                                                                           |
| Transportation Benefit                                                                                                                                                                                                                                                                                                    | \$100 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |
| Maternity Follow-up Care Benefit                                                                                                                                                                                                                                                                                          | \$25 per day                                                                                                                                                         | \$25 per day                                                                                                                                                            |

\* The Lodging Benefit is not available in all states. The lodging must be at least 50 miles from insured's primary residence.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

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

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

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a covered person's routine pregnancy;
- any well baby care provided to a covered person's newborn child or children;

Additional Exclusions that Apply to Loss Due to Accident:

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

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

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

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

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

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

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

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")  
NEW YORK, NEW YORK**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

**OUTLINE OF COVERAGE**

- 1) Read Your Certificate Carefully –** This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.
- 3) Benefits:** The listing below shows the benefits provided for you.

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

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

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

### Hospital Indemnity Coverage Benefits Summary

| <b>Hospital Benefits</b>                                                              | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admission Benefit                                                                     | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| ICU Supplemental Admission Benefit<br>(paid concurrently with Admission Benefit)      | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| Confinement Benefit (paid for up to 365 days per calendar year)                       | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby) | \$200 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

|                                                                                                                        |                                                                                                                                                                      |                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 365 days per calendar year) | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Inpatient Rehabilitation Benefit (paid for up to 60 days per calendar year)                                            | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| <b>Other Benefits</b>                                                                                                  | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests                                     | \$100 for the day the measure is taken                                                                                                                               | \$100 for the day the measure is taken                                                                                                                                  |
| Lodging Benefit* - for a companion of a covered person who is hospitalized                                             | \$50 per day                                                                                                                                                         | \$100 per day                                                                                                                                                           |
| Transportation Benefit                                                                                                 | \$100 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

\*The Lodging Benefit is not available in all states. The lodging must be at least 50 miles from insured's primary residence.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

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

- 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 active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;

- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;
- cosmetic surgery, except when such surgery is performed to:
  - treat an injury or sickness
  - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a dependent child's routine childbirth and any well baby provided to the dependent child's newborn child;

Additional Exclusions that Apply to Loss Due to Accident:

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

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

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

- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")  
NEW YORK, NEW YORK**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

**THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.**

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

**OUTLINE OF COVERAGE**

- 1) Read Your Certificate Carefully –** This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.
- 3) Benefits:** The listing below shows the benefits provided for you.

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

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

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

### Hospital Indemnity Coverage Benefits Summary

| <b>Hospital Benefits</b>                                                              | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admission Benefit                                                                     | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| ICU Supplemental Admission Benefit<br>(paid concurrently with Admission Benefit)      | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| Confinement Benefit (paid for up to 365 days per calendar year)                       | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby) | \$200 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

|                                                                                                                        |                                                                                                                                                                      |                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 365 days per calendar year) | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Inpatient Rehabilitation Benefit (paid for up to 60 days per calendar year)                                            | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| <b>Other Benefits</b>                                                                                                  | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests                                     | \$100 for the day the measure is taken                                                                                                                               | \$100 for the day the measure is taken                                                                                                                                  |
| Lodging Benefit* - for a companion of a covered person who is hospitalized                                             | \$50 per day                                                                                                                                                         | \$100 per day                                                                                                                                                           |
| Transportation Benefit                                                                                                 | \$100 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

\*The Lodging Benefit is not available in all states. The lodging must be at least 50 miles from insured's primary residence.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

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

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;

- cosmetic surgery, except when such surgery is performed to:
  - treat an injury or sickness
  - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a dependent child's routine childbirth and any well baby provided to the dependent child's newborn child;

Additional Exclusions that Apply to Loss Due to Accident:

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

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

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

- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")  
NEW YORK, NEW YORK**

### **GROUP HOSPITAL INDEMNITY COVERAGE**

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

**THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.**

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

This limited health benefits plan does not provide comprehensive medical coverage. It is a basic or limited benefits Certificate and is not intended to cover all medical expenses. This plan is not designed to cover the costs of serious or chronic illness.

### **OUTLINE OF COVERAGE**

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

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

**3) Benefits:** The listing below shows the benefits provided for you.

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

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

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

### **Hospital Indemnity Coverage Benefits Summary**

| <b>Hospital Benefits</b>                                                         | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admission Benefit                                                                | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| ICU Supplemental Admission Benefit<br>(paid concurrently with Admission Benefit) | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| Confinement Benefit (paid for up to 365 days per calendar year)                  | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |

|                                                                                                                        |                                                                                                                                                                      |                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)                                  | \$200 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |
| ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 365 days per calendar year) | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Inpatient Rehabilitation Benefit (paid for up to 60 days per calendar year)                                            | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| <b>Other Benefits</b>                                                                                                  | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests                                     | \$100 for the day the measure is taken                                                                                                                               | \$100 for the day the measure is taken                                                                                                                                  |
| Lodging Benefit* - for a companion of a covered person who is hospitalized                                             | \$50 per day                                                                                                                                                         | \$100 per day                                                                                                                                                           |
| Transportation Benefit                                                                                                 | \$100 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

\* The Lodging Benefit is not available in all states. The lodging must be at least 50 miles from insured's primary residence.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

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

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

In addition, the Certificate does not provide benefits for:

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

**Additional Exclusions that Apply to Loss Due to Sickness:**

The Certificate does not provide benefits for:

- a dependent child's routine childbirth and any well baby provided to the dependent child's newborn child;

**Additional Exclusions that Apply to Loss Due to Accident:**

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

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

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

- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")  
NEW YORK, NEW YORK**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

**THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.**

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

**OUTLINE OF COVERAGE**

- 1) Read Your Certificate Carefully –** This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.
- 3) Benefits:** The listing below shows the benefits provided for you.

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

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

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

### Hospital Indemnity Coverage Benefits Summary

| <b>Hospital Benefits</b>                                                              | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admission Benefit                                                                     | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| ICU Supplemental Admission Benefit<br>(paid concurrently with Admission Benefit)      | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| Confinement Benefit (paid for up to 365 days per calendar year)                       | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby) | \$200 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

|                                                                                                                        |                                                                                                                                                                      |                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 365 days per calendar year) | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Inpatient Rehabilitation Benefit (paid for up to 60 days per calendar year)                                            | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| <b>Other Benefits</b>                                                                                                  | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests                                     | \$100 for the day the measure is taken                                                                                                                               | \$100 for the day the measure is taken                                                                                                                                  |
| Lodging Benefit* - for a companion of a covered person who is hospitalized                                             | \$50 per day                                                                                                                                                         | \$100 per day                                                                                                                                                           |
| Transportation Benefit                                                                                                 | \$100 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

\* The Lodging Benefit is not available in all states. The lodging must be at least 50 miles from insured's primary residence.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

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

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;

- cosmetic surgery, except when such surgery is performed to:
  - treat an injury or sickness
  - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a dependent child's routine childbirth and any well baby provided to the dependent child's newborn child;

Additional Exclusions that Apply to Loss Due to Accident:

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

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

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

- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of Texas-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")  
NEW YORK, NEW YORK**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

**OUTLINE OF COVERAGE**

- 1) Read Your Certificate Carefully –** This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.
- 3) Benefits:** The listing below shows the benefits provided for you.

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

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

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

### Hospital Indemnity Coverage Benefits Summary

| <b>Hospital Benefits</b>                                                              | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admission Benefit                                                                     | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| ICU Supplemental Admission Benefit<br>(paid concurrently with Admission Benefit)      | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| Confinement Benefit (paid for up to 365 days per confinement)                         | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby) | \$200 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

|                                                                                                                      |                                                                                                                                                                      |                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 365 days per confinement) | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Inpatient Rehabilitation Benefit (paid for up to 60 days per calendar year)                                          | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| <b>Other Benefits</b>                                                                                                | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests                                   | \$100 for the day the measure is taken                                                                                                                               | \$100 for the day the measure is taken                                                                                                                                  |
| Lodging Benefit* - for a companion of a covered person who is hospitalized                                           | \$50 per day                                                                                                                                                         | \$100 per day                                                                                                                                                           |
| Transportation Benefit                                                                                               | \$100 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

\* The Lodging Benefit is not available in all states. The lodging must be at least 50 miles from insured's primary residence.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

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

- war, whether declared or undeclared; or act of war;
- the covered person's voluntary active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered persons's active participation in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;

- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;
- cosmetic surgery, except when such surgery is performed to:
  - treat an injury or sickness
  - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a dependent child's routine childbirth and any well baby provided to the dependent child's newborn child;

Additional Exclusions that Apply to Loss Due to Accident:

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

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

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

- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of Utah-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")  
NEW YORK, NEW YORK**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

**THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.**

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

**OUTLINE OF COVERAGE**

- 1) Read Your Certificate Carefully –** This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.
- 3) Benefits:** The listing below shows the benefits provided for you.

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

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

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

### **Hospital Indemnity Coverage Benefits Summary**

| <b>Hospital Benefits</b>                                                              | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admission Benefit                                                                     | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| ICU Supplemental Admission Benefit<br>(paid concurrently with Admission Benefit)      | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| Confinement Benefit (paid for up to 365 days per calendar year)                       | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby) | \$200 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

|                                                                                                                        |                                                                                                                                                                      |                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 365 days per calendar year) | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Inpatient Rehabilitation Benefit (paid for up to 60 days per calendar year)                                            | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| <b>Other Benefits</b>                                                                                                  | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests                                     | \$100 for the day the measure is taken                                                                                                                               | \$100 for the day the measure is taken                                                                                                                                  |
| Lodging Benefit* - for a companion of a covered person who is hospitalized                                             | \$50 per day                                                                                                                                                         | \$100 per day                                                                                                                                                           |
| Transportation Benefit                                                                                                 | \$100 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

\* The Lodging Benefit is not available in all states. The lodging must be at least 50 miles from insured's primary residence.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

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

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;

- cosmetic surgery, except when such surgery is performed to:
  - treat an injury or sickness
  - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a dependent child's routine childbirth and any well baby provided to the dependent child's newborn child;

Additional Exclusions that Apply to Loss Due to Accident:

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

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

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

- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of Vermont-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")  
NEW YORK, NEW YORK**

**GROUP HOSPITAL INDEMNITY COVERAGE**

**IMPORTANT INFORMATION ABOUT THE COVERAGE YOU ARE BEING OFFERED**

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

**THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.**

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

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

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

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

**DISCLOSURE STATEMENT**

- 1) Read Your Certificate Carefully – This disclosure statement provides a very brief description of the important features of the coverage. This is not the insurance**

**contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Group Policy itself will include in detail the rights and obligations of both the Group Policyholder and us. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!**

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

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

**3) Benefits:** The listing below shows the benefits provided for you.

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

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

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

**Hospital Indemnity Coverage  
Benefits Summary**

| <b>Hospital Benefits</b> | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                        |                                                                                                                                                                      |                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admission Benefit                                                                                                      | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| ICU Supplemental Admission Benefit<br>(paid concurrently with Admission Benefit)                                       | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| Confinement Benefit (paid for up to 365 days per calendar year)                                                        | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby)                                  | \$200 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |
| ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 365 days per calendar year) | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Inpatient Rehabilitation Benefit (paid for up to 60 days per calendar year)                                            | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| <b>Other Benefits</b>                                                                                                  | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests                                     | \$100 for the day the measure is taken                                                                                                                               | \$100 for the day the measure is taken                                                                                                                                  |
| Lodging Benefit* - for a companion of a covered person who is hospitalized                                             | \$50 per day                                                                                                                                                         | \$100 per day                                                                                                                                                           |
| Transportation Benefit                                                                                                 | \$100 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

\*The Lodging Benefit is not available in all states. The lodging must be at least 50 miles from insured's primary residence.

#### **4) Exclusions and Limitations**

##### **Exclusions:**

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

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

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

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

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a dependent child's routine childbirth and any well baby provided to the dependent child's newborn child;

Additional Exclusions that Apply to Loss Due to Accident:

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

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

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

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

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

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

-----End of Washington-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")  
NEW YORK, NEW YORK**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

**THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.**

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

**OUTLINE OF COVERAGE**

- 1) Read Your Certificate Carefully –** This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.
- 3) Benefits:** The listing below shows the benefits provided for you.

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

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

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

### Hospital Indemnity Coverage Benefits Summary

| <b>Hospital Benefits</b>                                                              | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admission Benefit                                                                     | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| ICU Supplemental Admission Benefit<br>(paid concurrently with Admission Benefit)      | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| Confinement Benefit (paid for up to 365 days per calendar year)                       | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby) | \$200 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

|                                                                                                                        |                                                                                                                                                                      |                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 365 days per calendar year) | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Inpatient Rehabilitation Benefit (paid for up to 60 days per calendar year)                                            | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| <b>Other Benefits</b>                                                                                                  | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests                                     | \$100 for the day the measure is taken                                                                                                                               | \$100 for the day the measure is taken                                                                                                                                  |
| Lodging Benefit* - for a companion of a covered person who is hospitalized                                             | \$50 per day                                                                                                                                                         | \$100 per day                                                                                                                                                           |
| Transportation Benefit                                                                                                 | \$100 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

\* The Lodging Benefit is not available in all states. The lodging must be at least 50 miles from insured's primary residence.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

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

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;

- cosmetic surgery, except when such surgery is performed to:
  - treat an injury or sickness
  - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a dependent child's routine childbirth and any well baby provided to the dependent child's newborn child;

Additional Exclusions that Apply to Loss Due to Accident:

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

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

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

- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of Wisconsin-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")  
NEW YORK, NEW YORK**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

**THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.**

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

**OUTLINE OF COVERAGE**

- 1) Read Your Certificate Carefully –** This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. The Certificate sets forth in detail the rights and obligations of both you and MetLife. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) Hospital Indemnity coverage:** Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit(s) described below.
- 3) Benefits:** The listing below shows the benefits provided for you.

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

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

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

### **Hospital Indemnity Coverage Benefits Summary**

| <b>Hospital Benefits</b>                                                              | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admission Benefit                                                                     | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| ICU Supplemental Admission Benefit<br>(paid concurrently with Admission Benefit)      | \$1500 for the day of admission                                                                                                                                      | \$2500 for the day of admission                                                                                                                                         |
| Confinement Benefit (paid for up to 365 days per confinement)                         | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Confinement Benefit for Newborn Nursery Care (paid for up to 3 days per newborn baby) | \$200 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

|                                                                                                                      |                                                                                                                                                                      |                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ICU Supplemental Confinement Benefit (paid concurrently with Confinement Benefit for up to 365 days per confinement) | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| Inpatient Rehabilitation Benefit (paid for up to 60 days per calendar year)                                          | \$300 per day                                                                                                                                                        | \$400 per day                                                                                                                                                           |
| <b>Other Benefits</b>                                                                                                | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
| Health Screening Benefit - benefit provided for certain screening/prevention tests                                   | \$100 for the day the measure is taken                                                                                                                               | \$100 for the day the measure is taken                                                                                                                                  |
| Lodging Benefit* - for a companion of a covered person who is hospitalized                                           | \$50 per day                                                                                                                                                         | \$100 per day                                                                                                                                                           |
| Transportation Benefit                                                                                               | \$100 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

\*The Lodging Benefit is not available in all states. The lodging must be at least 50 miles from insured's primary residence.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;
- routine childbirth.

Sickness does not include:

- routine pregnancy;

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

- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;

- cosmetic surgery, except when such surgery is performed to:
  - treat an injury or sickness
  - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a dependent child's routine childbirth and any well baby provided to the dependent child's newborn child;

Additional Exclusions that Apply to Loss Due to Accident:

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

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

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

- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of West Virginia-----



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")  
NEW YORK, NEW YORK**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

**THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW.**

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

**OUTLINE OF COVERAGE**

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- 3) Benefits:** The listing below shows the benefits provided for you.

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

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

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### Hospital Indemnity Coverage Benefits Summary

| <b>Hospital Benefits</b>                                                              | <b>High Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. | <b>Highest Plan Benefits -</b><br>Additional limitations may apply, including the number of times each benefit is payable. Please refer to the Certificate for details. |
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|                                                                                                                        |                                                                                                                                                                      |                                                                                                                                                                         |
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| Lodging Benefit* - for a companion of a covered person who is hospitalized                                             | \$50 per day                                                                                                                                                         | \$100 per day                                                                                                                                                           |
| Transportation Benefit                                                                                                 | \$100 per day                                                                                                                                                        | \$200 per day                                                                                                                                                           |

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- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;

- cosmetic surgery, except when such surgery is performed to:
  - treat an injury or sickness
  - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

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

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- 6) **Continuation of insurance.** If Your insurance ends for any reason other than non-payment of premium, you may be able to continue it under certain circumstances as described in the Certificate.
- 7) **Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
- 8) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

-----End of Wyoming-----