

READ YOUR OUTLINE OF COVERAGE

Group Critical Illness Insurance is provided under a Group Policy that has been issued to the Policyholder. **The Policyholder is your employer: The Lincoln Electric Company.**

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

To access and read your Outline of Coverage:

- If you are a **RESIDENT** of one of the following states, click on your state of residence on the following page: **Alaska, Arkansas, Colorado, Connecticut, Florida, Idaho, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin, or Wyoming.**

OR

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

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

Please contact MetLife at 1-800-GET-MET8 if you have any questions about this important coverage.

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METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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

(4) Benefits

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

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

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

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

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

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

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CARDIOVASCULAR DISEASE

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire’s disease	25% of Benefit Amount	100% of Initial Benefit
malaria	25% of Benefit Amount	100% of Initial Benefit
necrotizing fasciitis	25% of Benefit Amount	100% of Initial Benefit
osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE

COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

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

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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	$50 for the day the screening measure was taken

Cancer Support Benefit Rider
Coverage includes select cancer support benefits provided through our designated third party provider for the covered conditions listed in the Cancer Support Benefit Rider. If a claim is paid for a covered person for an occurrence of a covered condition listed in the Rider, at the time of claim payment, we will advise the covered person of benefits available that are designed to help support their management of the condition.

(5) GENERAL EXCLUSIONS

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

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

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

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

Note: MetLife agrees to confirm Diagnosis of such claims on claimants' behalf.

(6) LIMITATIONS

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

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

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

For Recurrence Benefit 180 days

Benefit Reduction Due to Age

We will reduce a covered person's Benefit Amount and remaining Total Benefit Amount when such covered person reaches a specified age as follows:

- 25% on the date the covered person turns 65; and
- 50% on the date the covered person turns 70

If coverage under the Certificate initially takes effect for a covered person who is age 65 or older, benefits for covered conditions will be reduced in accordance with this provision.

(7) WHEN YOUR INSURANCE ENDS

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

(8) CONTINUATION OF INSURANCE

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

(9) 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.

(10) PREMIUMS

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

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

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OUTLINE OF COVERAGE

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

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

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

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

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

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire’s disease	25% of Benefit Amount	100% of Initial Benefit
malaria	25% of Benefit Amount	100% of Initial Benefit
necrotizing fasciitis	25% of Benefit Amount	100% of Initial Benefit
osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

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

Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

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

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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	$50 for the day the screening measure was taken

Cancer Support Benefit Rider
Coverage includes select cancer support benefits provided through our designated third party provider for the covered conditions listed in the Cancer Support Benefit Rider. If a claim is paid for a covered person for an occurrence of a covered condition listed in the Rider, at the time of claim payment, we will advise the covered person of benefits available that are designed to help support their management of the condition.

(5) GENERAL EXCLUSIONS

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

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

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

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

Note: MetLife agrees to confirm Diagnosis of such claims on claimants' behalf.

(6) LIMITATIONS

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For Recurrence Benefit 180 days

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- 50% on the date the covered person turns 70

If coverage under the Certificate initially takes effect for a covered person who is age 65 or older, benefits for covered conditions will be reduced in accordance with this provision.

(7) WHEN YOUR INSURANCE ENDS

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(8) CONTINUATION OF INSURANCE

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

(9) ADMINISTRATION OF INSURANCE

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(10) PREMIUMS

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

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

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COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

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

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire’s disease	25% of Benefit Amount	100% of Initial Benefit
malaria	25% of Benefit Amount	100% of Initial Benefit
necrotizing fasciitis	25% of Benefit Amount	100% of Initial Benefit
osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

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

Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

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

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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	$50 for the day the screening measure was taken

Cancer Support Benefit Rider
Coverage includes select cancer support benefits provided through our designated third party provider for the covered conditions listed in the Cancer Support Benefit Rider. If a claim is paid for a covered person for an occurrence of a covered condition listed in the Rider, at the time of claim payment, we will advise the covered person of benefits available that are designed to help support their management of the condition.

(5) GENERAL EXCLUSIONS

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

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

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

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

Note: MetLife agrees to confirm Diagnosis of such claims on claimants' behalf.

(6) LIMITATIONS

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

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

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

For Recurrence Benefit 180 days

Benefit Reduction Due to Age

We will reduce a covered person's Benefit Amount and remaining Total Benefit Amount when such covered person reaches a specified age as follows:

- 25% on the date the covered person turns 65; and
- 50% on the date the covered person turns 70

If coverage under the Certificate initially takes effect for a covered person who is age 65 or older, benefits for covered conditions will be reduced in accordance with this provision.

(7) WHEN YOUR INSURANCE ENDS

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

(8) CONTINUATION OF INSURANCE

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

(9) 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.

(10) PREMIUMS

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

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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

(4) Benefits

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

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

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

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

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

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

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

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

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire’s disease	25% of Benefit Amount	100% of Initial Benefit
malaria	25% of Benefit Amount	100% of Initial Benefit
necrotizing fasciitis	25% of Benefit Amount	100% of Initial Benefit
osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

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

Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

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

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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	$50 for the day the screening measure was taken

Cancer Support Benefit Rider
Coverage includes select cancer support benefits provided through our designated third party provider for the covered conditions listed in the Cancer Support Benefit Rider. If a claim is paid for a covered person for an occurrence of a covered condition listed in the Rider, at the time of claim payment, we will advise the covered person of benefits available that are designed to help support their management of the condition.

(5) GENERAL EXCLUSIONS

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

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

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

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

Note: MetLife agrees to confirm Diagnosis of such claims on claimants' behalf.

(6) LIMITATIONS

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

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

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

For Recurrence Benefit 180 days

Benefit Reduction Due to Age

We will reduce a covered person's Benefit Amount and remaining Total Benefit Amount when such covered person reaches a specified age as follows:

- 25% on the date the covered person turns 65; and
- 50% on the date the covered person turns 70

If coverage under the Certificate initially takes effect for a covered person who is age 65 or older, benefits for covered conditions will be reduced in accordance with this provision.

(7) WHEN YOUR INSURANCE ENDS

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

(8) CONTINUATION OF INSURANCE

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

(9) 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.

(10) PREMIUMS

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

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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

(4) Benefits

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

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

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

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

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

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

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

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit

skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire’s disease	25% of Benefit Amount	100% of Initial Benefit
malaria	25% of Benefit Amount	100% of Initial Benefit
necrotizing fasciitis	25% of Benefit Amount	100% of Initial Benefit
osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE

tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

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

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS

The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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	$50 for the day the screening measure was taken

Cancer Support Benefit Rider

Coverage includes select cancer support benefits provided through our designated third party provider for the covered conditions listed in the Cancer Support Benefit Rider. If a claim is paid for a covered person for an occurrence of a covered condition listed in the Rider, at the time of claim payment, we will advise the covered person of benefits available that are designed to help support their management of the condition.

(5) GENERAL EXCLUSIONS

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

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

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

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

Note: MetLife agrees to confirm Diagnosis of such claims on claimants' behalf.

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

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

(6) LIMITATIONS

Benefit Separation Period

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

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

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

For Recurrence Benefit	180 days

Benefit Reduction Due to Age

We will reduce a covered person's Benefit Amount and remaining Total Benefit Amount when such covered person reaches a specified age as follows:

- 25% on the date the covered person turns 65; and
- 50% on the date the covered person turns 70

If coverage under the Certificate initially takes effect for a covered person who is age 65 or older, benefits for covered conditions will be reduced in accordance with this provision.

(7) WHEN YOUR INSURANCE ENDS

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

(8) CONTINUATION OF INSURANCE

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

(9) 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.

(10) PREMIUMS

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

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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

(4) Benefits

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

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

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

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

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

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

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

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

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire’s disease	25% of Benefit Amount	100% of Initial Benefit
malaria	25% of Benefit Amount	100% of Initial Benefit
necrotizing fasciitis	25% of Benefit Amount	100% of Initial Benefit
osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

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

Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

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

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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	$50 for the day the screening measure was taken

(5) GENERAL EXCLUSIONS

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

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

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the covered person's:
  - blood alcohol level met or exceeded .08%; or
  - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- the covered person voluntarily taking or using any drug, medication or sedative unless it is:
  - taken or used as prescribed by a physician, or
  - an "over the counter" drug, medication or sedative taken according to package directions**;** or
- activities required by the covered person to carry out the duties and responsibilities of their service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

Note: MetLife agrees to confirm Diagnosis of such claims on claimants' behalf.

(6) LIMITATIONS

Benefit Separation Period

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

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

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

For Recurrence Benefit	180 days

Benefit Reduction Due to Age

We will reduce a covered person's Benefit Amount and remaining Total Benefit Amount when such covered person reaches a specified age as follows:

- 25% on the date the covered person turns 65; and
- 50% on the date the covered person turns 70

If coverage under the Certificate initially takes effect for a covered person who is age 65 or older, benefits for covered conditions will be reduced in accordance with this provision.

(7) WHEN YOUR INSURANCE ENDS

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

(8) CONTINUATION OF INSURANCE

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

(9) 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.

(10) PREMIUMS

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

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE
CERTIFICATE FORM NO: GCERT19-CI

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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

(4) Benefits

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

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

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

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

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

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

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE

COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: CORONARY ARTERY DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coronary artery disease	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire’s disease	25% of Benefit Amount	100% of Initial Benefit
malaria	25% of Benefit Amount	100% of Initial Benefit
necrotizing fasciitis	25% of Benefit Amount	100% of Initial Benefit
osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
major organ failure	100% of Benefit Amount	100% of Initial Benefit

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

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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	$50 for the day the screening measure was taken

Cancer Support Benefit Rider

Coverage includes select cancer support benefits provided through our designated third party provider for the covered conditions listed in the Cancer Support Benefit Rider. If a claim is paid for a covered person for an occurrence of a covered condition listed in the Rider, at the time of claim payment, we will advise the covered person of benefits available that are designed to help support their management of the condition.

(5) GENERAL EXCLUSIONS

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

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

- the covered person's active participation in an insurrection or riot;
- the covered person's participation in a felony;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- the covered person's alcoholism or drug addiction; or
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

Note: MetLife agrees to confirm Diagnosis of such claims on claimants' behalf.

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

(6) LIMITATIONS

Benefit Separation Period

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

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

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

For Recurrence Benefit	180 days

Benefit Reduction Due to Age

We will reduce a covered person's Benefit Amount and remaining Total Benefit Amount when such covered person reaches a specified age as follows:

- 25% on the date the covered person turns 65; and
- 50% on the date the covered person turns 70

If coverage under the Certificate initially takes effect for a covered person who is age 65 or older, benefits for covered conditions will be reduced in accordance with this provision.

(7) WHEN YOUR INSURANCE ENDS

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

(8) CONTINUATION OF INSURANCE

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

(9) 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.

(10) PREMIUMS

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

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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

(4) Benefits

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

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

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

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

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

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

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

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

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire’s disease	25% of Benefit Amount	100% of Initial Benefit
malaria	25% of Benefit Amount	100% of Initial Benefit
necrotizing fasciitis	25% of Benefit Amount	100% of Initial Benefit
osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

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

Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

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

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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	$50 for the day the screening measure was taken

Cancer Support Benefit Rider
Coverage includes select cancer support benefits provided through our designated third party provider for the covered conditions listed in the Cancer Support Benefit Rider. If a claim is paid for a covered person for an occurrence of a covered condition listed in the Rider, at the time of claim payment, we will advise the covered person of benefits available that are designed to help support their management of the condition.

(5) GENERAL EXCLUSIONS

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

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

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

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

Note: MetLife agrees to confirm Diagnosis of such claims on claimants' behalf.

(6) LIMITATIONS

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

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

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

For Recurrence Benefit 180 days

Benefit Reduction Due to Age

We will reduce a covered person's Benefit Amount and remaining Total Benefit Amount when such covered person reaches a specified age as follows:

- 25% on the date the covered person turns 65; and
- 50% on the date the covered person turns 70

If coverage under the Certificate initially takes effect for a covered person who is age 65 or older, benefits for covered conditions will be reduced in accordance with this provision.

(7) WHEN YOUR INSURANCE ENDS

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

(8) CONTINUATION OF INSURANCE

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

(9) 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.

(10) PREMIUMS

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

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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

(4) Benefits

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

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

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

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

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

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

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

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

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire’s disease	25% of Benefit Amount	100% of Initial Benefit
malaria	25% of Benefit Amount	100% of Initial Benefit
necrotizing fasciitis	25% of Benefit Amount	100% of Initial Benefit
osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

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

Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

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

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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	$50 for the day the screening measure was taken

Cancer Support Benefit Rider
Coverage includes select cancer support benefits provided through our designated third party provider for the covered conditions listed in the Cancer Support Benefit Rider. If a claim is paid for a covered person for an occurrence of a covered condition listed in the Rider, at the time of claim payment, we will advise the covered person of benefits available that are designed to help support their management of the condition.

(5) GENERAL EXCLUSIONS

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

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

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

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

Note: MetLife agrees to confirm Diagnosis of such claims on claimants' behalf.

(6) LIMITATIONS

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

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

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

For Recurrence Benefit 180 days

Benefit Reduction Due to Age

We will reduce a covered person's Benefit Amount and remaining Total Benefit Amount when such covered person reaches a specified age as follows:

- 25% on the date the covered person turns 65; and
- 50% on the date the covered person turns 70

If coverage under the Certificate initially takes effect for a covered person who is age 65 or older, benefits for covered conditions will be reduced in accordance with this provision.

(7) WHEN YOUR INSURANCE ENDS

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

(8) CONTINUATION OF INSURANCE

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

(9) 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.

(10) PREMIUMS

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

----------End of Minnesota----------



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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

(4) Benefits

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

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

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

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

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

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

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

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

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire's disease	25% of Benefit Amount	100% of Initial Benefit
malaria	25% of Benefit Amount	100% of Initial Benefit
necrotizing fasciitis	25% of Benefit Amount	100% of Initial Benefit
osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

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

Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

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

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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	$50 for the day the screening measure was taken

Cancer Support Benefit Rider
Coverage includes select cancer support benefits provided through our designated third party provider for the covered conditions listed in the Cancer Support Benefit Rider. If a claim is paid for a covered person for an occurrence of a covered condition listed in the Rider, at the time of claim payment, we will advise the covered person of benefits available that are designed to help support their management of the condition.

(5) GENERAL EXCLUSIONS

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

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

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

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

Note: MetLife agrees to confirm Diagnosis of such claims on claimants' behalf.

(6) LIMITATIONS

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

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

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

For Recurrence Benefit 180 days

Benefit Reduction Due to Age

We will reduce a covered person's Benefit Amount and remaining Total Benefit Amount when such covered person reaches a specified age as follows:

- 25% on the date the covered person turns 65; and
- 50% on the date the covered person turns 70

If coverage under the Certificate initially takes effect for a covered person who is age 65 or older, benefits for covered conditions will be reduced in accordance with this provision.

(7) WHEN YOUR INSURANCE ENDS

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

(8) CONTINUATION OF INSURANCE

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

(9) 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.

(10) PREMIUMS

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

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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

(4) Benefits

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

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

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

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

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

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

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

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

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire’s disease	25% of Benefit Amount	100% of Initial Benefit
malaria	25% of Benefit Amount	100% of Initial Benefit
necrotizing fasciitis	25% of Benefit Amount	100% of Initial Benefit
osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

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

Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

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

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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	$50 for the day the screening measure was taken

Cancer Support Benefit Rider
Coverage includes select cancer support benefits provided through our designated third party provider for the covered conditions listed in the Cancer Support Benefit Rider. If a claim is paid for a covered person for an occurrence of a covered condition listed in the Rider, at the time of claim payment, we will advise the covered person of benefits available that are designed to help support their management of the condition.

(5) GENERAL EXCLUSIONS

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

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

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

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

Note: MetLife agrees to confirm Diagnosis of such claims on claimants' behalf.

(6) LIMITATIONS

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

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

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

For Recurrence Benefit 180 days

Benefit Reduction Due to Age

We will reduce a covered person's Benefit Amount and remaining Total Benefit Amount when such covered person reaches a specified age as follows:

- 25% on the date the covered person turns 65; and
- 50% on the date the covered person turns 70

If coverage under the Certificate initially takes effect for a covered person who is age 65 or older, benefits for covered conditions will be reduced in accordance with this provision.

(7) WHEN YOUR INSURANCE ENDS

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

(8) CONTINUATION OF INSURANCE

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

(9) 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.

(10) PREMIUMS

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

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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

(4) Benefits

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

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

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

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

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

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

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

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

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire’s disease	25% of Benefit Amount	100% of Initial Benefit
malaria	25% of Benefit Amount	100% of Initial Benefit
necrotizing fasciitis	25% of Benefit Amount	100% of Initial Benefit
osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

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

Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

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

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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	$50 for the day the screening measure was taken

Cancer Support Benefit Rider
Coverage includes select cancer support benefits provided through our designated third party provider for the covered conditions listed in the Cancer Support Benefit Rider. If a claim is paid for a covered person for an occurrence of a covered condition listed in the Rider, at the time of claim payment, we will advise the covered person of benefits available that are designed to help support their management of the condition.

(5) GENERAL EXCLUSIONS

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

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

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

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

Note: MetLife agrees to confirm Diagnosis of such claims on claimants' behalf.

(6) LIMITATIONS

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

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

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

For Recurrence Benefit 180 days

Benefit Reduction Due to Age

We will reduce a covered person's Benefit Amount and remaining Total Benefit Amount when such covered person reaches a specified age as follows:

- 25% on the date the covered person turns 65; and
- 50% on the date the covered person turns 70

If coverage under the Certificate initially takes effect for a covered person who is age 65 or older, benefits for covered conditions will be reduced in accordance with this provision.

(7) WHEN YOUR INSURANCE ENDS

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

(8) CONTINUATION OF INSURANCE

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

(9) 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.

(10) PREMIUMS

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

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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

(4) Benefits

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

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

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

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

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

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

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

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

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire’s disease	25% of Benefit Amount	100% of Initial Benefit
malaria	25% of Benefit Amount	100% of Initial Benefit
necrotizing fasciitis	25% of Benefit Amount	100% of Initial Benefit
osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

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

Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

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

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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	$50 for the day the screening measure was taken

Cancer Support Benefit Rider
Coverage includes select cancer support benefits provided through our designated third party provider for the covered conditions listed in the Cancer Support Benefit Rider. If a claim is paid for a covered person for an occurrence of a covered condition listed in the Rider, at the time of claim payment, we will advise the covered person of benefits available that are designed to help support their management of the condition.

(5) GENERAL EXCLUSIONS

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

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

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

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

Note: MetLife agrees to confirm Diagnosis of such claims on claimants' behalf.

(6) LIMITATIONS

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

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

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

For Recurrence Benefit 180 days

Benefit Reduction Due to Age

We will reduce a covered person's Benefit Amount and remaining Total Benefit Amount when such covered person reaches a specified age as follows:

- 25% on the date the covered person turns 65; and
- 50% on the date the covered person turns 70

If coverage under the Certificate initially takes effect for a covered person who is age 65 or older, benefits for covered conditions will be reduced in accordance with this provision.

(7) WHEN YOUR INSURANCE ENDS

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

(8) CONTINUATION OF INSURANCE

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

(9) 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.

(10) PREMIUMS

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

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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

(4) Benefits

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

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

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

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

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

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

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

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

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire’s disease	25% of Benefit Amount	100% of Initial Benefit
malaria	25% of Benefit Amount	100% of Initial Benefit
necrotizing fasciitis	25% of Benefit Amount	100% of Initial Benefit
osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

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

Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
major organ failure	100% of Benefit Amount	100% of Initial Benefit

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

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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	$50 for the day the screening measure was taken

Cancer Support Benefit Rider

Coverage includes select cancer support benefits provided through our designated third party provider for the covered conditions listed in the Cancer Support Benefit Rider. If a claim is paid for a covered person for an occurrence of a covered condition listed in the Rider, at the time of

claim payment, we will advise the covered person of benefits available that are designed to help support their management of the condition.

(5) GENERAL EXCLUSIONS

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

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

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

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

Note: MetLife agrees to confirm Diagnosis of such claims on claimants' behalf.

(6) LIMITATIONS

Benefit Separation Period

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

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

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

For Recurrence Benefit 180 days

Benefit Reduction Due to Age

We will reduce a covered person's Benefit Amount and remaining Total Benefit Amount when such covered person reaches a specified age as follows:

- 25% on the date the covered person turns 65; and
- 50% on the date the covered person turns 70

If coverage under the Certificate initially takes effect for a covered person who is age 65 or older, benefits for covered conditions will be reduced in accordance with this provision.

(7) WHEN YOUR INSURANCE ENDS

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

(8) CONTINUATION OF INSURANCE

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

(9) 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.

(10) PREMIUMS

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

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

Notice for New Mexico Residents

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

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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

(4) Benefits

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

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

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

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

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

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

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

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

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire’s disease	25% of Benefit Amount	100% of Initial Benefit
malaria	25% of Benefit Amount	100% of Initial Benefit
necrotizing fasciitis	25% of Benefit Amount	100% of Initial Benefit
osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

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

Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

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

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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	$50 for the day the screening measure was taken

Cancer Support Benefit Rider
Coverage includes select cancer support benefits provided through our designated third party provider for the covered conditions listed in the Cancer Support Benefit Rider. If a claim is paid for a covered person for an occurrence of a covered condition listed in the Rider, at the time of claim payment, we will advise the covered person of benefits available that are designed to help support their management of the condition.

(5) GENERAL EXCLUSIONS

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

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

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

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

Note: MetLife agrees to confirm Diagnosis of such claims on claimants' behalf.

(6) LIMITATIONS

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

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

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

For Recurrence Benefit 180 days

Benefit Reduction Due to Age

We will reduce a covered person's Benefit Amount and remaining Total Benefit Amount when such covered person reaches a specified age as follows:

- 25% on the date the covered person turns 65; and
- 50% on the date the covered person turns 70

If coverage under the Certificate initially takes effect for a covered person who is age 65 or older, benefits for covered conditions will be reduced in accordance with this provision.

(7) WHEN YOUR INSURANCE ENDS

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

(8) CONTINUATION OF INSURANCE

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

(9) 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.

(10) PREMIUMS

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

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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

(4) Benefits

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

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

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

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

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

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

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

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

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire’s disease	25% of Benefit Amount	100% of Initial Benefit
malaria	25% of Benefit Amount	100% of Initial Benefit
necrotizing fasciitis	25% of Benefit Amount	100% of Initial Benefit
osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

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

Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

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

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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	$50 for the day the screening measure was taken

(5) GENERAL EXCLUSIONS

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

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

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

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

Note: MetLife agrees to confirm Diagnosis of such claims on claimants' behalf.

(6) LIMITATIONS

Benefit Separation Period

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

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

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

For Recurrence Benefit	180 days

Benefit Reduction Due to Age

We will reduce a covered person's Benefit Amount and remaining Total Benefit Amount when such covered person reaches a specified age as follows:

- 25% on the date the covered person turns 65; and
- 50% on the date the covered person turns 70

If coverage under the Certificate initially takes effect for a covered person who is age 65 or older, benefits for covered conditions will be reduced in accordance with this provision.

(7) WHEN YOUR INSURANCE ENDS

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

(8) CONTINUATION OF INSURANCE

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

(9) 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.

(10) PREMIUMS

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

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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

(4) Benefits

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

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

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

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

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

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

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

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

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire’s disease	25% of Benefit Amount	100% of Initial Benefit
malaria	25% of Benefit Amount	100% of Initial Benefit
necrotizing fasciitis	25% of Benefit Amount	100% of Initial Benefit
osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

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

Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

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

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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	$50 for the day the screening measure was taken

Cancer Support Benefit Rider
Coverage includes select cancer support benefits provided through our designated third party provider for the covered conditions listed in the Cancer Support Benefit Rider. If a claim is paid for a covered person for an occurrence of a covered condition listed in the Rider, at the time of claim payment, we will advise the covered person of benefits available that are designed to help support their management of the condition.

(5) GENERAL EXCLUSIONS

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

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

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

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

Note: MetLife agrees to confirm Diagnosis of such claims on claimants' behalf.

(6) LIMITATIONS

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

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

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

For Recurrence Benefit 180 days

Benefit Reduction Due to Age

We will reduce a covered person's Benefit Amount and remaining Total Benefit Amount when such covered person reaches a specified age as follows:

- 25% on the date the covered person turns 65; and
- 50% on the date the covered person turns 70

If coverage under the Certificate initially takes effect for a covered person who is age 65 or older, benefits for covered conditions will be reduced in accordance with this provision.

(7) WHEN YOUR INSURANCE ENDS

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

(8) CONTINUATION OF INSURANCE

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

(9) 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.

(10) PREMIUMS

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

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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

(4) Benefits

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

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

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

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

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

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

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

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

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire’s disease	25% of Benefit Amount	100% of Initial Benefit
malaria	25% of Benefit Amount	100% of Initial Benefit
necrotizing fasciitis	25% of Benefit Amount	100% of Initial Benefit
osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

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

Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

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

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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	$50 for the day the screening measure was taken

Cancer Support Benefit Rider
Coverage includes select cancer support benefits provided through our designated third party provider for the covered conditions listed in the Cancer Support Benefit Rider. If a claim is paid for a covered person for an occurrence of a covered condition listed in the Rider, at the time of claim payment, we will advise the covered person of benefits available that are designed to help support their management of the condition.

(5) GENERAL EXCLUSIONS

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

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

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

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

Note: MetLife agrees to confirm Diagnosis of such claims on claimants' behalf.

(6) LIMITATIONS

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

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

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

For Recurrence Benefit 180 days

Benefit Reduction Due to Age

We will reduce a covered person's Benefit Amount and remaining Total Benefit Amount when such covered person reaches a specified age as follows:

- 25% on the date the covered person turns 65; and
- 50% on the date the covered person turns 70

If coverage under the Certificate initially takes effect for a covered person who is age 65 or older, benefits for covered conditions will be reduced in accordance with this provision.

(7) WHEN YOUR INSURANCE ENDS

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

(8) CONTINUATION OF INSURANCE

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

(9) 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.

(10) PREMIUMS

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

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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

(4) Benefits

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

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

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

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

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

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

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

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

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire's disease	25% of Benefit Amount	100% of Initial Benefit
malaria	25% of Benefit Amount	100% of Initial Benefit
necrotizing fasciitis	25% of Benefit Amount	100% of Initial Benefit
osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

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

Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

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

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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	$50 for the day the screening measure was taken

Cancer Support Benefit Rider
Coverage includes select cancer support benefits provided through our designated third party provider for the covered conditions listed in the Cancer Support Benefit Rider. If a claim is paid for a covered person for an occurrence of a covered condition listed in the Rider, at the time of claim payment, we will advise the covered person of benefits available that are designed to help support their management of the condition.

(5) GENERAL EXCLUSIONS

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

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

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

Note: MetLife agrees to confirm Diagnosis of such claims on claimants' behalf.

(6) LIMITATIONS

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

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

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

For Recurrence Benefit	180 days

Benefit Reduction Due to Age

We will reduce a covered person's Benefit Amount and remaining Total Benefit Amount when such covered person reaches a specified age as follows:

- 25% on the date the covered person turns 65; and
- 50% on the date the covered person turns 70

If coverage under the Certificate initially takes effect for a covered person who is age 65 or older, benefits for covered conditions will be reduced in accordance with this provision.

(7) WHEN YOUR INSURANCE ENDS

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

(8) CONTINUATION OF INSURANCE

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

(9) 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.

(10) PREMIUMS

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

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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

(4) Benefits

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

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

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

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

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

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

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

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

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire’s disease	25% of Benefit Amount	100% of Initial Benefit
malaria	25% of Benefit Amount	100% of Initial Benefit
necrotizing fasciitis	25% of Benefit Amount	100% of Initial Benefit
osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

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

Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

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

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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	$50 for the day the screening measure was taken

Cancer Support Benefit Rider
Coverage includes select cancer support benefits provided through our designated third party provider for the covered conditions listed in the Cancer Support Benefit Rider. If a claim is paid for a covered person for an occurrence of a covered condition listed in the Rider, at the time of claim payment, we will advise the covered person of benefits available that are designed to help support their management of the condition.

(5) GENERAL EXCLUSIONS

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

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

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

In addition, we will not pay benefits for:

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

Note: MetLife agrees to confirm Diagnosis of such claims on claimants' behalf.

(6) LIMITATIONS

Benefit Separation Period

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

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

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

For Recurrence Benefit	180 days

Benefit Reduction Due to Age

We will reduce a covered person's Benefit Amount and remaining Total Benefit Amount when such covered person reaches a specified age as follows:

- 25% on the date the covered person turns 65; and
- 50% on the date the covered person turns 70

If coverage under the Certificate initially takes effect for a covered person who is age 65 or older, benefits for covered conditions will be reduced in accordance with this provision.

(7) WHEN YOUR INSURANCE ENDS

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

(8) CONTINUATION OF INSURANCE

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

(9) 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.

(10) PREMIUMS

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

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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

(4) Benefits

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

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

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

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

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

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

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

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

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire’s disease	25% of Benefit Amount	100% of Initial Benefit
malaria	25% of Benefit Amount	100% of Initial Benefit
necrotizing fasciitis	25% of Benefit Amount	100% of Initial Benefit
osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

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

Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

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

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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	$50 for the day the screening measure was taken

Cancer Support Benefit Rider
Coverage includes select cancer support benefits provided through our designated third party provider for the covered conditions listed in the Cancer Support Benefit Rider. If a claim is paid for a covered person for an occurrence of a covered condition listed in the Rider, at the time of claim payment, we will advise the covered person of benefits available that are designed to help support their management of the condition.

(5) GENERAL EXCLUSIONS

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

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

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

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

Note: MetLife agrees to confirm Diagnosis of such claims on claimants' behalf.

(6) LIMITATIONS

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

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

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

For Recurrence Benefit 180 days

Benefit Reduction Due to Age

We will reduce a covered person's Benefit Amount and remaining Total Benefit Amount when such covered person reaches a specified age as follows:

- 25% on the date the covered person turns 65; and
- 50% on the date the covered person turns 70

If coverage under the Certificate initially takes effect for a covered person who is age 65 or older, benefits for covered conditions will be reduced in accordance with this provision.

(7) WHEN YOUR INSURANCE ENDS

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

(8) CONTINUATION OF INSURANCE

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

(9) 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.

(10) PREMIUMS

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

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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

(4) Benefits

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

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

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

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

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

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

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

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

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire’s disease	25% of Benefit Amount	100% of Initial Benefit
malaria	25% of Benefit Amount	100% of Initial Benefit
necrotizing fasciitis	25% of Benefit Amount	100% of Initial Benefit
osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

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

Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

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

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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	$50 for the day the screening measure was taken

Cancer Support Benefit Rider
Coverage includes select cancer support benefits provided through our designated third party provider for the covered conditions listed in the Cancer Support Benefit Rider. If a claim is paid for a covered person for an occurrence of a covered condition listed in the Rider, at the time of claim payment, we will advise the covered person of benefits available that are designed to help support their management of the condition.

(5) GENERAL EXCLUSIONS

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

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

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

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

Note: MetLife agrees to confirm Diagnosis of such claims on claimants' behalf.

(6) LIMITATIONS

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

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

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

For Recurrence Benefit 180 days

Benefit Reduction Due to Age

We will reduce a covered person's Benefit Amount and remaining Total Benefit Amount when such covered person reaches a specified age as follows:

- 25% on the date the covered person turns 65; and
- 50% on the date the covered person turns 70

If coverage under the Certificate initially takes effect for a covered person who is age 65 or older, benefits for covered conditions will be reduced in accordance with this provision.

(7) WHEN YOUR INSURANCE ENDS

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

(8) CONTINUATION OF INSURANCE

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

(9) 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.

(10) PREMIUMS

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

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

POLICYHOLDER: Your Employer

CRITICAL ILLNESS COVERAGE

IMPORTANT INFORMATION ABOUT THE COVERAGE YOU ARE BEING OFFERED

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

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

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

DISCLOSURE STATEMENT

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

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

The benefits under this policy are summarized below:

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

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

(4) Benefits

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

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

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

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

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

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

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit

loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire's disease	25% of Benefit Amount	100% of Initial Benefit
malaria	25% of Benefit Amount	100% of Initial Benefit
necrotizing fasciitis	25% of Benefit Amount	100% of Initial Benefit
osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: KIDNEY FAILURE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

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

myasthenia gravis	25% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE
poliomyelitis	25% of Benefit Amount	NONE
systemic lupus erythematosus (SLE)	100% of Benefit Amount	NONE
systemic sclerosis (scleroderma)	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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	$50 for the day the screening measure was taken

Cancer Support Benefit Rider

Coverage includes select cancer support benefits provided through our designated third party provider for the covered conditions listed in the Cancer Support Benefit Rider. If a claim is paid for a covered person for an occurrence of a covered condition listed in the Rider, at the time of claim payment, we will advise the covered person of benefits available that are designed to help support their management of the condition.

(5) GENERAL EXCLUSIONS

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

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

- the covered person's active participation in an insurrection, rebellion, riot or terrorist act;
- the covered person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the covered person's intentionally self-inflicted injury;
- the covered person's suicide or attempted suicide (while sane or insane);
- war, whether declared or undeclared; or act of war;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States.

Note: MetLife agrees to confirm Diagnosis of such claims on claimants' behalf.

(6) LIMITATIONS

Benefit Separation Period

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

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

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

For Recurrence Benefit	180 days

Benefit Reduction Due to Age

We will reduce a covered person's Benefit Amount and remaining Total Benefit Amount when such covered person reaches a specified age as follows:

- 25% on the date the covered person turns 65; and
- 50% on the date the covered person turns 70

If coverage under the Certificate initially takes effect for a covered person who is age 65 or older, benefits for covered conditions will be reduced in accordance with this provision.

(7) WHEN YOUR INSURANCE ENDS

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

(8) CONTINUATION OF INSURANCE

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

(9) 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.

(10) PREMIUMS

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

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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

(4) Benefits

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

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

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

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

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

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

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

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

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire's disease	25% of Benefit Amount	100% of Initial Benefit
malaria	25% of Benefit Amount	100% of Initial Benefit
necrotizing fasciitis	25% of Benefit Amount	100% of Initial Benefit
osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

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

Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

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

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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	$50 for the day the screening measure was taken

Cancer Support Benefit Rider
Coverage includes select cancer support benefits provided through our designated third party provider for the covered conditions listed in the Cancer Support Benefit Rider. If a claim is paid for a covered person for an occurrence of a covered condition listed in the Rider, at the time of claim payment, we will advise the covered person of benefits available that are designed to help support their management of the condition.

(5) GENERAL EXCLUSIONS

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

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

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

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

Note: MetLife agrees to confirm Diagnosis of such claims on claimants' behalf.

(6) LIMITATIONS

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

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

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

For Recurrence Benefit 180 days

Benefit Reduction Due to Age

We will reduce a covered person's Benefit Amount and remaining Total Benefit Amount when such covered person reaches a specified age as follows:

- 25% on the date the covered person turns 65; and
- 50% on the date the covered person turns 70

If coverage under the Certificate initially takes effect for a covered person who is age 65 or older, benefits for covered conditions will be reduced in accordance with this provision.

(7) WHEN YOUR INSURANCE ENDS

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

(8) CONTINUATION OF INSURANCE

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

(9) 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.

(10) PREMIUMS

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

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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

(4) Benefits

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

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

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

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

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

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

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

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

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire’s disease	25% of Benefit Amount	100% of Initial Benefit
malaria	25% of Benefit Amount	100% of Initial Benefit
necrotizing fasciitis	25% of Benefit Amount	100% of Initial Benefit
osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

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

Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

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

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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	$50 for the day the screening measure was taken

Cancer Support Benefit Rider
Coverage includes select cancer support benefits provided through our designated third party provider for the covered conditions listed in the Cancer Support Benefit Rider. If a claim is paid for a covered person for an occurrence of a covered condition listed in the Rider, at the time of claim payment, we will advise the covered person of benefits available that are designed to help support their management of the condition.

(5) GENERAL EXCLUSIONS

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

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

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

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

Note: MetLife agrees to confirm Diagnosis of such claims on claimants' behalf.

(6) LIMITATIONS

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

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

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

For Recurrence Benefit 180 days

Benefit Reduction Due to Age

We will reduce a covered person's Benefit Amount and remaining Total Benefit Amount when such covered person reaches a specified age as follows:

- 25% on the date the covered person turns 65; and
- 50% on the date the covered person turns 70

If coverage under the Certificate initially takes effect for a covered person who is age 65 or older, benefits for covered conditions will be reduced in accordance with this provision.

(7) WHEN YOUR INSURANCE ENDS

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

(8) CONTINUATION OF INSURANCE

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

(9) 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.

(10) PREMIUMS

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

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



METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

CRITICAL ILLNESS COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS

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

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

OUTLINE OF COVERAGE

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

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

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

(4) Benefits

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

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

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

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

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

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

COVERED CONDITION CATEGORY: AUTISM SPECTRUM DISORDER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Autism Spectrum Disorder	25% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: BENIGN TUMOR		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
benign brain tumor	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: CANCER		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
invasive cancer	100% of Benefit Amount	100% of Initial Benefit
non-invasive cancer	25% of Benefit Amount	100% of Initial Benefit
skin cancer	5% of Benefit Amount, but not less than $250	100% of Initial Benefit, but not less than $250

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

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

COVERED CONDITION CATEGORY: CHILDHOOD DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
cerebral palsy	100% of Benefit Amount	NONE
cleft lip or cleft palate	100% of Benefit Amount	NONE
cystic fibrosis	100% of Benefit Amount	NONE
diabetes (type 1)	100% of Benefit Amount	NONE
Down syndrome	100% of Benefit Amount	NONE
sickle cell anemia	100% of Benefit Amount	NONE
spina bifida	100% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: FUNCTIONAL LOSS		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
coma	100% of Benefit Amount	100% of Initial Benefit
loss of: ability to speak; hearing; or sight	100% of Benefit Amount	NONE
paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: HEART ATTACK		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE

COVERED CONDITION CATEGORY: INFECTIOUS DISEASE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
bacterial cerebrospinal meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
diphtheria	25% of Benefit Amount	100% of Initial Benefit
encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire’s disease	25% of Benefit Amount	100% of Initial Benefit
malaria	25% of Benefit Amount	100% of Initial Benefit
necrotizing fasciitis	25% of Benefit Amount	100% of Initial Benefit
osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
rabies	25% of Benefit Amount	NONE
tetanus	25% of Benefit Amount	100% of Initial Benefit
tuberculosis	25% of Benefit Amount	100% of Initial Benefit

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

Kidney Failure	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: MAJOR ORGAN TRANSPLANT		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
Major Organ Transplant	100% of Benefit Amount	100% of Initial Benefit

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

COVERED CONDITION CATEGORY: SEVERE BURN		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
severe burn	100% of Benefit Amount	100% of Initial Benefit

COVERED CONDITION CATEGORY: STROKE		
COVERED CONDITION	INITIAL BENEFIT	RECURRENCE BENEFIT
stroke	100% of Benefit Amount	100% of Initial Benefit
transient ischemic attack	10% of Benefit Amount	100% of Initial Benefit

SUPPLEMENTAL BENEFITS The information shown below reflects the Supplemental Benefits provided for you. Supplemental Benefits for your dependents may vary as described in the Certificate. 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	$50 for the day the screening measure was taken

Cancer Support Benefit Rider
Coverage includes select cancer support benefits provided through our designated third party provider for the covered conditions listed in the Cancer Support Benefit Rider. If a claim is paid for a covered person for an occurrence of a covered condition listed in the Rider, at the time of claim payment, we will advise the covered person of benefits available that are designed to help support their management of the condition.

(5) GENERAL EXCLUSIONS

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

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

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

In addition, we will not pay benefits for:

- any covered condition for which diagnosis is made outside the United States, Canada or Mexico unless the diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to occur on the date the diagnosis is made outside the United States, Canada or Mexico.

Note: MetLife agrees to confirm Diagnosis of such claims on claimants' behalf.

(6) LIMITATIONS

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

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

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

For Recurrence Benefit 180 days

Benefit Reduction Due to Age

We will reduce a covered person's Benefit Amount and remaining Total Benefit Amount when such covered person reaches a specified age as follows:

- 25% on the date the covered person turns 65; and
- 50% on the date the covered person turns 70

If coverage under the Certificate initially takes effect for a covered person who is age 65 or older, benefits for covered conditions will be reduced in accordance with this provision.

(7) WHEN YOUR INSURANCE ENDS

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

(8) CONTINUATION OF INSURANCE

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

(9) 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.

(10) PREMIUMS

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

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