



## READ YOUR OUTLINE OF COVERAGE

Group Hospital Indemnity Insurance is provided under a Group Policy that has been issued to the Policyholder. The Policyholder is National Federation of Independent Contractors Association.

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

**To access and read your Outline of Coverage:**

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

**OR**

- If you do not reside in one of the above listed states, click on the box below that shows the name of the **GROUP POLICY ISSUANCE STATE**. The **GROUP POLICY ISSUANCE STATE** is: **Tennessee**.
- **This product is not approved for policies to be issued in the states noted in red. Furthermore, if you are a RESIDENT of this state you are not eligible to enroll for this product. Please contact your plan administrator for details.**

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

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

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**OUTLINE OF COVERAGE**

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

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

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

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

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

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

## Hospital Indemnity Coverage Benefits Summary

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
ICU Supplemental Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
Confinement Benefit (paid for up to 15 days per calendar year)	\$500 per day	\$1000 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day
Surgery Benefits	Low Plan Benefits	High Plan Benefits
All other inpatient Surgery	\$500 per day	\$1000 per day
Outpatient Surgery Benefit	\$250 per day	\$500 per day
Anesthesia Benefit		
General Anesthesia	\$125 per day	\$250 per day
Spinal or Epidural Anesthesia	\$125 per day	\$250 per day
Additional Care Benefits	Low Plan Benefits	High Plan Benefits
Ambulance Benefit		
Ground Ambulance Benefit	\$50 per day	\$100 per day
Diagnostic Procedure Benefit	\$75 per day	\$150 per day
Emergency Care Benefit		
Emergency Room	\$100 per day	\$200 per day
Physician Visit Benefit	\$35 per day	\$55 per day
Other Benefits	Low Plan Benefits	High Plan Benefits
Health Screening Benefit* - benefit provided for certain screening/prevention tests	\$50 for the day the measure is taken	\$100 for the day the measure is taken

\* The Health Screening Benefit is not available in all states.

### 4) Exclusions and Limitations

#### Exclusions:

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

- complications of pregnancy;

Sickness does not include:

- routine pregnancy;
- routine childbirth;

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

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

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

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Accident:

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

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident.  
For purposes of this exclusion:

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

### **Limitations:**

#### **Preexisting Condition Limitation**

The Certificate does not provide any benefits for treatment of a covered person for a Preexisting Condition during the first 3 months that such covered person is insured under the Certificate. This limitation does not apply to childbirth. (includes complications of pregnancy or routine child birth).

**Preexisting Condition** means a sickness for which, in the 12 months before a covered person becomes insured under the Certificate, medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician.

- 5) When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; you attain age 70; or you cease to be a member.
- 6) 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.
- 7) Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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**GROUP HOSPITAL INDEMNITY COVERAGE**

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

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

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

## Hospital Indemnity Coverage Benefits Summary

Hospital Benefits	Low Plan Benefits	High Plan Benefits
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General Anesthesia	\$125 per day	\$250 per day
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Additional Care Benefits	Low Plan Benefits	High Plan Benefits
Ambulance Benefit		
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  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative;
  - poison, gas, or fumes;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;
- cosmetic surgery, except when such surgery is performed to:
  - treat an injury or sickness
  - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
  - any drug, medication or sedative that is taken or used as prescribed by a physician; or
  - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person to carry out the duties and the responsibilities of their service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:

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

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

The Certificate does not provide benefits for:

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- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
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- 5) When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; you attain age 70; or you cease to be a member.
- 6) 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.
- 7) Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
  - any drug, medication or sedative that is taken or used as prescribed by a physician; or
  - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Accident:

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

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

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

## **Limitations:**

### **Preexisting Condition Limitation**

The Certificate does not provide any benefits for treatment of a covered person for a Preexisting Condition during the first 3 months that such covered person is insured under the Certificate. This limitation does not apply to childbirth. (includes complications of pregnancy or routine child birth).

**Preexisting Condition** means a sickness for which, in the 12 months before a covered person becomes insured under the Certificate, medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician.

- 5) When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; you attain age 70; or you cease to be a member.
- 6) 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.
- 7) Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

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

**OUTLINE OF COVERAGE**

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

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

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

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

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

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

## Hospital Indemnity Coverage Benefits Summary

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
ICU Supplemental Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
Confinement Benefit (paid for up to 15 days per calendar year)	\$500 per day	\$1000 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day
Surgery Benefits	Low Plan Benefits	High Plan Benefits
All other inpatient Surgery	\$500 per day	\$1000 per day
Outpatient Surgery Benefit	\$250 per day	\$500 per day
Anesthesia Benefit		
General Anesthesia	\$125 per day	\$250 per day
Spinal or Epidural Anesthesia	\$125 per day	\$250 per day
Additional Care Benefits	Low Plan Benefits	High Plan Benefits
Ambulance Benefit		
Ground Ambulance Benefit	\$50 per day	\$100 per day
Diagnostic Procedure Benefit	\$75 per day	\$150 per day
Emergency Care Benefit		
Emergency Room	\$100 per day	\$200 per day
Physician Visit Benefit	\$35 per day	\$55 per day
Other Benefits	Low Plan Benefits	High Plan Benefits
Health Screening Benefit* - benefit provided for certain screening/prevention tests	\$50 for the day the measure is taken	\$100 for the day the measure is taken

\*The Health Screening Benefit is not available in all states.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;

Sickness does not include:

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

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

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

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a dependent child's routine childbirth and any well baby or nursing care provided to the dependent child's newborn child;
- the covered person's alcoholism, drug addiction, chemical dependency or complications thereof, except for any narcotic administered on the advice of a physician.

Additional Exclusions that Apply to Loss Due to Accident:



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

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

#### **Limitations:**

##### **Preexisting Condition Limitation**

The Certificate does not provide any benefits for treatment of a covered person for a Preexisting Condition during the first 3 months that such covered person is insured under the Certificate. This limitation does not apply to childbirth. (includes complications of pregnancy or routine child birth).

**Preexisting Condition** means a sickness for which, in the 12 months before a covered person becomes insured under the Certificate, medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician.

- 5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; you attain age 70; or you cease to be a member.
- 6) **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.
- 7) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

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

**OUTLINE OF COVERAGE**

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

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

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

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

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

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

## Hospital Indemnity Coverage Benefits Summary

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
ICU Supplemental Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
Confinement Benefit (paid for up to 15 days per calendar year)	\$500 per day	\$1000 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day
Surgery Benefits	Low Plan Benefits	High Plan Benefits
All other inpatient Surgery	\$500 per day	\$1000 per day
Outpatient Surgery Benefit	\$250 per day	\$500 per day
Anesthesia Benefit		
General Anesthesia	\$125 per day	\$250 per day
Spinal or Epidural Anesthesia	\$125 per day	\$250 per day
Additional Care Benefits	Low Plan Benefits	High Plan Benefits
Ambulance Benefit		
Ground Ambulance Benefit	\$50 per day	\$100 per day
Diagnostic Procedure Benefit	\$75 per day	\$150 per day
Emergency Care Benefit		
Emergency Room	\$100 per day	\$200 per day
Physician Visit Benefit	\$35 per day	\$55 per day
Other Benefits	Low Plan Benefits	High Plan Benefits
Health Screening Benefit* - benefit provided for certain screening/prevention tests	\$50 for the day the measure is taken	\$100 for the day the measure is taken

\* The Health Screening Benefit is not available in all states.

### 4) Exclusions and Limitations

#### Exclusions:

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

- complications of pregnancy;

Sickness does not include:

- routine pregnancy;
- routine childbirth;

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

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

- the covered person being under the influence of any narcotic unless administered on the advice of a physician;
- the covered person being intoxicated
- the covered person's suicide, attempted suicide, or intentionally self-inflicted injury;
- war, or act of war (whether declared or undeclared);
- the covered person's participation in a felony, riot or insurrection;
- the covered person's engagement in an illegal occupation;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;
- cosmetic surgery, except when such surgery is performed to reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness;
- the covered person's mental or emotional disorder;
- the covered person's service in the armed forces or any auxiliary unit of the armed forces;

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility;
- services or treatment received outside of the United States, Canada or Mexico.

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

The Certificate does not provide benefits for:

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

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

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

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

## **Limitations:**

### **Preexisting Condition Limitation**

The Certificate does not provide any benefits for treatment of a covered person for a Preexisting Condition during the first 3 months that such covered person is insured under the Certificate.

This limitation does not apply to childbirth. (includes complications of pregnancy or routine child birth).

**Preexisting Condition** means a sickness for which, in the 12 months before a covered person becomes insured under the Certificate, medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician.

- 5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; you attain age 70; or you cease to be a member.
- 6) **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.
- 7) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

**THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.  
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HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

**OUTLINE OF COVERAGE**

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

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

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

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

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

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



## Hospital Indemnity Coverage Benefits Summary

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
ICU Supplemental Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
Confinement Benefit (paid for up to 15 days per calendar year)	\$500 per day	\$1000 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day
Surgery Benefits	Low Plan Benefits	High Plan Benefits
All other inpatient Surgery	\$500 per day	\$1000 per day
Outpatient Surgery Benefit	\$250 per day	\$500 per day
Anesthesia Benefit		
General Anesthesia	\$125 per day	\$250 per day
Spinal or Epidural Anesthesia	\$125 per day	\$250 per day
Additional Care Benefits	Low Plan Benefits	High Plan Benefits
Ambulance Benefit		
Ground Ambulance Benefit	\$50 per day	\$100 per day
Diagnostic Procedure Benefit	\$75 per day	\$150 per day
Emergency Care Benefit		
Emergency Room	\$100 per day	\$200 per day
Physician Visit Benefit	\$35 per day	\$55 per day
Other Benefits	Low Plan Benefits	High Plan Benefits
Health Screening Benefit* - benefit provided for certain screening/prevention tests	\$50 for the day the measure is taken	\$100 for the day the measure is taken

\* The Health Screening Benefit is not available in all states.

### 4) Exclusions and Limitations

#### Exclusions:

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

- complications of pregnancy;

Sickness does not include:

- routine pregnancy;
- routine childbirth;

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

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

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

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Accident:

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

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

### **Limitations:**

#### **Preexisting Condition Limitation**

The Certificate does not provide any benefits for treatment of a covered person for a Preexisting Condition during the first 3 months that such covered person is insured under the Certificate. This limitation does not apply to routine childbirth. (includes complications of pregnancy or routine child birth).

**Preexisting Condition** means a sickness for which, in the 12 months before a covered person becomes insured under the Certificate, medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician.

- 5) When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; you attain age 70; or you cease to be a member.
- 6) 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.
- 7) Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



## **METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**

### **GROUP HOSPITAL INDEMNITY COVERAGE**

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

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

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

### **OUTLINE OF COVERAGE**

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

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

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

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

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

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

## Hospital Indemnity Coverage Benefits Summary

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
ICU Supplemental Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
Confinement Benefit (paid for up to 15 days per calendar year)	\$500 per day	\$1000 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day
Surgery Benefits	Low Plan Benefits	High Plan Benefits
All other inpatient Surgery	\$500 per day	\$1000 per day
Outpatient Surgery Benefit	\$250 per day	\$500 per day
Anesthesia Benefit		
General Anesthesia	\$125 per day	\$250 per day
Spinal or Epidural Anesthesia	\$125 per day	\$250 per day
Additional Care Benefits	Low Plan Benefits	High Plan Benefits
Ambulance Benefit		
Ground Ambulance Benefit	\$50 per day	\$100 per day
Diagnostic Procedure Benefit	\$75 per day	\$150 per day
Emergency Care Benefit		
Emergency Room	\$100 per day	\$200 per day
Physician Visit Benefit	\$35 per day	\$55 per day
Other Benefits	Low Plan Benefits	High Plan Benefits
Health Screening Benefit* - benefit provided for certain screening/prevention tests	\$50 for the day the measure is taken	\$100 for the day the measure is taken

\* The Health Screening Benefit is not available in all states.

### 4) Exclusions and Limitations

#### Exclusions:

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

- complications of pregnancy;

Sickness does not include:

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

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

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

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Accident:

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

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

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

#### **Limitations:**

##### **Preexisting Condition Limitation**

The Certificate does not provide any benefits for treatment of a covered person for a Preexisting Condition during the first 3 months that such covered person is insured under the Certificate. This limitation does not apply to childbirth. (includes complications of pregnancy or routine child birth).

**Preexisting Condition** means a sickness for which, in the 12 months before a covered person becomes insured under the Certificate, medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician.

- 5) When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; you attain age 70; or you cease to be a member.
- 6) 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.
- 7) Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.



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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

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**OUTLINE OF COVERAGE**

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

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

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

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

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

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

## Hospital Indemnity Coverage Benefits Summary

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
ICU Supplemental Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
Confinement Benefit (paid for up to 15 days per calendar year)	\$500 per day	\$1000 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day
Surgery Benefits	Low Plan Benefits	High Plan Benefits
All other inpatient Surgery	\$500 per day	\$1000 per day
Outpatient Surgery Benefit	\$250 per day	\$500 per day
Anesthesia Benefit		
General Anesthesia	\$125 per day	\$250 per day
Spinal or Epidural Anesthesia	\$125 per day	\$250 per day
Additional Care Benefits	Low Plan Benefits	High Plan Benefits
Ambulance Benefit		
Ground Ambulance Benefit	\$50 per day	\$100 per day
Diagnostic Procedure Benefit	\$75 per day	\$150 per day
Emergency Care Benefit		
Emergency Room	\$100 per day	\$200 per day
Physician Visit Benefit	\$35 per day	\$55 per day
Other Benefits	Low Plan Benefits	High Plan Benefits
Health Screening Benefit* - benefit provided for certain screening/prevention tests	\$50 for the day the measure is taken	\$100 for the day the measure is taken

\* The Health Screening Benefit is not available in all states.

### 4) Exclusions and Limitations

#### Exclusions:

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

- complications of pregnancy;

Sickness does not include:

- routine pregnancy;
- routine childbirth;

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

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

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

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Accident:

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

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

### **Limitations:**

#### **Preexisting Condition Limitation**

The Certificate does not provide any benefits for treatment of a covered person for a Preexisting Condition during the first 3 months that such covered person is insured under the Certificate. This limitation does not apply to childbirth. (includes complications of pregnancy or routine child birth).

**Preexisting Condition** means a sickness for which, in the 12 months before a covered person becomes insured under the Certificate, medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician.

- 5) When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; you attain age 70; or you cease to be a member.
- 6) 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.
- 7) Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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**OUTLINE OF COVERAGE**

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

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

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

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

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

**Hospital Indemnity Coverage  
Benefits Summary**

<b>Hospital Benefits</b>	<b>Low Plan Benefits</b>	<b>High Plan Benefits</b>
Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
ICU Supplemental Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
Confinement Benefit (paid for up to 31 days per confinement)	\$500 per day	\$1000 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per confinement)	\$100 per day	\$200 per day
<b>Surgery Benefits</b>	<b>Low Plan Benefits</b>	<b>High Plan Benefits</b>
All other inpatient Surgery	\$500 per day	\$1000 per day
Outpatient Surgery Benefit	\$250 per day	\$500 per day
Anesthesia Benefit		
General Anesthesia	\$125 per day	\$250 per day
Spinal or Epidural Anesthesia	\$125 per day	\$250 per day
<b>Additional Care Benefits</b>	<b>Low Plan Benefits</b>	<b>High Plan Benefits</b>
Ambulance Benefit		
Ground Ambulance Benefit	\$50 per day	\$100 per day
Diagnostic Procedure Benefit	\$75 per day	\$150 per day
Emergency Care Benefit		
Emergency Room	\$100 per day	\$200 per day
Physician Visit Benefit	\$35 per day	\$55 per day
<b>Other Benefits</b>	<b>Low Plan Benefits</b>	<b>High Plan Benefits</b>
Health Screening Benefit* - benefit provided for certain screening/prevention tests	\$50 for the day the measure is taken	\$100 for the day the measure is taken

\* The Health Screening Benefit is not available in all states.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;

Sickness does not include:

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

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

- the covered person's voluntary use, by any means, of:



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

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Accident:

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

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

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

#### **Limitations:**

##### **Preexisting Condition Limitation**

The Certificate does not provide any benefits for treatment of a covered person for a Preexisting Condition during the first 3 months that such covered person is insured under the Certificate. This limitation does not apply to childbirth. (includes complications of pregnancy or routine child birth).

**Preexisting Condition** means a sickness for which, in the 12 months before a covered person becomes insured under the Certificate, medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician.

- 5) When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; you attain age 70; or you cease to be a member.
- 6) 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.
- 7) Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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**OUTLINE OF COVERAGE**

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

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

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

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

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

## Hospital Indemnity Coverage Benefits Summary

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
ICU Supplemental Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
Confinement Benefit (paid for up to 15 days per calendar year)	\$500 per day	\$1000 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day
Surgery Benefits	Low Plan Benefits	High Plan Benefits
All other inpatient Surgery	\$500 per day	\$1000 per day
Outpatient Surgery Benefit	\$250 per day	\$500 per day
Anesthesia Benefit		
General Anesthesia	\$125 per day	\$250 per day
Spinal or Epidural Anesthesia	\$125 per day	\$250 per day
Additional Care Benefits	Low Plan Benefits	High Plan Benefits
Ambulance Benefit		
Ground Ambulance Benefit	\$50 per day	\$100 per day
Diagnostic Procedure Benefit	\$75 per day	\$150 per day
Emergency Care Benefit		
Emergency Room	\$100 per day	\$200 per day
Physician Visit Benefit	\$35 per day	\$55 per day
Other Benefits	Low Plan Benefits	High Plan Benefits
Health Screening Benefit* - benefit provided for certain screening/prevention tests	\$50 for the day the measure is taken	\$100 for the day the measure is taken

\* The Health Screening Benefit is not available in all states.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;

Sickness does not include:

- routine pregnancy;

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

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

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

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Accident:

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

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

#### **Limitations:**

##### **Preexisting Condition Limitation**

The Certificate does not provide any benefits for treatment of a covered person for a Preexisting Condition during the first 3 months that such covered person is insured under the Certificate. This limitation does not apply to childbirth. (includes complications of pregnancy or routine child birth).

**Preexisting Condition** means a sickness for which, in the 12 months before a covered person becomes insured under the Certificate, medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician.

- 5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; you attain age 70; or you cease to be a member.
- 6) **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.
- 7) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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

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

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

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

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

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

## Hospital Indemnity Coverage Benefits Summary

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$675 for the day of admission	\$1375 for the day of admission
ICU Supplemental Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
Confinement Benefit (paid for up to 31 days per confinement)	\$500 per day	\$1000 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per confinement)	\$100 per day	\$200 per day
Additional Care Benefits	Low Plan Benefits	High Plan Benefits
Ambulance Benefit		
Ground Ambulance Benefit	\$50 per day	\$100 per day
Emergency Care Benefit		
Emergency Room	\$100 per day	\$200 per day

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;

Sickness does not include:

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

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

- the voluntary use of a controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (the Controlled Substances Act), as now or hereafter amended, unless prescribed by the covered person's physician for the covered person;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;

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

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Accident:

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

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

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

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

**Limitations:**

**Preexisting Condition Limitation**

The Certificate does not provide any benefits for treatment of a covered person for a Preexisting Condition during the first 3 months that such covered person is insured under the Certificate. This limitation does not apply to childbirth. (includes complications of pregnancy or routine child birth).

**Preexisting Condition** means a sickness for which, in the 12 months before a covered person becomes insured under the Certificate, medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician.

- 5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; you attain age 70; or you cease to be a member.
- 6) **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.
- 7) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

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

**OUTLINE OF COVERAGE**

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

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

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

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

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

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

## Hospital Indemnity Coverage Benefits Summary

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
ICU Supplemental Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
Confinement Benefit (paid for up to 15 days per calendar year)	\$500 per day	\$1000 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day
Surgery Benefits	Low Plan Benefits	High Plan Benefits
All other inpatient Surgery	\$500 per day	\$1000 per day
Outpatient Surgery Benefit	\$250 per day	\$500 per day
Anesthesia Benefit		
General Anesthesia	\$125 per day	\$250 per day
Spinal or Epidural Anesthesia	\$125 per day	\$250 per day
Additional Care Benefits	Low Plan Benefits	High Plan Benefits
Ambulance Benefit		
Ground Ambulance Benefit	\$50 per day	\$100 per day
Diagnostic Procedure Benefit	\$75 per day	\$150 per day
Emergency Care Benefit		
Emergency Room	\$100 per day	\$200 per day
Physician Visit Benefit	\$35 per day	\$55 per day
Other Benefits	Low Plan Benefits	High Plan Benefits
Health Screening Benefit* - benefit provided for certain screening/prevention tests	\$50 for the day the measure is taken	\$100 for the day the measure is taken

\* The Health Screening Benefit is not available in all states.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;

Sickness does not include:

- routine pregnancy;

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

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

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

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Accident:

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



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

### **Limitations:**

#### **Preexisting Condition Limitation**

The Certificate does not provide any benefits for treatment of a covered person for a Preexisting Condition during the first 3 months that such covered person is insured under the Certificate. This limitation does not apply to childbirth. (includes complications of pregnancy or routine child birth).

**Preexisting Condition** means a sickness for which, in the 12 months before a covered person becomes insured under the Certificate, medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician.

- 5) When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; you attain age 70; or you cease to be a member.
- 6) 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.
- 7) Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

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**OUTLINE OF COVERAGE**

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

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

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

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

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

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

## Hospital Indemnity Coverage Benefits Summary

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
ICU Supplemental Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
Confinement Benefit (paid for up to 15 days per calendar year)	\$500 per day	\$1000 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day
Surgery Benefits	Low Plan Benefits	High Plan Benefits
All other inpatient Surgery	\$500 per day	\$1000 per day
Outpatient Surgery Benefit	\$250 per day	\$500 per day
Anesthesia Benefit		
General Anesthesia	\$125 per day	\$250 per day
Spinal or Epidural Anesthesia	\$125 per day	\$250 per day
Additional Care Benefits	Low Plan Benefits	High Plan Benefits
Ambulance Benefit		
Ground Ambulance Benefit	\$50 per day	\$100 per day
Diagnostic Procedure Benefit	\$75 per day	\$150 per day
Emergency Care Benefit		
Emergency Room	\$100 per day	\$200 per day
Physician Visit Benefit	\$35 per day	\$55 per day
Other Benefits	Low Plan Benefits	High Plan Benefits
Health Screening Benefit* - benefit provided for certain screening/prevention tests	\$50 for the day the measure is taken	\$100 for the day the measure is taken
Second Opinion Benefit (paid no more than one time per calendary year)	\$25 per day	\$25 per day

\* The Health Screening Benefit is not available in all states.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;

Sickness does not include:

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

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

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

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility;
- any claim for health care services that the appropriate regulatory board determines were provided as a result of a prohibited referral under § 1-302 of the Health Occupations Article;
- any of the following services or treatment received outside of the United States, Canada or Mexico:
  - any medical or healthcare treatment, services or transportation; or
  - any inpatient admission or stay in any medical or health care facility.

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

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

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

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

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

#### Limitations:

##### **Preexisting Condition Limitation**

The Certificate does not provide any benefits for treatment of a covered person for a Preexisting Condition during the first 3 months that such covered person is insured under the Certificate.

This limitation does not apply to childbirth. (includes complications of pregnancy or routine child birth).

**Preexisting Condition** means a sickness for which, in the 12 months before a covered person becomes insured under the Certificate, medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician.

The Preexisting Condition Limitation provision does not apply to days of confinement that take place after the preexisting condition limitation period has expired.

- 5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; you attain age 70; or you cease to be a member.
- 6) **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.
- 7) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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**OUTLINE OF COVERAGE**

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

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

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

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

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



## Hospital Indemnity Coverage Benefits Summary

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
ICU Supplemental Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
Confinement Benefit (paid for up to 15 days per calendar year)	\$500 per day	\$1000 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day
Surgery Benefits	Low Plan Benefits	High Plan Benefits
Outpatient Surgery Benefit	\$250 per day	\$500 per day
Anesthesia Benefit		
General Anesthesia	\$125 per day	\$250 per day
Spinal or Epidural Anesthesia	\$125 per day	\$250 per day
Additional Care Benefits	Low Plan Benefits	High Plan Benefits
Ambulance Benefit		
Ground Ambulance Benefit	\$50 per day	\$100 per day
Diagnostic Procedure Benefit	\$75 per day	\$150 per day
Emergency Care Benefit		
Emergency Room	\$100 per day	\$200 per day
Physician Visit Benefit	\$35 per day	\$55 per day
Other Benefits	Low Plan Benefits	High Plan Benefits
Health Screening Benefit* - benefit provided for certain screening/prevention tests	\$50 for the day the measure is taken	\$100 for the day the measure is taken

\* The Health Screening Benefit is not available in all states.

### 4) Exclusions and Limitations

#### Exclusions:

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

Sickness does not include:

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

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

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

In addition, the Certificate does not provide benefits for:

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

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

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

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

**Limitations:**

**Preexisting Condition Limitation**

The Certificate does not provide any benefits for treatment of a covered person for a Preexisting Condition during the first 3 months that such covered person is insured under the Certificate. This limitation does not apply to childbirth. (includes complications of pregnancy or routine child birth).

**Preexisting Condition** means a sickness except pregnancy for which, in the 6 months before a covered person becomes insured under the Certificate, medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician.

- 5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; you attain age 70; or you cease to be a member.
- 6) **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.
- 7) **Premiums.** The premium rates for this insurance take into consideration benefit levels, the demographics of the insured group, the applicable industry, and other risk related rating factors. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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

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

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

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

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

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

**OUTLINE OF COVERAGE**

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

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

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

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

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

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

## Hospital Indemnity Coverage Benefits Summary

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
ICU Supplemental Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
Confinement Benefit (paid for up to 15 days per calendar year)	\$500 per day	\$1000 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day
Surgery Benefits	Low Plan Benefits	High Plan Benefits
All other inpatient Surgery	\$500 per day	\$1000 per day
Outpatient Surgery Benefit	\$250 per day	\$500 per day
Anesthesia Benefit		
General Anesthesia	\$125 per day	\$250 per day
Spinal or Epidural Anesthesia	\$125 per day	\$250 per day
Additional Care Benefits	Low Plan Benefits	High Plan Benefits
Ambulance Benefit		
Ground Ambulance Benefit	\$50 per day	\$100 per day
Diagnostic Procedure Benefit	\$75 per day	\$150 per day
Emergency Care Benefit		
Emergency Room	\$100 per day	\$200 per day
Physician Visit Benefit	\$35 per day	\$55 per day
Other Benefits	Low Plan Benefits	High Plan Benefits
Health Screening Benefit* - benefit provided for certain screening/prevention tests	\$50 for the day the measure is taken	\$100 for the day the measure is taken

\* The Health Screening Benefit is not available in all states.

### 4) Exclusions and Limitations

#### Exclusions:

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

- complications of pregnancy;

Sickness does not include:

- routine pregnancy;
- routine childbirth;

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

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

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

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Accident:

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

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident.  
For purposes of this exclusion:

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

### **Limitations:**

#### **Preexisting Condition Limitation**

The Certificate does not provide any benefits for treatment of a covered person for a Preexisting Condition during the first 3 months that such covered person is insured under the Certificate. This limitation does not apply to childbirth. (includes complications of pregnancy or routine child birth).

**Preexisting Condition** means a sickness for which, in the 12 months before a covered person becomes insured under the Certificate, medical advice, treatment or care received from a physician.

- 5) When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; you attain age 70; or you cease to be a member.
- 6) 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.
- 7) Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.



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



**METROPOLITAN LIFE INSURANCE COMPANY (“MetLife”)**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

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

**OUTLINE OF COVERAGE**

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

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

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

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

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

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

### Hospital Indemnity Coverage Benefits Summary

<b>Hospital Benefits</b>	<b>Low Plan Benefits</b>	<b>High Plan Benefits</b>
Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
ICU Supplemental Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
Confinement Benefit (paid for up to N days per calendar year)	\$500 per day	\$1000 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day
<b>Surgery Benefits</b>	<b>Low Plan Benefits</b>	<b>High Plan Benefits</b>
All other inpatient Surgery	\$500 per day	\$1000 per day
Outpatient Surgery Benefit	\$250 per day	\$500 per day
Anesthesia Benefit		
General Anesthesia	\$125 per day	\$250 per day
Spinal or Epidural Anesthesia	\$125 per day	\$250 per day
<b>Additional Care Benefits</b>	<b>Low Plan Benefits</b>	<b>High Plan Benefits</b>
Ambulance Benefit		
Ground Ambulance Benefit	\$50 per day	\$100 per day
Diagnostic Procedure Benefit	\$75 per day	\$150 per day
Emergency Care Benefit		
Emergency Room	\$100 per day	\$200 per day
Physician Visit Benefit	\$35 per day	\$55 per day
<b>Other Benefits</b>	<b>Low Plan Benefits</b>	<b>High Plan Benefits</b>
Health Screening Benefit* - benefit provided for certain screening/prevention tests	\$50 for the day the measure is taken	\$100 for the day the measure is taken

\* The Health Screening Benefit is not available in all states.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;

Sickness does not include:

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

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

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

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

- a covered person's routine pregnancy;

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

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

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

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

#### Limitations:

##### Preexisting Condition Limitation

The Certificate does not provide any benefits for treatment of a covered person for a Preexisting Condition during the first 3 months that such covered person is insured under the Certificate. This limitation does not apply to childbirth. (includes complications of pregnancy or routine child birth).

**Preexisting Condition** means a sickness for which, in the 12 months before a covered person becomes insured under the Certificate, medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician.

- 5) When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; you attain age 70; or you cease to be a member.
- 6) 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.

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

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

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**OUTLINE OF COVERAGE**

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

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

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

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

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

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

**Hospital Indemnity Coverage  
Benefits Summary**



<b>Hospital Benefits</b>	<b>Low Plan Benefits</b>	<b>High Plan Benefits</b>
Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
ICU Supplemental Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
Confinement Benefit (paid for up to 15 days per calendar year)	\$500 per day	\$1000 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day
<b>Surgery Benefits</b>	<b>Low Plan Benefits</b>	<b>High Plan Benefits</b>
All other inpatient Surgery	\$500 per day	\$1000 per day
Outpatient Surgery Benefit	\$250 per day	\$500 per day
Anesthesia Benefit		
General Anesthesia	\$125 per day	\$250 per day
Spinal or Epidural Anesthesia	\$125 per day	\$250 per day
<b>Additional Care Benefits</b>	<b>Low Plan Benefits</b>	<b>High Plan Benefits</b>
Ambulance Benefit		
Ground Ambulance Benefit	\$50 per day	\$100 per day
Diagnostic Procedure Benefit	\$75 per day	\$150 per day
Emergency Care Benefit		
Emergency Room	\$100 per day	\$200 per day
Physician Visit Benefit	\$35 per day	\$55 per day
<b>Other Benefits</b>	<b>Low Plan Benefits</b>	<b>High Plan Benefits</b>
Health Screening Benefit* - benefit provided for certain screening/prevention tests	\$50 for the day the measure is taken	\$100 for the day the measure is taken

\* The Health Screening Benefit is not available in all states.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;

Sickness does not include:

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

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

- the covered person's volutnary and felonious use, by any means, of:

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

In addition, the Certificate does not provide benefits for:

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

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

The Certificate does not provide benefits for:

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

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

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

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

- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

**Limitations:**

**Preexisting Condition Limitation**

The Certificate does not provide any benefits for treatment of a covered person for a Preexisting Condition during the first 3 months that such covered person is insured under the Certificate. This limitation does not apply to childbirth. (includes complications of pregnancy or routine child birth).

**Preexisting Condition** means a sickness for which, in the 12 months before a covered person becomes insured under the Certificate, medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician.

- 5) **When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; you attain age 70; or you cease to be a member.
- 6) **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.
- 7) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

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

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

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

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

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

**DISCLOSURE STATEMENT**

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

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

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

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

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

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

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

**Hospital Indemnity Coverage  
Benefits Summary**

<b>Hospital Benefits</b>	<b>Low Plan Benefits</b>	<b>High Plan Benefits</b>
Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
ICU Supplemental Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
Confinement Benefit (paid for up to 15 days per calendar year)	\$500 per day	\$1000 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day
<b>Surgery Benefits</b>	<b>Low Plan Benefits</b>	<b>High Plan Benefits</b>
All other inpatient Surgery	\$500 per day	\$1000 per day
Outpatient Surgery Benefit	\$250 per day	\$500 per day
Anesthesia Benefit		
General Anesthesia	\$125 per day	\$250 per day
Spinal or Epidural Anesthesia	\$125 per day	\$250 per day
<b>Additional Care Benefits</b>	<b>Low Plan Benefits</b>	<b>High Plan Benefits</b>
Ambulance Benefit		
Ground Ambulance Benefit	\$50 per day	\$100 per day
Diagnostic Procedure Benefit	\$75 per day	\$150 per day
Emergency Care Benefit		
Emergency Room	\$100 per day	\$200 per day
Physician Visit Benefit	\$35 per day	\$55 per day

Other Benefits	Low Plan Benefits	High Plan Benefits
Health Screening Benefit* - benefit provided for certain screening/prevention tests	\$50 for the day the measure is taken	\$100 for the day the measure is taken

\* The Health Screening Benefit is not available in all states.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;

Sickness does not include:

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

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

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

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

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility;

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

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

The Certificate does not provide benefits for:

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

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

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

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

**Limitations:**

**Preexisting Condition Limitation**

The Certificate does not provide any benefits for treatment of a covered person for a Preexisting Condition during the first 3 months that such covered person is insured under the Certificate.

This limitation does not apply to childbirth. (includes complications of pregnancy or routine child birth).

**Preexisting Condition** means a sickness for which, in the 12 months before a covered person becomes insured under the Certificate, medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician.

**5) When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; you attain age 70; or you cease to be a member.

**6) 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.



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

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

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

**OUTLINE OF COVERAGE**

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

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

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

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

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

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

## Hospital Indemnity Coverage Benefits Summary

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
ICU Supplemental Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
Confinement Benefit (paid for up to 31 days per confinement)	\$500 per day	\$1000 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per confinement)	\$100 per day	\$200 per day
Surgery Benefits	Low Plan Benefits	High Plan Benefits
All other inpatient Surgery	\$500 per day	\$1000 per day
Outpatient Surgery Benefit	\$250 per day	\$500 per day
Anesthesia Benefit		
General Anesthesia	\$125 per day	\$250 per day
Spinal or Epidural Anesthesia	\$125 per day	\$250 per day
Additional Care Benefits	Low Plan Benefits	High Plan Benefits
Ambulance Benefit		
Ground Ambulance Benefit	\$50 per day	\$100 per day
Diagnostic Procedure Benefit	\$75 per day	\$150 per day
Emergency Care Benefit		
Emergency Room	\$100 per day	\$200 per day
Physician Visit Benefit	\$35 per day	\$55 per day
Other Benefits	Low Plan Benefits	High Plan Benefits
Health Screening Benefit* - benefit provided for certain screening/prevention tests	\$50 for the day the measure is taken	\$100 for the day the measure is taken

\* The Health Screening Benefit is not available in all states.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;

Sickness does not include:

- routine pregnancy;

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

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

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

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Accident:

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

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

### **Limitations:**

#### **Preexisting Condition Limitation**

The Certificate does not provide any benefits for treatment of a covered person for a Preexisting Condition during the first 3 months that such covered person is insured under the Certificate. This limitation does not apply to childbirth. (includes complications of pregnancy or routine child birth).

**Preexisting Condition** means a sickness for which, in the 12 months before a covered person becomes insured under the Certificate, medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician.

- 5) When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; you attain age 70; or you cease to be a member.
- 6) 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.
- 7) Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

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

**OUTLINE OF COVERAGE**

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

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

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

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

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

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



## Hospital Indemnity Coverage Benefits Summary

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
ICU Supplemental Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
Confinement Benefit (paid for up to 15 days per calendar year)	\$500 per day	\$1000 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day
Surgery Benefits	Low Plan Benefits	High Plan Benefits
All other inpatient Surgery	\$500 per day	\$1000 per day
Outpatient Surgery Benefit	\$250 per day	\$500 per day
Anesthesia Benefit		
General Anesthesia	\$125 per day	\$250 per day
Spinal or Epidural Anesthesia	\$125 per day	\$250 per day
Additional Care Benefits	Low Plan Benefits	High Plan Benefits
Ambulance Benefit		
Ground Ambulance Benefit	\$50 per day	\$100 per day
Diagnostic Procedure Benefit	\$75 per day	\$150 per day
Emergency Care Benefit		
Emergency Room	\$100 per day	\$200 per day
Physician Visit Benefit	\$35 per day	\$55 per day
Other Benefits	Low Plan Benefits	High Plan Benefits
Health Screening Benefit* - benefit provided for certain screening/prevention tests	\$50 for the day the measure is taken	\$100 for the day the measure is taken

\* The Health Screening Benefit is not available in all states.

#### 4) Exclusions and Limitations

##### Exclusions:

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

- complications of pregnancy;

Sickness does not include:

- routine pregnancy;

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

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

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

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Accident:

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

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

### **Limitations:**

#### **Preexisting Condition Limitation**

The Certificate does not provide any benefits for treatment of a covered person for a Preexisting Condition during the first 3 months that such covered person is insured under the Certificate. This limitation does not apply to childbirth. (includes complications of pregnancy or routine child birth).

**Preexisting Condition** means a sickness for which, in the 12 months before a covered person becomes insured under the Certificate, medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician.

- 5) When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; you attain age 70; or you cease to be a member.
- 6) 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.
- 7) Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**

**GROUP HOSPITAL INDEMNITY COVERAGE  
GROUP POLICY FORM NO: GPNP12-AX-fp-2  
CERTIFICATE FORM NO: GCERT16-HI-fp**

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

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

**OUTLINE OF COVERAGE**

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

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

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

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

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

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

## Hospital Indemnity Coverage Benefits Summary

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$700 for the day of admission	\$1425 for the day of admission
ICU Supplemental Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
Confinement Benefit (paid for up to 31 days per confinement)	\$500 per day	\$1000 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per confinement)	\$100 per day	\$200 per day

### 4) Exclusions and Limitations

#### Exclusions:

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

- complications of pregnancy;

Sickness does not include:

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

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

- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection or riot;
- the covered person's participation in a felony;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;
- cosmetic surgery, except when such surgery is performed to:
  - treat an injury or sickness
  - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of a trauma, infection or other disease that results from an injury or sickness for which coverage is not otherwise excluded under this Certificate;

- reconstruct a part of the body which was disfigured or removed as a result of a congenital disease or congenital anomaly of a dependent child;
- the covered person's alcoholism or drug addiction;
- the covered person's mental or emotional disorders or treatment of such mental or emotional disorders, except for the covered person's use of:
  - any drug, medication or sedative that is taken or used as prescribed by a physician; or
  - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:

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

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

The Certificate does not provide benefits for:

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

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

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

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

## **Limitations:**

### **Preexisting Condition Limitation**

The Certificate does not provide any benefits for treatment of a covered person for a Preexisting Condition during the first 3 months that such covered person is insured under the Certificate. This limitation does not apply to childbirth. (includes complications of pregnancy or routine child birth).

**Preexisting Condition** means a sickness for which, in the 12 months before a covered person becomes insured under the Certificate, medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician.

**5) When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; you attain age 70; or you cease to be a member.

- 6) **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.
- 7) **Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.



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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

**THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.  
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HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM METLIFE.**

**OUTLINE OF COVERAGE**

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

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

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

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

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

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

## Hospital Indemnity Coverage Benefits Summary

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
ICU Supplemental Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
Confinement Benefit (paid for up to 15 days per calendar year)	\$500 per day	\$1000 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day
Surgery Benefits	Low Plan Benefits	High Plan Benefits
All other inpatient Surgery	\$500 per day	\$1000 per day
Outpatient Surgery Benefit	\$250 per day	\$500 per day
Anesthesia Benefit		
General Anesthesia	\$125 per day	\$250 per day
Spinal or Epidural Anesthesia	\$125 per day	\$250 per day
Additional Care Benefits	Low Plan Benefits	High Plan Benefits
Ambulance Benefit		
Ground Ambulance Benefit	\$50 per day	\$100 per day
Diagnostic Procedure Benefit	\$75 per day	\$150 per day
Emergency Care Benefit		
Emergency Room	\$100 per day	\$200 per day
Physician Visit Benefit	\$35 per day	\$55 per day
Other Benefits	Low Plan Benefits	High Plan Benefits
Health Screening Benefit* - benefit provided for certain screening/prevention tests	\$50 for the day the measure is taken	\$100 for the day the measure is taken

\* The Health Screening Benefit is not available in all states.

### 4) Exclusions and Limitations

#### Exclusions:

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

- complications of pregnancy;

Sickness does not include:

- routine pregnancy;
- routine childbirth;

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

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

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

In addition, the Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

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

Additional Exclusions that Apply to Loss Due to Accident:

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

- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident.  
For purposes of this exclusion:

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

### **Limitations:**

#### **Preexisting Condition Limitation**

The Certificate does not provide any benefits for treatment of a covered person for a Preexisting Condition during the first 3 months that such covered person is insured under the Certificate. This limitation does not apply to childbirth. (includes complications of pregnancy or routine child birth).

**Preexisting Condition** means a sickness for which, in the 12 months before a covered person becomes insured under the Certificate, medical advice, treatment or care was sought by the covered person, or, was recommended by, prescribed by or received from a physician.

- 5) When your insurance ends.** Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; you attain age 70; or you cease to be a member.
- 6) 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.
- 7) Premiums.** Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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

## Notice for New Mexico Residents

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

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

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

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

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

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

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

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



**METROPOLITAN LIFE INSURANCE COMPANY ("MetLife")**

**GROUP HOSPITAL INDEMNITY COVERAGE**

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

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

**OUTLINE OF COVERAGE**

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

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

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

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

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

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



## Hospital Indemnity Coverage Benefits Summary

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
ICU Supplemental Admission Benefit	\$500 for the day of admission	\$1000 for the day of admission
Confinement Benefit (paid for up to 15 days per calendar year)	\$500 per day	\$1000 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day
Surgery Benefits	Low Plan Benefits	High Plan Benefits
All other inpatient Surgery	\$500 per day	\$1000 per day
Outpatient Surgery Benefit	\$250 per day	\$500 per day
Anesthesia Benefit		
General Anesthesia	\$125 per day	\$250 per day
Spinal or Epidural Anesthesia	\$125 per day	\$250 per day
Additional Care Benefits	Low Plan Benefits	High Plan Benefits
Ambulance Benefit		
Ground Ambulance Benefit	\$50 per day	\$100 per day
Diagnostic Procedure Benefit	\$75 per day	\$150 per day
Emergency Care Benefit		
Emergency Room	\$100 per day	\$200 per day
Physician Visit Benefit	\$35 per day	\$55 per day
Other Benefits	Low Plan Benefits	High Plan Benefits
Health Screening Benefit* - benefit provided for certain screening/prevention tests	\$50 for the day the measure is taken	\$100 for the day the measure is taken

\* The Health Screening Benefit is not available in all states.

### 4) Exclusions and Limitations

#### Exclusions:

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

- complications of pregnancy;

Sickness does not include:

- routine pregnancy;
- routine childbirth;

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

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

- the covered person's voluntary use, by any means, of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative;
  - poison, gas, or fumes;
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- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
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- 6) Administration of insurance.** Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.
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