READ YOUR OUTLINE OF COVERAGE

Group Accident Insurance is provided under a Group Policy that has been issued to the Policyholder. The Policyholder is your employer: National Instruments.

The Outline of Coverage provides a very brief summary of the important features of the Group Accident 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:

<table>
<thead>
<tr>
<th>Alaska</th>
<th>Arkansas</th>
<th>Connecticut</th>
<th>Delaware</th>
<th>Idaho</th>
<th>Louisiana</th>
<th>Minnesota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mississippi</td>
<td>Montana</td>
<td>Nebraska</td>
<td>New Hampshire</td>
<td>New Mexico</td>
<td>North Carolina</td>
<td>North Dakota</td>
</tr>
<tr>
<td>Ohio</td>
<td>Oklahoma</td>
<td>Oregon</td>
<td>South Carolina</td>
<td>South Dakota</td>
<td>Utah</td>
<td>Vermont</td>
</tr>
<tr>
<td>Washington</td>
<td>West Virginia</td>
<td>Wisconsin</td>
<td>Wyoming</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: Texas.

Texas

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.
GROUP ACCIDENT INSURANCE

THE CERTIFICATE PROVIDES LIMITED BENEFITS:
THE CERTIFICATE PROVIDES BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY OR SICKNESS IN A HOSPITAL.
BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY
This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. 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 with respect to the coverage. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) ACCIDENT INSURANCE
Accident insurance coverage is designed to provide, to persons insured, coverage for certain losses resulting from an Accident ONLY, subject to any limitations contained in the Certificate. The Accident coverage is limited - it primarily provides hospital indemnity benefits in the form of a fixed daily benefit for confinement in a hospital for treatment of: Injuries resulting from an Accident; or, Sickness, subject to any limitations contained in the Certificate.

The Certificate does not provide for reimbursement of any medical expenses.

3) BENEFITS
The terms “You” and “Your” refer to the employee who becomes insured for the group insurance coverage described in this outline. The term “Covered Person” refers to a person for whom insurance is in effect under the Certificate.

Please be aware that the Certificate contains specific conditions, maximums, limitations, exclusions and proof requirements for the benefits described below.
### ACCIDENT - HOSPITAL BENEFITS

<table>
<thead>
<tr>
<th>Benefit</th>
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</thead>
<tbody>
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<td><strong>Accident - Hospital Admission Benefit:</strong></td>
<td></td>
</tr>
<tr>
<td>Non-ICU Hospital Admission</td>
<td>$2000</td>
</tr>
<tr>
<td>Intensive Care Unit Admission</td>
<td>$2000</td>
</tr>
<tr>
<td><strong>Accident - Hospital Confinement Benefit:</strong></td>
<td></td>
</tr>
<tr>
<td>Non-ICU Hospital Confinement</td>
<td>$200 per day, up to 31 days per Covered Person per Accident</td>
</tr>
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<td>Intensive Care Unit Confinement</td>
<td>$200 per day, up to 31 days per Covered Person per Accident</td>
</tr>
<tr>
<td><strong>Inpatient Rehabilitation Benefit</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year.</td>
</tr>
</tbody>
</table>

### SICKNESS - HOSPITAL BENEFITS

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Benefit Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sickness - Hospital Admission Benefit:</strong></td>
<td></td>
</tr>
<tr>
<td>Non-ICU Hospital Admission</td>
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</tr>
<tr>
<td>Intensive Care Unit Admission</td>
<td>$2000</td>
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<td></td>
</tr>
<tr>
<td>Non-ICU Hospital Confinement</td>
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</tr>
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<td>$200 per day, up to 31 days per Covered Person per Sickness</td>
</tr>
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</table>
4) DEFINITIONS

**Accident** means an act or event which:
- is unforeseen, unexpected and unanticipated;
- is definite as to time and place;
- is not a Sickness; and
- occurs while insurance is in effect.

The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

**Injury** means any bodily harm:
- that results directly from an Accident; and
- is not specifically excluded as set forth in the section of the Certificate titled Accident - Exclusions.

**Sickness** means:
- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

5) EXCLUSIONS

**Applicable to all Accident Benefits:**
We will not pay benefits for any loss for a Covered Person caused by the Covered Person’s Sickness, or the diagnosis or treatment of such Sickness, 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.

We will not pay benefits for any loss 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; or
  - 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;
- the Covered Person’s infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the Covered Person’s operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured’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;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the 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;
• 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; or
• 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.

In addition, we will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility; or
• any of the following outside of the United States, Canada or Mexico:
  • hospital admission or confinement; or
  • inpatient stay in a rehabilitation facility.

**Applicable to Sickness – Hospital Benefits:**
We will not pay benefits for any Covered Person’s Sickness that is 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; or
  • 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; or
• dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  • treat a Sickness;
  • correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  • reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
• the Covered Person’s mental illness, or the diagnosis or treatment of such illness;
• the Covered Person’s alcoholism, drug addiction, chemical dependency or complications thereof; or
• activities required by the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, We will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility;
• any hospital admission or confinement outside the United States, Canada or Mexico; or
• routine nursing or well baby care for a newborn child.
6) LIMITATIONS

Benefit Reduction Due to Age

A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person’s Attained Age.

Attained Age means the Covered Person’s age:
- on the date of an Accident, for all benefits that become payable because of the Accident; and
- on the date of hospital confinement, for all benefits that become payable under the Sickness – Hospital Benefits provisions.

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<th>Attained Age</th>
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<td>Any benefit payable will be reduced by 25% of the amount listed for that benefit in the Schedule if the Covered Person’s Attained Age is 65 to 69. For example, a $100 benefit, as listed in the Schedule, will be paid at $75 if the Covered Person’s Attained Age is 67.</td>
</tr>
<tr>
<td>70 or older</td>
<td>Any benefit payable will be reduced by 50% of the amount listed for that benefit in the Schedule if the Covered Person’s Attained Age is 70 or older. For example, a $100 benefit, as listed on the Schedule, will be paid at $50 if the Covered Person’s Attained Age is 72.</td>
</tr>
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</table>

If The Covered Person Is Confined in a Hospital For Both Injury And Sickness

If a Covered Person is confined in a hospital for both an Injury and Sickness at the same time, We will only pay benefits under the Accident – Hospital Benefits provisions the Certificate, and not the Sickness – Hospital Benefits provisions. In this case, if the Covered Person exhausts the Accident – Hospital Benefits and remains confined in a hospital for treatment of a Sickness, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit.

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:
- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person’s insurance will be without prejudice to an existing claim.

8) CONTINUATION OF INSURANCE

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as “Continued Insurance”. Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as “Group Billed Insurance”.

You may obtain Continued Insurance by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:
- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.
9) ADMINISTRATION OF INSURANCE
Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

10) PREMIUM
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.
GROUP ACCIDENT INSURANCE

THE CERTIFICATE PROVIDES LIMITED BENEFITS:
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2) ACCIDENT INSURANCE
Accident insurance coverage is designed to provide, to persons insured, coverage for certain losses resulting from an Accident ONLY, subject to any limitations contained in the Certificate. The coverage includes benefits for hospitalization in the form of a fixed daily benefit for treatment of: Injuries resulting from an Accident; or Sickness, subject to any limitations contained in the Certificate.

The Certificate does not provide for reimbursement of any medical expenses.

3) BENEFITS
The terms “You” and “Your” refer to the employee who becomes insured for the group insurance coverage described in this outline. The term “Covered Person” refers to a person for whom insurance is in effect under the Certificate.

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## SICKNESS - HOSPITAL BENEFITS

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4) DEFINITIONS

Accident means an act or event which:
- is unforeseen, unexpected and unanticipated;
- is definite as to time and place;
- is not a Sickness; and
- occurs while insurance is in effect.
The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

Injury means any bodily harm:
- that results directly from an Accident; and
- is not specifically excluded as set forth in the section of the Certificate titled Accident - Exclusions.

Sickness means:
- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

5) EXCLUSIONS

Applicable to all Accident Benefits:
We will not pay benefits for any loss for a Covered Person caused by the Covered Person’s Sickness, or the diagnosis or treatment of such Sickness, 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.

We will not pay benefits for any loss 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; or
  - 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;
- the Covered Person’s infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the Covered Person’s operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured’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;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the 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;
• 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.

In addition, we will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility; or
• any of the following outside of the United States, Canada or Mexico:
  • hospital admission or confinement; or
  • inpatient stay in a rehabilitation facility.

**Applicable to Sickness – Hospital Benefits:**
We will not pay benefits for any Covered Person’s Sickness that is 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; or
  • 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; or
• dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  • treat a Sickness;
  • correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  • reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
• the Covered Person’s mental illness, or the diagnosis or treatment of such illness;
• the Covered Person’s alcoholism, drug addiction, chemical dependency or complications thereof; or
• activities required by the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, We will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility;
• any hospital admission or confinement outside the United States, Canada or Mexico; or
• routine nursing or well baby care for a newborn child.
6) LIMITATIONS

Benefit Reduction Due to Age

A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person’s Attained Age.

Attained Age means the Covered Person’s age:
- on the date of an Accident, for all benefits that become payable because of the Accident; and
- on the date of hospital confinement, for all benefits that become payable under the Sickness – Hospital Benefits provisions.

<table>
<thead>
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<th>Attained Age</th>
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<tbody>
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If The Covered Person Is Confined in a Hospital For Both Injury And Sickness

If a Covered Person is confined in a hospital for both an Injury and Sickness at the same time, We will only pay benefits under the Accident – Hospital Benefits provisions the Certificate, and not the Sickness – Hospital Benefits provisions. In this case, if the Covered Person exhausts the Accident – Hospital Benefits and remains confined in a hospital for treatment of a Sickness, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit.

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:
- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person’s insurance will be without prejudice to an existing claim.

8) CONTINUATION OF INSURANCE

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as “Continued Insurance”. Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as “Group Billed Insurance”.

You may obtain Continued Insurance by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:
- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.
9) ADMINISTRATION OF INSURANCE
Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

10) PREMIUM
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.
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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 group insurance coverage provided by the Group Policy and Certificate. 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 with respect to the coverage. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) ACCIDENT INSURANCE
Accident insurance coverage is designed to provide, to persons insured, coverage for certain losses resulting from an Accident ONLY, subject to any limitations contained in the Certificate. The Accident coverage is limited - it primarily provides hospital indemnity benefits in the form of a fixed daily benefit for confinement in a hospital for treatment of: Injuries resulting from an Accident; or, Sickness, subject to any limitations contained in the Certificate.

The Certificate does not provide for reimbursement of any medical expenses.

3) BENEFITS
The terms “You” and “Your” refer to the employee who becomes insured for the group insurance coverage described in this outline. The term “Covered Person” refers to a person for whom insurance is in effect under the Certificate.

Please be aware that the Certificate contains specific conditions, maximums, limitations, exclusions and proof requirements for the benefits described below.
ACCIDENT - HOSPITAL BENEFITS*

**Accident - Hospital Admission Benefit:**
- Non-ICU Hospital Admission
- Intensive Care Unit Admission

**Accident - Hospital Confinement Benefit:**
- Non-ICU Hospital Confinement
- Intensive Care Unit Confinement

**Inpatient Rehabilitation Benefit**

SICKNESS - HOSPITAL BENEFITS*

**Sickness - Hospital Admission Benefit:**
- Non-ICU Hospital Admission
- Intensive Care Unit Admission

**Sickness - Hospital Confinement Benefit:**
- Non-ICU Hospital Confinement
- Intensive Care Unit Confinement

*Confinement* means the assignment to a bed as a resident inpatient in a hospital (including an intensive care unit of a hospital) on the advice of a physician or confinement in an observation area within a hospital for a period of no less than 20 continuous hours on the advice of a physician.

<table>
<thead>
<tr>
<th>Benefit</th>
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<tbody>
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4) DEFINITIONS

**Accident** means an act or event which:
- is unforeseen, unexpected and unanticipated;
- is definite as to time and place;
- is not a Sickness; and
- occurs while insurance is in effect.

The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

**Injury** means any bodily harm:
- that results directly from an Accident; and
- is not specifically excluded as set forth in the section of the Certificate titled Accident - Exclusions.

**Sickness** means:
- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

5) EXCLUSIONS

**Applicable to all Accident Benefits:**

We will not pay benefits for any loss for a Covered Person caused by the Covered Person’s Sickness, or the diagnosis or treatment of such Sickness, 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.

We will not pay benefits for any loss 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; or
  - 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;
- the Covered Person’s infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the Covered Person’s operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured’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;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the 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;
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; or
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.

In addition, we will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility; or
• any of the following outside of the United States, Canada or Mexico:
  • hospital admission or confinement; or
  • inpatient stay in a rehabilitation facility.

Applicable to Sickness – Hospital Benefits:
We will not pay benefits for any Covered Person’s Sickness that is 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; or
  • poison, gas, or fumes;
• the Covered Person’s suicide or attempted suicide (while sane or insane);
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• the Covered Person’s engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred; or
• dental or plastic surgery for cosmetic purposes, except when such Surgery is performed to:
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  • correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  • reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
• the Covered Person’s mental illness, or the diagnosis or treatment of such illness;
• the Covered Person’s alcoholism, drug addiction, chemical dependency or complications thereof; or
• activities required by the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, We will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility;
• any hospital admission or confinement outside the United States, Canada or Mexico; or
• routine nursing or well baby care for a newborn child.
6) LIMITATIONS

Benefit Reduction Due to Age

A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person’s Attained Age.

Attained Age means the Covered Person’s age:

- on the date of an Accident, for all benefits that become payable because of the Accident; and
- on the date of hospital confinement, for all benefits that become payable under the Sickness – Hospital Benefits provisions.

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If The Covered Person Is Confined in a Hospital For Both Injury And Sickness

If a Covered Person is confined in a hospital for both an Injury and Sickness at the same time, We will only pay benefits under the Accident – Hospital Benefits provisions the Certificate, and not the Sickness – Hospital Benefits provisions. In this case, if the Covered Person exhausts the Accident – Hospital Benefits and remains confined in a hospital for treatment of a Sickness, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit.

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person’s insurance will be without prejudice to an existing claim.

8) CONTINUATION OF INSURANCE

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as “Continued Insurance”. Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as “Group Billed Insurance”.

You may obtain Continued Insurance by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.
9) ADMINISTRATION OF INSURANCE
Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

10) PREMIUM
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.
GROUP ACCIDENT INSURANCE

THE CERTIFICATE PROVIDES LIMITED BENEFITS:
THE CERTIFICATE PROVIDES BENEFITS FOR TREATMENT OF
AN ACCIDENTAL INJURY OR SICKNESS IN A HOSPITAL.
BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL
EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE
WHEN YOU ENROLL FOR THIS INSURANCE.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE –
IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO
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The Certificate does not provide for reimbursement of any medical expenses.

3) BENEFITS
The terms “You” and “Your” refer to the employee who becomes insured for the group insurance coverage
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Accident means an act or event which:
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- is not a Sickness; and
- occurs while insurance is in effect.
The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

Injury means any bodily harm:
- that results directly from an Accident; and
- is not specifically excluded as set forth in the section of the Certificate titled Accident - Exclusions.

Sickness means:
- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

5) EXCLUSIONS
Applicable to all Accident Benefits:
We will not pay benefits for any loss for a Covered Person caused by the Covered Person’s Sickness, or the diagnosis or treatment of such Sickness, 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.

We will not pay benefits for any loss for a Covered Person caused or contributed to by:
- the Covered Person’s voluntary use, by any means, of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as 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;
- the Covered Person’s infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the Covered Person’s operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured’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;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the 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;
- 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; or
• 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.

In addition, we will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility; or
• any of the following outside of the United States, Canada or Mexico:
  • hospital admission or confinement; or
  • inpatient stay in a rehabilitation facility.

**Applicable to Sickness – Hospital Benefits:**
We will not pay benefits for any Covered Person’s Sickness that is caused or contributed to by:
• the Covered Person’s voluntary use, by any means, of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as 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; or
• dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  • treat a Sickness;
  • correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  • reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
• the Covered Person’s mental illness, or the diagnosis or treatment of such illness; or
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In addition, We will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility;
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• routine nursing or well baby care for a newborn child.
6) LIMITATIONS
Benefit Reduction Due to Age
A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person’s Attained Age.

Attained Age means the Covered Person’s age:
- on the date of an Accident, for all benefits that become payable because of the Accident; and
- on the date of hospital confinement, for all benefits that become payable under the Sickness – Hospital Benefits provisions.

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Your insurance will end on the earliest of:
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- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person’s insurance will be without prejudice to an existing claim.

The group policyholder agrees to provide You with at least 15 days advance notice prior to cancellation or discontinuance of the Group Policy.

8) CONTINUATION OF INSURANCE
Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as “Continued Insurance”. Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as “Group Billed Insurance”.

You may obtain Continued Insurance by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:
- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
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9) ADMINISTRATION OF INSURANCE
Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

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- Non-ICU Hospital Admission: $2000
- Intensive Care Unit Admission: $2000

Accident - Hospital Confinement Benefit:
- Non-ICU Hospital Confinement:
- Intensive Care Unit Confinement:

Inpatient Rehabilitation Benefit

SICKNESS - HOSPITAL BENEFITS

Sickness - Hospital Admission Benefit:
- Non-ICU Hospital Admission: $2000
- Intensive Care Unit Admission: $2000

Sickness - Hospital Confinement Benefit:
- Non-ICU Hospital Confinement:
- Intensive Care Unit Confinement:

$200 per day, up to 31 days per Covered Person per Accident
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5) EXCLUSIONS

**Applicable to all Accident Benefits:**

We will not pay benefits for any loss for a Covered Person caused by the Covered Person’s Sickness, or the diagnosis or treatment of such Sickness, 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.

We will not pay benefits for any loss 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; or
  - 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;
- the Covered Person’s infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the Covered Person’s operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured’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;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the 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;
• 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; or
• 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.

In addition, we will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility; or
• any of the following outside of the United States, Canada or Mexico:
  • hospital admission or confinement; or
  • inpatient stay in a rehabilitation facility.

Applicable to Sickness – Hospital Benefits:
We will not pay benefits for any Covered Person’s Sickness that is 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; or
  • 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; or
• dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  • treat a Sickness;
  • correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  • reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
• the Covered Person’s mental illness, or the diagnosis or treatment of such illness;
• the Covered Person’s alcoholism, drug addiction, chemical dependency or complications thereof; or
• activities required by the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, We will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility;
• any hospital admission or confinement outside the United States, Canada or Mexico; or
• routine nursing or well baby care for a newborn child.
6) LIMITATIONS
Benefit Reduction Due to Age
A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person’s Attained Age.

Attained Age means the Covered Person’s age:
- on the date of an Accident, for all benefits that become payable because of the Accident; and
- on the date of hospital confinement, for all benefits that become payable under the Sickness – Hospital Benefits provisions.

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<td>Any benefit payable will be reduced by 25% of the amount listed for that benefit in the Schedule if the Covered Person’s Attained Age is 65 to 69. For example, a $100 benefit, as listed in the Schedule, will be paid at $75 if the Covered Person’s Attained Age is 67.</td>
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<td>Any benefit payable will be reduced by 50% of the amount listed for that benefit in the Schedule if the Covered Person’s Attained Age is 70 or older. For example, a $100 benefit, as listed on the Schedule, will be paid at $50 if the Covered Person’s Attained Age is 72.</td>
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If The Covered Person Is Confined in a Hospital For Both Injury And Sickness
If a Covered Person is confined in a hospital for both an Injury and Sickness at the same time, We will only pay benefits under the Accident – Hospital Benefits provisions the Certificate, and not the Sickness – Hospital Benefits provisions. In this case, if the Covered Person exhausts the Accident – Hospital Benefits and remains confined in a hospital for treatment of a Sickness, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit.

7) WHEN INSURANCE ENDS
Date Your Insurance Ends
Your insurance will end on the earliest of:
- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person’s insurance will be without prejudice to an existing claim.

8) CONTINUATION OF INSURANCE
Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as “Continued Insurance”. Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as “Group Billed Insurance”.

You may obtain Continued Insurance by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:
- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.
9) ADMINISTRATION OF INSURANCE
Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

10) PREMIUM
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.
GROUP ACCIDENT INSURANCE

THE CERTIFICATE PROVIDES LIMITED BENEFITS:
THE CERTIFICATE PROVIDES BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY OR SICKNESS IN A HOSPITAL.
BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY
This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. 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 with respect to the coverage. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) ACCIDENT INSURANCE
Accident insurance coverage is designed to provide, to persons insured, coverage for certain losses resulting from an Accident ONLY, subject to any limitations contained in the Certificate. The Accident coverage is limited - it primarily provides hospital indemnity benefits in the form of a fixed daily benefit for confinement in a hospital for treatment of: Injuries resulting from an Accident; or, Sickness, subject to any limitations contained in the Certificate.

The Certificate does not provide for reimbursement of any medical expenses.

3) BENEFITS
The terms “You” and “Your” refer to the employee who becomes insured for the group insurance coverage described in this outline. The term “Covered Person” refers to a person for whom insurance is in effect under the Certificate.

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

Accident - Hospital Admission Benefit:
   Non-ICU Hospital Admission $2000
   Intensive Care Unit Admission $2000

Accident - Hospital Confinement Benefit:
   Non-ICU Hospital Confinement
   Intensive Care Unit Confinement

Inpatient Rehabilitation Benefit

Benefit

SICKNESS - HOSPITAL BENEFITS

Sickness - Hospital Admission Benefit:
   Non-ICU Hospital Admission $2000
   Intensive Care Unit Admission $2000

Sickness - Hospital Confinement Benefit:
   Non-ICU Hospital Confinement
   Intensive Care Unit Confinement

Benefit

$200 per day, up to 31 days per Covered Person per Accident
$200 per day, up to 31 days per Covered Person per Accident
$200 per day, up to 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year.
4) DEFINITIONS

**Accident** means an act or event which:
- is unforeseen, unexpected and unanticipated;
- is definite as to time and place;
- is not a Sickness; and
- occurs while insurance is in effect.

The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

**Injury** means any bodily harm:
- that results directly from an Accident; and
- is not specifically excluded as set forth in the section of the Certificate titled Accident - Exclusions.

**Sickness** means:
- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

5) EXCLUSIONS

**Applicable to all Accident Benefits:**

We will not pay benefits for any loss 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;
- the Covered Person’s alcoholism or drug addiction;
- dental care or treatment or cosmetic surgery, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- 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;
- the Covered Person’s travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- if acting in a professional capacity, the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person participating in any professional competitive athletic activity for which any type of compensation or remuneration is received;
- if acting in a professional capacity, the Covered Person hang gliding, para-kiting, or sail-gliding.

In addition, we will not pay benefits for:

- any of the following outside of the United States, Canada or Mexico:
  - hospital admission or confinement; or
  - inpatient stay in a rehabilitation facility.
Applicable to Sickness – Hospital Benefits:
We will not pay benefits for any Covered Person’s Sickness that is 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; or
- dental care or treatment or cosmetic surgery, except when such surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a trauma, infection or other disease that results from a 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 congenital disease or congenital anomaly of a dependent child;
  - the Covered Person’s mental or emotional disorders, or treatment of such mental or emotional disorders;
  - the Covered Person’s alcoholism or drug addiction; or
  - activities required by the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, We will not pay benefits for:
- any hospital admission or confinement outside the United States, Canada or Mexico.

6) LIMITATIONS
Benefit Reduction Due to Age
A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person’s Attained Age.

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If The Covered Person Is Confined in a Hospital For Both Injury And Sickness
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7) WHEN INSURANCE ENDS
Date Your Insurance Ends
Your insurance will end on the earliest of:
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- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person’s insurance will be without prejudice to an existing claim.

8) CONTINUATION OF INSURANCE
Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as “Continued Insurance”. Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as “Group Billed Insurance”.

You may obtain Continued Insurance by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.
Continued Insurance is not available if:
- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.

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

10) PREMIUM
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.
POLICYHOLDER:
Group Policy Form No: GPNP12-AX
(Referred to as the “Group Policy”)
Certificate Form No: GCERT12-AX
(Referred to as the “Certificate”)

GROUP ACCIDENT ONLY INSURANCE

THE CERTIFICATE PROVIDES LIMITED BENEFITS:
THE CERTIFICATE PROVIDES BENEFITS FOR TREATMENT OF
AN ACCIDENTAL INJURY OR SICKNESS IN A HOSPITAL.
BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL
EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE
WHEN YOU ENROLL FOR THIS INSURANCE.

THE CERTIFICATE DOES NOT PROVIDE MEDICARE SUPPLEMENT COVERAGE –
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OUTLINE OF COVERAGE

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2) ACCIDENT INSURANCE
Accident insurance coverage is designed to provide, to persons insured, coverage for certain losses resulting from
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primarily provides hospital indemnity benefits in the form of a fixed daily benefit for confinement in a hospital for
treatment of: Injuries resulting from an Accident; or, Sickness, subject to any limitations contained in the Certificate.

The Certificate does not provide for reimbursement of any medical expenses.

3) BENEFITS
The terms “You” and “Your” refer to the employee who becomes insured for the group insurance coverage
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- is definite as to time and place;
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- occurs while insurance is in effect.
The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

Injury means any bodily harm:
- that results directly from an Accident; and
- is not specifically excluded as set forth in the section of the Certificate titled Accident - Exclusions.

Sickness means:
- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

5) EXCLUSIONS
Applicable to all Accident Benefits:
We will not pay benefits for any loss for a Covered Person caused by the Covered Person’s Sickness, or the diagnosis or treatment of such Sickness, 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.

We will not pay benefits for any loss for a Covered Person caused or contributed to by:
- the Covered Person’s voluntary use of any narcotic unless it is taken or used as prescribed by a physician;
- the Covered Person’s voluntary use by any means of 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;
- the Covered Person’s infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the Covered Person’s operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured’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;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the 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;
- 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; or
- 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.

In addition, we will not pay benefits for:
- a Covered Person while incarcerated in any type of penal or detention facility; or
- any of the following outside of the United States, Canada or Mexico:
  - hospital admission or confinement; or
  - inpatient stay in a rehabilitation facility.

**Applicable to Sickness – Hospital Benefits:**
We will not pay benefits for any Covered Person’s Sickness that is caused or contributed to by:
- the Covered Person’s voluntary use of any narcotic, unless it is taken or used as prescribed by a physician;
- the Covered Person’s use by any means of 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; or
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate; or
- activities required by the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, We will not pay benefits for:
- a Covered Person while incarcerated in any type of penal or detention facility;
- any hospital admission or confinement outside the United States, Canada or Mexico; or
- routine nursing or well baby care for a newborn child.

**6) LIMITATIONS**

**Benefit Reduction Due to Age**
A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person’s Attained Age.

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If a Covered Person is confined in a hospital for both an Injury and Sickness at the same time, We will only pay benefits under the Accident – Hospital Benefits provisions the Certificate, and not the Sickness – Hospital Benefits provisions. In this case, if the Covered Person exhausts the Accident – Hospital Benefits and remains confined in a hospital for treatment of a Sickness, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit.

7) WHEN INSURANCE ENDS
Date Your Insurance Ends
Your insurance will end on the earliest of:
- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person’s insurance will be without prejudice to an existing claim.

8) CONTINUATION OF INSURANCE
Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as “Continued Insurance”. Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as “Group Billed Insurance”.

You may obtain Continued Insurance by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:
- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.

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

10) PREMIUM
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.
GROUP ACCIDENT INSURANCE

THE CERTIFICATE PROVIDES LIMITED BENEFITS:
THE CERTIFICATE PROVIDES BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY OR SICKNESS IN A HOSPITAL.
BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY
This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. 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 with respect to the coverage. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) ACCIDENT INSURANCE
Accident insurance coverage is designed to provide, to persons insured, coverage for certain losses resulting from an Accident ONLY, subject to any limitations contained in the Certificate. The Accident coverage is limited - it primarily provides hospital indemnity benefits in the form of a fixed daily benefit for confinement in a hospital for treatment of: Injuries resulting from an Accident; or, Sickness, subject to any limitations contained in the Certificate.

The Certificate does not provide for reimbursement of any medical expenses.

3) BENEFITS
The terms “You” and “Your” refer to the employee who becomes insured for the group insurance coverage described in this outline. The term “Covered Person” refers to a person for whom insurance is in effect under the Certificate.

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

Accident - Hospital Admission Benefit:
- Non-ICU Hospital Admission: $2000
- Intensive Care Unit Admission: $2000

Accident - Hospital Confinement Benefit:
- Non-ICU Hospital Confinement: $200 per day, up to 31 days per Covered Person per Accident
- Intensive Care Unit Confinement: $200 per day, up to 31 days per Covered Person per Accident

Inpatient Rehabilitation Benefit

SICKNESS - HOSPITAL BENEFITS

Sickness - Hospital Admission Benefit:
- Non-ICU Hospital Admission: $2000
- Intensive Care Unit Admission: $2000

Sickness - Hospital Confinement Benefit:
- Non-ICU Hospital Confinement: $200 per day, up to 31 days per Covered Person per Sickness
- Intensive Care Unit Confinement: $200 per day, up to 31 days per Covered Person per Sickness

$200 per day, up to 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year.
4) DEFINITIONS

**Accident** means an act or event which:
- is unforeseen, unexpected and unanticipated;
- is definite as to time and place;
- is not a Sickness; and
- occurs while insurance is in effect.
The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

**Injury** means any bodily harm:
- that results directly from an Accident; and
- is not specifically excluded as set forth in the section of the Certificate titled Accident - Exclusions.

**Sickness** means:
- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

5) EXCLUSIONS

Applicable to all Accident Benefits:
We will not pay benefits for any loss for a Covered Person caused by the Covered Person’s Sickness, or the diagnosis or treatment of such Sickness, 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.

We will not pay benefits for any loss 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; or
  - 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;
- the Covered Person’s infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the Covered Person’s operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured’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;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the 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;
• 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; or
• 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.

In addition, we will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility; or
• any of the following outside of the United States, Canada or Mexico:
  ● hospital admission or confinement; or
  ● inpatient stay in a rehabilitation facility.

Applicable to Sickness – Hospital Benefits:
We will not pay benefits for any Covered Person’s Sickness that is 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; or
  ● 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; or
• dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  ● treat a Sickness;
  ● correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  ● reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
• the Covered Person’s mental illness, or the diagnosis or treatment of such illness;
• the Covered Person’s alcoholism, drug addiction, chemical dependency or complications thereof; or
• activities required by the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, We will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility;
• any hospital admission or confinement outside the United States, Canada or Mexico; or
• routine nursing or well baby care for a newborn child.
6) LIMITATIONS

Benefit Reduction Due to Age

A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person’s Attained Age.

Attained Age means the Covered Person’s age:
- on the date of an Accident, for all benefits that become payable because of the Accident; and
- on the date of hospital confinement, for all benefits that become payable under the Sickness – Hospital Benefits provisions.

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<td>70 or older</td>
<td>Any benefit payable will be reduced by 50% of the amount listed for that benefit in the Schedule if the Covered Person’s Attained Age is 70 or older. For example, a $100 benefit, as listed on the Schedule, will be paid at $50 if the Covered Person’s Attained Age is 72.</td>
</tr>
</tbody>
</table>

If The Covered Person Is Confined in a Hospital For Both Injury And Sickness

If a Covered Person is confined in a hospital for both an Injury and Sickness at the same time, We will only pay benefits under the Accident – Hospital Benefits provisions the Certificate, and not the Sickness – Hospital Benefits provisions. In this case, if the Covered Person exhausts the Accident – Hospital Benefits and remains confined in a hospital for treatment of a Sickness, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit.

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:
- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person’s insurance will be without prejudice to an existing claim.

8) CONTINUATION OF INSURANCE

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as “Continued Insurance”. Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as “Group Billed Insurance”.

You may obtain Continued Insurance by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:
- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.
9) ADMINISTRATION OF INSURANCE
Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

10) PREMIUM
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.
GROUP ACCIDENT INSURANCE

THE CERTIFICATE PROVIDES LIMITED BENEFITS:
THE CERTIFICATE PROVIDES BENEFITS FOR TREATMENT OF
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WHEN YOU ENROLL FOR THIS INSURANCE.

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

OUTLINE OF COVERAGE

IMPORTANT CANCELLATION INFORMATION - See the When Insurance Ends section
of this Outline.

1) READ YOUR CERTIFICATE CAREFULLY
This outline of coverage provides a very brief description of the important features of the group insurance coverage
provided by the Group Policy and Certificate. 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 with respect to the coverage. It is, therefore, important that you
READ YOUR CERTIFICATE CAREFULLY!

2) ACCIDENT INSURANCE
Accident insurance coverage is designed to provide, to persons insured, coverage for certain losses resulting from
an Accident ONLY, subject to any limitations contained in the Certificate. The Accident coverage is limited - it
primarily provides hospital indemnity benefits in the form of a fixed daily benefit for confinement in a hospital for
treatment of: Injuries resulting from an Accident; or, Sickness, subject to any limitations contained in the Certificate.

The Certificate does not provide for reimbursement of any medical expenses.

3) BENEFITS
The terms “You” and “Your” refer to the employee who becomes insured for the group insurance coverage
described in this outline. The term “Covered Person” refers to a person for whom insurance is in effect under the
Certificate.

Please be aware that the Certificate contains specific conditions, maximums, limitations, exclusions and proof
requirements for the benefits described below.
### ACCIDENT - HOSPITAL BENEFITS

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<td></td>
</tr>
<tr>
<td>Inpatient Rehabilitation Benefit</td>
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</tr>
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### SICKNESS - HOSPITAL BENEFITS

<table>
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$200 per day, up to 31 days per Covered Person per Accident

$200 per day, up to 31 days per Covered Person per Accident

$200 per day, up to 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year.
4) DEFINITIONS
**Accident** means an act or event which:
- is unforeseen, unexpected and unanticipated;
- is definite as to time and place;
- is not a Sickness; and
- occurs while insurance is in effect.
The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

**Injury** means any bodily harm:
- that results directly from an Accident; and
- is not specifically excluded as set forth in the section of the Certificate titled Accident - Exclusions.

**Sickness** means:
- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

5) EXCLUSIONS
Applicable to all Accident Benefits:
We will not pay benefits for any loss for a Covered Person caused by the Covered Person’s Sickness, or the diagnosis or treatment of such Sickness, 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.
We will not pay benefits for any loss 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;
  - the Covered Person’s infection, other than infection occurring in an external wound resulting from an Injury;
  - food poisoning;
  - the Covered Person’s operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
    - intoxicated means that the Insured’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;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the 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;
• 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; or
• 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.

In addition, we will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility; or
• any of the following outside of the United States, Canada or Mexico:
  • hospital admission or confinement; or
  • inpatient stay in a rehabilitation facility.

Applicable to Sickness – Hospital Benefits:
We will not pay benefits for any Covered Person’s Sickness that is 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
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• the Covered Person’s voluntary inhalation of gas, or fumes or voluntary taking of poison;
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• the Covered Person’s engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred; or
• dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  • treat a Sickness;
  • correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  • reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
• the Covered Person’s mental illness, or the diagnosis or treatment of such illness;
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6) LIMITATIONS

Benefit Reduction Due to Age

A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person’s Attained Age.

Attained Age means the Covered Person’s age:

- on the date of an Accident, for all benefits that become payable because of the Accident; and
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Date Your Insurance Ends

Your insurance will end on the earliest of:

- the date the Group Policy ends;
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METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK

POLICYHOLDER:
Group Policy Form No: GPNP12-AX
(Referred to as the “Group Policy”)
Certificate Form No: GCERT12-AX
(Referred to as the “Certificate”)

GROUP ACCIDENT INSURANCE

THE CERTIFICATE PROVIDES LIMITED BENEFITS:
THE CERTIFICATE PROVIDES BENEFITS FOR TREATMENT OF
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Please be aware that the Certificate contains specific conditions, maximums, limitations, exclusions and proof requirements for the benefits described below.
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- Intensive Care Unit Admission

**Accident - Hospital Confinement Benefit:**
- Non-ICU Hospital Confinement
- Intensive Care Unit Confinement

**Inpatient Rehabilitation Benefit**

**Benefit**

$2000

SICKNESS - HOSPITAL BENEFITS

**Sickness - Hospital Admission Benefit:**
- Non-ICU Hospital Admission
- Intensive Care Unit Admission

**Sickness - Hospital Confinement Benefit:**
- Non-ICU Hospital Confinement
- Intensive Care Unit Confinement

**Benefit**

$2000

$200 per day, up to 31 days per Covered Person per Accident

$200 per day, up to 31 days per Covered Person per Accident

$200 per day, up to 15 days per Covered Person per Accident but not to exceed 30 days per calendar year.

$200 per day, up to 31 days per Covered Person per Sickness

$200 per day, up to 31 days per Covered Person per Sickness
4) DEFINITIONS

**Accident** means an act or event which:
- is unforeseen, unexpected and unanticipated;
- is definite as to time and place;
- is not a Sickness; and
- occurs while insurance is in effect.

The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

**Injury** means any bodily harm:
- that results directly from an Accident; and
- is not specifically excluded as set forth in the section of the Certificate titled Accident - Exclusions.

**Sickness** means:
- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

5) EXCLUSIONS

Applicable to all Accident Benefits:
We will not pay benefits for any loss for a Covered Person caused by the Covered Person’s Sickness, or the diagnosis or treatment of such Sickness, 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.

We will not pay benefits for any loss 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; or
  - 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;
- the Covered Person’s infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the Covered Person’s operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured’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;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- the Covered Person’s mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person’s use of:
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- activities required by the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
• 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; or
• 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.

In addition, we will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility; or
• any of the following outside of the United States, Canada or Mexico:
  • hospital admission or confinement; or
  • inpatient stay in a rehabilitation facility.

Applicable to Sickness – Hospital Benefits:
We will not pay benefits for any Covered Person’s Sickness that is 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; or
  • 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; or
• dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  • treat a Sickness;
  • correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  • reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
• the Covered Person’s mental illness, or the diagnosis or treatment of such illness;
• the Covered Person’s alcoholism, drug addiction, chemical dependency or complications thereof; or
• activities required by the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, We will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility;
• any hospital admission or confinement outside the United States, Canada or Mexico; or
• routine nursing or well baby care for a newborn child.
6) LIMITATIONS

Benefit Reduction Due to Age
A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person’s Attained Age.

Attained Age means the Covered Person’s age:
- on the date of an Accident, for all benefits that become payable because of the Accident; and
- on the date of hospital confinement, for all benefits that become payable under the Sickness – Hospital Benefits provisions.

<table>
<thead>
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<th>Reduction Amount</th>
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<td>Any benefit payable will be reduced by 25% of the amount listed for that benefit in the Schedule if the Covered Person’s Attained Age is 65 to 69. For example, a $100 benefit, as listed in the Schedule, will be paid at $75 if the Covered Person’s Attained Age is 67.</td>
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<td>70 or older</td>
<td>Any benefit payable will be reduced by 50% of the amount listed for that benefit in the Schedule if the Covered Person’s Attained Age is 70 or older. For example, a $100 benefit, as listed on the Schedule, will be paid at $50 if the Covered Person’s Attained Age is 72.</td>
</tr>
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</table>

If The Covered Person Is Confined in a Hospital For Both Injury And Sickness
If a Covered Person is confined in a hospital for both an Injury and Sickness at the same time, We will only pay benefits under the Accident – Hospital Benefits provisions the Certificate, and not the Sickness – Hospital Benefits provisions. In this case, if the Covered Person exhausts the Accident – Hospital Benefits and remains confined in a hospital for treatment of a Sickness, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit.

7) WHEN INSURANCE ENDS

Date Your Insurance Ends
Your insurance will end on the earliest of:
- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person’s insurance will be without prejudice to an existing claim.

8) CONTINUATION OF INSURANCE

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as “Continued Insurance”. Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as “Group Billed Insurance”.

You may obtain Continued Insurance by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:
- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.
9) ADMINISTRATION OF INSURANCE
Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

10) PREMIUM
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.
GROUP ACCIDENT INSURANCE

THE CERTIFICATE PROVIDES LIMITED BENEFITS:
THE CERTIFICATE PROVIDES BENEFITS FOR TREATMENT OF
AN ACCIDENTAL INJURY OR SICKNESS IN A HOSPITAL.
BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL
EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE
WHEN YOU ENROLL FOR THIS INSURANCE.

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY
This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. 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 with respect to the coverage. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) ACCIDENT INSURANCE
Accident insurance coverage is designed to provide, to persons insured, coverage for certain losses resulting from an Accident ONLY, subject to any limitations contained in the Certificate. The Accident coverage is limited - it primarily provides hospital indemnity benefits in the form of a fixed daily benefit for confinement in a hospital for treatment of: Injuries resulting from an Accident; or, Sickness, subject to any limitations contained in the Certificate.

The Certificate does not provide for reimbursement of any medical expenses.

3) BENEFITS
The terms “You” and “Your” refer to the employee who becomes insured for the group insurance coverage described in this outline. The term “Covered Person” refers to a person for whom insurance is in effect under the Certificate.

Please be aware that the Certificate contains specific conditions, maximums, limitations, exclusions and proof requirements for the benefits described below.
### ACCIDENT - HOSPITAL BENEFITS

<table>
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<tr>
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<tr>
<td><strong>Accident - Hospital Admission Benefit:</strong></td>
<td></td>
</tr>
<tr>
<td>Non-ICU Hospital Admission</td>
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</tr>
<tr>
<td>Intensive Care Unit Admission</td>
<td>$2000</td>
</tr>
<tr>
<td><strong>Accident - Hospital Confinement Benefit:</strong></td>
<td></td>
</tr>
<tr>
<td>Non-ICU Hospital Confinement</td>
<td>$200 per day, up to 31 days per Covered Person per Accident</td>
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<td>Intensive Care Unit Confinement</td>
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</tr>
<tr>
<td><strong>Inpatient Rehabilitation Benefit</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$200 per day, up to 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year.</td>
</tr>
</tbody>
</table>

### SICKNESS - HOSPITAL BENEFITS

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<td><strong>Sickness - Hospital Admission Benefit:</strong></td>
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4) DEFINITIONS

**Accident** means an act or event which:
- is unforeseen, unexpected and unanticipated;
- is definite as to time and place;
- is not a Sickness; and
- occurs while insurance is in effect.

The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

**Injury** means any bodily harm:
- that results directly from an Accident; and
- is not specifically excluded as set forth in the section of the Certificate titled Accident - Exclusions.

**Sickness** means:
- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

5) EXCLUSIONS

**Applicable to all Accident Benefits:**

We will not pay benefits for any loss for a Covered Person caused by the Covered Person’s Sickness, or the diagnosis or treatment of such Sickness, 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.

We will not pay benefits for any loss 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; or
  - 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;
- the Covered Person’s infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the Covered Person’s operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured’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;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person’s use of:
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  - 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;
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; or

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.

In addition, we will not pay benefits for:

- a Covered Person while incarcerated in any type of penal or detention facility; or
- any of the following outside of the United States, Canada or Mexico:
  - hospital admission or confinement; or
  - inpatient stay in a rehabilitation facility.

Applicable to Sickness – Hospital Benefits:

We will not pay benefits for any Covered Person’s Sickness that is 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; or
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- war, whether declared or undeclared; or act of war;
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- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person’s mental illness, or the diagnosis or treatment of such illness;
- the Covered Person’s alcoholism, drug addiction, chemical dependency or complications thereof, except for any narcotic administered on the advice of a physician; or
- activities required by the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, We will not pay benefits for:

- a Covered Person while incarcerated in any type of penal or detention facility;
- any hospital admission or confinement outside the United States, Canada or Mexico; or
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6) LIMITATIONS
Benefit Reduction Due to Age
A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person’s Attained Age.

Attained Age means the Covered Person’s age:
- on the date of an Accident, for all benefits that become payable because of the Accident; and
- on the date of hospital confinement, for all benefits that become payable under the Sickness – Hospital Benefits provisions.

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Continued Insurance is not available if:
- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.
9) ADMINISTRATION OF INSURANCE
Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company’s obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

10) PREMIUM
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.
GROUP ACCIDENT INSURANCE

THE CERTIFICATE PROVIDES LIMITED BENEFITS:
THE CERTIFICATE PROVIDES BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY OR SICKNESS IN A HOSPITAL.
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Please be aware that the Certificate contains specific conditions, maximums, limitations, exclusions and proof requirements for the benefits described below.
ACCIDENT - HOSPITAL BENEFITS

Accident - Hospital Admission Benefit:
Non-ICU Hospital Admission $2000
Intensive Care Unit Admission $2000

Accident - Hospital Confinement Benefit:
Non-ICU Hospital Confinement $200 per day, up to 31 days per Covered Person per Accident
Intensive Care Unit Confinement $200 per day, up to 31 days per Covered Person per Accident

Inpatient Rehabilitation Benefit
$200 per day, up to 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year.

SICKNESS - HOSPITAL BENEFITS

Sickness - Hospital Admission Benefit:
Non-ICU Hospital Admission $2000
Intensive Care Unit Admission $2000

Sickness - Hospital Confinement Benefit:
Non-ICU Hospital Confinement $200 per day, up to 31 days per Covered Person per Sickness
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4) DEFINITIONS

**Accident** means an act or event which:
- is unforeseen, unexpected and unanticipated;
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5) EXCLUSIONS

**Applicable to all Accident Benefits:**
We will not pay benefits for any loss for a Covered Person caused by the Covered Person’s Sickness, or the diagnosis or treatment of such Sickness, except for the Covered Person’s use of:
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- an “over the counter” drug, medication or sedative taken as directed.

We will not pay benefits for any loss 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
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  - alcohol in combination with any drug, medication, or sedative; or
  - 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;
  - the Covered Person’s infection, other than infection occurring in an external wound resulting from an Injury;
  - food poisoning;
  - the Covered Person’s operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
    - intoxicated means that the Insured’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;
  - dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
    - treat an Injury;
    - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
    - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
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    - any drug, medication or sedative that is taken or used as prescribed by a physician; or
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activities required by the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;

- 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;

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In addition, we will not pay benefits for:

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  - hospital admission or confinement; or
  - inpatient stay in a rehabilitation facility.

**Applicable to Sickness – Hospital Benefits:**

We will not pay benefits for any Covered Person’s Sickness that is 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; or
  - 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; or
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person’s mental illness, or the diagnosis or treatment of such illness;
- the Covered Person’s alcoholism, drug addiction, chemical dependency or complications thereof; or
- activities required by the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, We will not pay benefits for:

- a Covered Person while incarcerated in any type of penal or detention facility;
- any hospital admission or confinement outside the United States, Canada or Mexico; or
- routine nursing or well baby care for a newborn child.
6) LIMITATIONS

**Benefit Reduction Due to Age**
A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person’s Attained Age.

Attained Age means the Covered Person’s age:
- on the date of an Accident, for all benefits that become payable because of the Accident; and
- on the date of hospital confinement, for all benefits that become payable under the Sickness – Hospital Benefits provisions.

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<td>Any benefit payable will be reduced by 25% of the amount listed for that benefit in the Schedule if the Covered Person’s Attained Age is 65 to 69. For example, a $100 benefit, as listed in the Schedule, will be paid at $75 if the Covered Person’s Attained Age is 67.</td>
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<tr>
<td>70 or older</td>
<td>Any benefit payable will be reduced by 50% of the amount listed for that benefit in the Schedule if the Covered Person’s Attained Age is 70 or older. For example, a $100 benefit, as listed on the Schedule, will be paid at $50 if the Covered Person’s Attained Age is 72.</td>
</tr>
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</table>

**If The Covered Person Is Confined in a Hospital For Both Injury And Sickness**
If a Covered Person is confined in a hospital for both an Injury and Sickness at the same time, We will only pay benefits under the Accident – Hospital Benefits provisions the Certificate, and not the Sickness – Hospital Benefits provisions. In this case, if the Covered Person exhausts the Accident – Hospital Benefits and remains confined in a hospital for treatment of a Sickness, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit.

7) WHEN INSURANCE ENDS

**Date Your Insurance Ends**
Your insurance will end on the earliest of:
- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person’s insurance will be without prejudice to an existing claim.

8) CONTINUATION OF INSURANCE

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as “Continued Insurance”. Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as “Group Billed Insurance”.

You may obtain Continued Insurance by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.
Continued Insurance is not available if:
- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.
9) ADMINISTRATION OF INSURANCE
Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company’s obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

10) PREMIUM
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.
GROUP ACCIDENT INSURANCE

THE CERTIFICATE PROVIDES LIMITED BENEFITS:
THE CERTIFICATE PROVIDES BENEFITS FOR TREATMENT OF
AN ACCIDENTAL INJURY OR SICKNESS IN A HOSPITAL.
BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL
EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE
WHEN YOU ENROLL FOR THIS INSURANCE.

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY
This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. 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 with respect to the coverage. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) ACCIDENT INSURANCE
Accident insurance coverage is designed to provide, to persons insured, coverage for certain losses resulting from an Accident ONLY, subject to any limitations contained in the Certificate. The Accident coverage is limited - it primarily provides hospital indemnity benefits in the form of a fixed daily benefit for confinement in a hospital for treatment of: Injuries resulting from an Accident; or, Sickness, subject to any limitations contained in the Certificate.

The Certificate does not provide for reimbursement of any medical expenses.

3) BENEFITS
The terms “You” and “Your” refer to the employee who becomes insured for the group insurance coverage described in this outline. The term “Covered Person” refers to a person for whom insurance is in effect under the Certificate.

Please be aware that the Certificate contains specific conditions, maximums, limitations, exclusions and proof requirements for the benefits described below.
### ACCIDENT - HOSPITAL BENEFITS

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<tr>
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<tr>
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<td></td>
</tr>
<tr>
<td>Non-ICU Hospital Admission</td>
<td>$2000</td>
</tr>
<tr>
<td>Intensive Care Unit Admission</td>
<td>$2000</td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>Non-ICU Hospital Confinement</td>
<td>$200 per day, up to 31 days per Covered Person per Accident</td>
</tr>
<tr>
<td>Intensive Care Unit Confinement</td>
<td>$200 per day, up to 31 days per Covered Person per Accident</td>
</tr>
<tr>
<td><strong>Inpatient Rehabilitation Benefit</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$200 per day, up to 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year.</td>
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### SICKNESS - HOSPITAL BENEFITS

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<td><strong>Sickness - Hospital Admission Benefit:</strong></td>
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4) DEFINITIONS

**Accident** means an act or event which:
- is unforeseen, unexpected and unanticipated;
- is definite as to time and place;
- is not a Sickness; and
- occurs while insurance is in effect.

The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

**Injury** means any bodily harm:
- that results directly from an Accident; and
- is not specifically excluded as set forth in the section of the Certificate titled Accident - Exclusions.

**Sickness** means:
- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

5) EXCLUSIONS

**Applicable to all Accident Benefits:**

We will not pay benefits for any loss for a Covered Person caused by the Covered Person's Sickness, or the diagnosis or treatment of such Sickness, 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.

We will not pay benefits for any loss 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; or
  - 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;
- the Covered Person's infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured'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;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the 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;
• 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 participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received.

In addition, we will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility; or
• any of the following outside of the United States, Canada or Mexico:
  • hospital admission or confinement; or
  • inpatient stay in a rehabilitation facility.

**Applicable to Sickness – Hospital Benefits:**
We will not pay benefits for any Covered Person’s Sickness that is 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; or
  • 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; or
• dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
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In addition, We will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility;
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6) LIMITATIONS

Benefit Reduction Due to Age

A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person’s Attained Age.

Attained Age means the Covered Person’s age:
- on the date of an Accident, for all benefits that become payable because of the Accident; and
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If the Covered Person Is Confined in a Hospital For Both Injury And Sickness

If a Covered Person is confined in a hospital for both an Injury and Sickness at the same time, We will only pay benefits under the Accident – Hospital Benefits provisions the Certificate, and not the Sickness – Hospital Benefits provisions. In this case, if the Covered Person exhausts the Accident – Hospital Benefits and remains confined in a hospital for treatment of a Sickness, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit.

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Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as “Continued Insurance”. Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as “Group Billed Insurance”.

You may obtain Continued Insurance by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:
- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.
9) ADMINISTRATION OF INSURANCE
Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

10) PREMIUM
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
NEW YORK, NEW YORK

POLICYHOLDER:
Group Policy Form No: GPNP12-AX
(Referred to as the “Group Policy”)
Certificate Form No: GCERT12-AX
(Referred to as the “Certificate”)

GROUP ACCIDENT INSURANCE

THE CERTIFICATE PROVIDES LIMITED BENEFITS:
THE CERTIFICATE PROVIDES BENEFITS FOR TREATMENT OF
AN ACCIDENTAL INJURY OR SICKNESS IN A HOSPITAL.
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rights and obligations of both you and MetLife with respect to the coverage. It is, therefore, important that you
READ YOUR CERTIFICATE CAREFULLY!

2) ACCIDENT INSURANCE
Accident insurance coverage is designed to provide, to persons insured, coverage for certain losses resulting from
an Accident ONLY, subject to any limitations contained in the Certificate. The Accident coverage is limited - it
primarily provides hospital indemnity benefits in the form of a fixed daily benefit for confinement in a hospital for
treatment of: Injuries resulting from an Accident; or, Sickness, subject to any limitations contained in the Certificate.

The Certificate does not provide for reimbursement of any medical expenses.

3) BENEFITS
The terms “You” and “Your” refer to the employee who becomes insured for the group insurance coverage
described in this outline. The term “Covered Person” refers to a person for whom insurance is in effect under the
Certificate.

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

Accident - Hospital Admission Benefit:
- Non-ICU Hospital Admission
- Intensive Care Unit Admission

Benefit:
- $2000
- $2000

Accident - Hospital Confinement Benefit:
- Non-ICU Hospital Confinement
- Intensive Care Unit Confinement

Benefit:
- $200 per day, up to 31 days per Covered Person per Accident
- $200 per day, up to 31 days per Covered Person per Accident
- $200 per day, up to 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year.

Inpatient Rehabilitation Benefit

SICKNESS - HOSPITAL BENEFITS

Sickness - Hospital Admission Benefit:
- Non-ICU Hospital Admission
- Intensive Care Unit Admission

Benefit:
- $2000
- $2000

Sickness - Hospital Confinement Benefit:
- Non-ICU Hospital Confinement
- Intensive Care Unit Confinement

Benefit:
- $200 per day, up to 31 days per Covered Person per Sickness
- $200 per day, up to 31 days per Covered Person per Sickness
4) DEFINITIONS

**Accident** means an act or event which:
- is unforeseen, unexpected and unanticipated;
- is definite as to time and place;
- is not a Sickness; and
- occurs while insurance is in effect.
The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

**Injury** means any bodily harm:
- that results directly from an Accident; and
- is not specifically excluded as set forth in the section of the Certificate titled Accident - Exclusions.

**Sickness** means:
- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

5) EXCLUSIONS

Applicable to all Accident Benefits:
We will not pay benefits for any loss for a Covered Person caused by the Covered Person’s Sickness, or the diagnosis or treatment of such Sickness, 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.

We will not pay benefits for any loss 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; or
  - 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;
- the Covered Person’s infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the Covered Person’s operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured’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;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the 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;
• 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; or
• 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.

In addition, we will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility; or
• any of the following outside of the United States, Canada or Mexico:
  • hospital admission or confinement; or
  • inpatient stay in a rehabilitation facility.

Applicable to Sickness – Hospital Benefits:
We will not pay benefits for any Covered Person’s Sickness that is caused or contributed to by:
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  • correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  • reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
• the Covered Person’s mental illness, or the diagnosis or treatment of such illness;
• the Covered Person’s alcoholism, drug addiction, chemical dependency or complications thereof; or
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In addition, We will not pay benefits for:
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• any hospital admission or confinement outside the United States, Canada or Mexico; or
• routine nursing or well baby care for a newborn child.
6) LIMITATIONS
Benefit Reduction Due to Age
A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the
Covered Person’s Attained Age.

Attained Age means the Covered Person’s age:
- on the date of an Accident, for all benefits that become payable because of the Accident; and
- on the date of hospital confinement, for all benefits that become payable under the Sickness – Hospital Benefits
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If The Covered Person Is Confined in a Hospital For Both Injury And Sickness
If a Covered Person is confined in a hospital for both an Injury and Sickness at the same time, We will only pay
benefits under the Accident – Hospital Benefits provisions the Certificate, and not the Sickness – Hospital Benefits
provisions. In this case, if the Covered Person exhausts the Accident – Hospital Benefits and remains confined in a
hospital for treatment of a Sickness, the Covered Person may still be eligible for the Sickness – Hospital
Confinement Benefit.

7) WHEN INSURANCE ENDS
Date Your Insurance Ends
Your insurance will end on the earliest of:
- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person’s insurance will be without prejudice to an existing claim.

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Insurance provided under the Certificate may be continued with premium payment in certain situations, as
described below. This is referred to as “Continued Insurance”. Insurance in effect under the Group Policy for
which the group policyholder remits premium is referred to as “Group Billed Insurance”.

You may obtain Continued Insurance by making a request in accordance with requirements for such a request if
Your Group Billed Insurance ends except as described below.
Continued Insurance is not available if:
- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends,
  You become eligible for insurance under another policy of group insurance providing similar benefits issued to
  or provided through the group policyholder.
9) ADMINISTRATION OF INSURANCE
Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

10) PREMIUM
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.
GROUP ACCIDENT INSURANCE

THE CERTIFICATE PROVIDES LIMITED INDEMNITY BENEFITS:
THE CERTIFICATE PROVIDES BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY OR SICKNESS IN A HOSPITAL.

BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED. THIS INSURANCE IS NOT DESIGNED TO COVER THE COST OF SERIOUS OR CHRONIC ILLNESS. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY
This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. 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 with respect to the coverage. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) ACCIDENT INSURANCE
Accident insurance coverage is designed to provide, to persons insured, coverage for certain losses resulting from an Accident ONLY, subject to any limitations contained in the Certificate. The Accident coverage is limited - it primarily provides hospital indemnity benefits in the form of a fixed daily benefit for confinement in a hospital for treatment of: Injuries resulting from an Accident; or, Sickness, subject to any limitations contained in the Certificate.

The Certificate does not provide for reimbursement of any medical expenses.

3) BENEFITS
The terms “You” and “Your” refer to the employee who becomes insured for the group insurance coverage described in this outline. The term “Covered Person” refers to a person for whom insurance is in effect under the Certificate.

Please be aware that the Certificate contains specific conditions, maximums, limitations, exclusions and proof requirements for the benefits described below.
### ACCIDENT - HOSPITAL BENEFITS

**Accident - Hospital Admission Benefit:**
- Non-ICU Hospital Admission: $2000
- Intensive Care Unit Admission: $2000

**Accident - Hospital Confinement Benefit:**
- Non-ICU Hospital Confinement
- Intensive Care Unit Confinement

**Inpatient Rehabilitation Benefit**

### SICKNESS - HOSPITAL BENEFITS

**Sickness - Hospital Admission Benefit:**
- Non-ICU Hospital Admission: $2000
- Intensive Care Unit Admission: $2000

**Sickness - Hospital Confinement Benefit:**
- Non-ICU Hospital Confinement
- Intensive Care Unit Confinement

- $200 per day, up to 31 days per Covered Person per Accident
- $200 per day, up to 31 days per Covered Person per Sickness
- $200 per day, up to 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year.
4) DEFINITIONS

Accident means an act or event which:
- is unforeseen, unexpected and unanticipated;
- is definite as to time and place;
- is not a Sickness; and
- occurs while insurance is in effect.
The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

Injury means any bodily harm:
- that results directly from an Accident; and
- is not specifically excluded as set forth in the section of the Certificate titled Accident - Exclusions.

Sickness means:
- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

5) EXCLUSIONS

Applicable to all Accident Benefits:
We will not pay benefits for any loss for a Covered Person caused by the Covered Person’s Sickness, or the diagnosis or treatment of such Sickness, 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.

We will not pay benefits for any loss 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, 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;
- the Covered Person’s infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the 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;
- the Covered Person’s travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

In addition, we will not pay benefits for:
- a Covered Person while incarcerated in any type of penal or detention facility; or
- any of the following outside of the United States, Canada or Mexico:
  - hospital admission or confinement; or
  - inpatient stay in a rehabilitation facility.

Applicable to Sickness – Hospital Benefits:
We will not pay benefits for any Covered Person’s Sickness that is caused or contributed to by:

- the Covered Person’s voluntary use, by any means, of 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; or
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person’s mental illness, or the diagnosis or treatment of such illness; or
- activities required by the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, We will not pay benefits for:

- a Covered Person while incarcerated in any type of penal or detention facility;
- treatment of alcoholism, drug addiction, chemical dependency or complications thereof;
- any hospital admission or confinement outside the United States, Canada or Mexico; or
- routine nursing or well baby care for a newborn child.

6) LIMITATIONS

Benefit Reduction Due to Age

A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person’s Attained Age.

Attained Age means the Covered Person’s age:

- on the date of an Accident, for all benefits that become payable because of the Accident; and
- on the date of hospital confinement, for all benefits that become payable under the Sickness – Hospital Benefits provisions.

<table>
<thead>
<tr>
<th>Attained Age</th>
<th>Reduction Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>65 to 69</td>
<td>Any benefit payable will be reduced by 25% of the amount listed for that benefit in the Schedule if the Covered Person’s Attained Age is 65 to 69. For example, a $100 benefit, as listed in the Schedule, will be paid at $75 if the Covered Person’s Attained Age is 67.</td>
</tr>
<tr>
<td>70 or older</td>
<td>Any benefit payable will be reduced by 50% of the amount listed for that benefit in the Schedule if the Covered Person’s Attained Age is 70 or older. For example, a $100 benefit, as listed on the Schedule, will be paid at $50 if the Covered Person’s Attained Age is 72.</td>
</tr>
</tbody>
</table>

If The Covered Person Is Confined in a Hospital For Both Injury And Sickness

If a Covered Person is confined in a hospital for both an Injury and Sickness at the same time, We will only pay benefits under the Accident – Hospital Benefits provisions the Certificate, and not the Sickness – Hospital Benefits provisions. In this case, if the Covered Person exhausts the Accident – Hospital Benefits and remains confined in a hospital for treatment of a Sickness, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit.
7) WHEN INSURANCE ENDS
Date Your Insurance Ends
Your insurance will end on the earliest of:
- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person’s insurance will be without prejudice to an existing claim.

8) CONTINUATION OF INSURANCE
Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as “Continued Insurance”. Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as “Group Billed Insurance”.

You may obtain Continued Insurance by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.
Continued Insurance is not available if:
- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.

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

10) PREMIUM
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.
GROUP ACCIDENT INSURANCE

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THE CERTIFICATE PROVIDES BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY OR SICKNESS IN A HOSPITAL. BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

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2) ACCIDENT INSURANCE
Accident insurance coverage is designed to provide, to persons insured, coverage for certain losses resulting from an Accident ONLY, subject to any limitations contained in the Certificate. The Accident coverage is limited - it primarily provides hospital indemnity benefits in the form of a fixed daily benefit for confinement in a hospital for treatment of: Injuries resulting from an Accident; or, Sickness, subject to any limitations contained in the Certificate.

The Certificate does not provide for reimbursement of any medical expenses.

3) BENEFITS
The terms “You” and “Your” refer to the employee who becomes insured for the group insurance coverage described in this outline. The term “Covered Person” refers to a person for whom insurance is in effect under the Certificate.

Please be aware that the Certificate contains specific conditions, maximums, limitations, exclusions and proof requirements for the benefits described below.
### ACCIDENT - HOSPITAL BENEFITS

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<th>Benefit</th>
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</thead>
<tbody>
<tr>
<td><strong>Accident - Hospital Admission Benefit:</strong></td>
<td></td>
</tr>
<tr>
<td>Non-ICU Hospital Admission</td>
<td>$2000</td>
</tr>
<tr>
<td>Intensive Care Unit Admission</td>
<td>$2000</td>
</tr>
<tr>
<td><strong>Accident - Hospital Confinement Benefit:</strong></td>
<td></td>
</tr>
<tr>
<td>Non-ICU Hospital Confinement</td>
<td>$200 per day, up to 31 days per Covered Person per Accident</td>
</tr>
<tr>
<td>Intensive Care Unit Confinement</td>
<td>$200 per day, up to 31 days per Covered Person per Accident</td>
</tr>
<tr>
<td><strong>Inpatient Rehabilitation Benefit</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$200 per day, up to 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year.</td>
</tr>
</tbody>
</table>

### SICKNESS - HOSPITAL BENEFITS

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sickness - Hospital Admission Benefit:</strong></td>
<td></td>
</tr>
<tr>
<td>Non-ICU Hospital Admission</td>
<td>$2000</td>
</tr>
<tr>
<td>Intensive Care Unit Admission</td>
<td>$2000</td>
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<td><strong>Sickness - Hospital Confinement Benefit:</strong></td>
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4) DEFINITIONS

**Accident** means an act or event which:
- is unforeseen, unexpected and unanticipated;
- is definite as to time and place;
- is not a Sickness; and
- occurs while insurance is in effect.

The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

**Injury** means any bodily harm:
- that results directly from an Accident; and
- is not specifically excluded as set forth in the section of the Certificate titled Accident - Exclusions.

**Sickness** means:
- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

5) EXCLUSIONS

**Applicable to all Accident Benefits:**

We will not pay benefits for any loss for a Covered Person caused by the Covered Person’s Sickness, or the diagnosis or treatment of such Sickness, 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.

We will not pay benefits for any loss 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; or
    - 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;
  - the Covered Person’s infection, other than infection occurring in an external wound resulting from an Injury;
  - food poisoning;
  - the Covered Person’s operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
    - intoxicated means that the Insured’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;
  - dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
    - treat an Injury;
    - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
    - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the 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;
• 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; or
• 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.

In addition, we will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility; or
• any of the following outside of the United States, Canada or Mexico:
  • hospital admission or confinement; or
  • inpatient stay in a rehabilitation facility.

Applicable to Sickness – Hospital Benefits:
We will not pay benefits for any Covered Person’s Sickness that is 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; or
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• the Covered Person's suicide or attempted suicide (while sane or insane);
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• 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; or
• dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  • treat a Sickness;
  • correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  • reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
• the Covered Person’s mental illness, or the diagnosis or treatment of such illness;
• the Covered Person’s alcoholism, drug addiction, chemical dependency or complications thereof; or
• activities required by the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, We will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility;
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6) LIMITATIONS
Benefit Reduction Due to Age
A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person’s Attained Age.

Attained Age means the Covered Person’s age:
- on the date of an Accident, for all benefits that become payable because of the Accident; and
- on the date of hospital confinement, for all benefits that become payable under the Sickness – Hospital Benefits provisions.

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If The Covered Person Is Confined in a Hospital For Both Injury And Sickness
If a Covered Person is confined in a hospital for both an Injury and Sickness at the same time, We will only pay benefits under the Accident – Hospital Benefits provisions the Certificate, and not the Sickness – Hospital Benefits provisions. In this case, if the Covered Person exhausts the Accident – Hospital Benefits and remains confined in a hospital for treatment of a Sickness, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit.

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Date Your Insurance Ends
Your insurance will end on the earliest of:
- the date the Group Policy ends;
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- the date You cease to be in an eligible class; or
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- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.
9) ADMINISTRATION OF INSURANCE
Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company’s obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

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The Certificate does not provide for reimbursement of any medical expenses.

3) BENEFITS
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<th>Details</th>
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| Accident - Hospital Admission Benefit: | $2000  
Non-ICU Hospital Admission  
Intensive Care Unit Admission |
| Accident - Hospital Confinement Benefit: | $200 per day, up to 31 days per Covered Person per Accident  
Non-ICU Hospital Confinement  
Intensive Care Unit Confinement |
| Inpatient Rehabilitation Benefit | $200 per day, up to 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year. |

### SICKNESS - HOSPITAL BENEFITS

<table>
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<tr>
<th>Benefit</th>
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</table>
| Sickness - Hospital Admission Benefit: | $2000  
Non-ICU Hospital Admission  
Intensive Care Unit Admission |
| Sickness - Hospital Confinement Benefit: | $200 per day, up to 31 days per Covered Person per Sickness  
Non-ICU Hospital Confinement  
Intensive Care Unit Confinement |

**BENEFITS WILL BE REDUCED AT CERTAIN AGES. SEE THE LIMITATIONS SECTION OF THIS OUTLINE OF COVERAGE FOR DETAILS.**
4) DEFINITIONS

Accident means an act or event which:
- is unforeseen, unexpected and unanticipated;
- is definite as to time and place;
- is not a Sickness; and
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The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

Injury means any bodily harm:
- that results directly from an Accident; and
- is not specifically excluded as set forth in the section of the Certificate titled Accident - Exclusions.

Sickness means:
- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

5) EXCLUSIONS

Applicable to all Accident Benefits:

We will not pay benefits for any loss for a Covered Person caused by the Covered Person’s Sickness, or the diagnosis or treatment of such Sickness, 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.

We will not pay benefits for any loss 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
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  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes;
- the Covered Person’s suicide or attempted suicide (while sane or insane);
- the Covered Person’s intentional self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person’s active voluntary participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person’s active participation in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the Covered Person’s infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the Covered Person’s operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured’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;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the 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;
• 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; or
• 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.

In addition, we will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility; or
• any of the following outside of the United States, Canada or Mexico:
  • hospital admission or confinement; or
  • inpatient stay in a rehabilitation facility.

Applicable to Sickness – Hospital Benefits:
We will not pay benefits for any Covered Person’s Sickness that is 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; or
  • 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 voluntary participation in an insurrection, rebellion, riot, or terrorist act;
• the Covered Person’s active participation in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred; or
• dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  • treat a Sickness;
  • correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  • reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
• the Covered Person’s mental illness, or the diagnosis or treatment of such illness;
• the Covered Person’s alcoholism, drug addiction, chemical dependency or complications thereof; or
• activities required by the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, We will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility; or
• any hospital admission or confinement outside the United States, Canada or Mexico; or
• routine nursing or well baby care for a newborn child.
6) LIMITATIONS

Benefit Reduction Due to Age

A benefit payable with respect to a Covered Person will be reduced as described in the table below, based on the Covered Person’s Attained Age.

Attained Age means the Covered Person’s age:

- on the date of an Accident, for all benefits that become payable because of the Accident; and
- on the date of hospital confinement, for all benefits that become payable under the Sickness – Hospital Benefits provisions.

<table>
<thead>
<tr>
<th>Attained Age</th>
<th>Reduction Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>65 to 69</td>
<td>Any benefit payable will be reduced by 25% of the amount listed for that benefit in the Schedule if the Covered Person’s Attained Age is 65 to 69. For example, a $100 benefit, as listed in the Schedule, will be paid at $75 if the Covered Person’s Attained Age is 67.</td>
</tr>
<tr>
<td>70 or older</td>
<td>Any benefit payable will be reduced by 50% of the amount listed for that benefit in the Schedule if the Covered Person’s Attained Age is 70 or older. For example, a $100 benefit, as listed on the Schedule, will be paid at $50 if the Covered Person’s Attained Age is 72.</td>
</tr>
</tbody>
</table>

If The Covered Person Is Confined in a Hospital For Both Injury And Sickness

If a Covered Person is confined in a hospital for both an Injury and Sickness at the same time, We will only pay benefits under the Accident – Hospital Benefits provisions the Certificate, and not the Sickness – Hospital Benefits provisions. In this case, if the Covered Person exhausts the Accident – Hospital Benefits and remains confined in a hospital for treatment of a Sickness, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit.

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person’s insurance will be without prejudice to an existing claim.

8) CONTINUATION OF INSURANCE

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as “Continued Insurance”. Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as “Group Billed Insurance”.

You may obtain Continued Insurance by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.
9) ADMINISTRATION OF INSURANCE
Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

10) PREMIUM
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.
GROUP ACCIDENT INSURANCE

THE CERTIFICATE PROVIDES LIMITED BENEFITS:
THE CERTIFICATE PROVIDES BENEFITS FOR TREATMENT OF
AN ACCIDENTAL INJURY OR SICKNESS IN A HOSPITAL.
BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL
EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE
WHEN YOU ENROLL FOR THIS INSURANCE.

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY
This outline of coverage provides a very brief description of the important features of the group insurance coverage
provided by the Group Policy and Certificate. 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 with respect to the coverage. It is, therefore, important that you
READ YOUR CERTIFICATE CAREFULLY!

2) ACCIDENT INSURANCE
Accident insurance coverage is designed to provide, to persons insured, coverage for certain losses resulting from
an Accident ONLY, subject to any limitations contained in the Certificate. The Accident coverage is limited - it
primarily provides hospital indemnity benefits in the form of a fixed daily benefit for confinement in a hospital for
treatment of: Injuries resulting from an Accident; or, Sickness, subject to any limitations contained in the Certificate.

The Certificate does not provide for reimbursement of any medical expenses.

3) BENEFITS
The terms “You” and “Your” refer to the employee who becomes insured for the group insurance coverage
described in this outline. The term “Covered Person” refers to a person for whom insurance is in effect under the
Certificate.

Please be aware that the Certificate contains specific conditions, maximums, limitations, exclusions and proof
requirements for the benefits described below.
## ACCIDENT - HOSPITAL BENEFITS

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accident - Hospital Admission Benefit:</strong></td>
<td></td>
</tr>
<tr>
<td>Non-ICU Hospital Admission</td>
<td>$2000</td>
</tr>
<tr>
<td>Intensive Care Unit Admission</td>
<td>$2000</td>
</tr>
<tr>
<td><strong>Accident - Hospital Confinement Benefit:</strong></td>
<td></td>
</tr>
<tr>
<td>Non-ICU Hospital Confinement</td>
<td>$200 per day, up to 31 days per Covered Person per Accident</td>
</tr>
<tr>
<td>Intensive Care Unit Confinement</td>
<td>$200 per day, up to 31 days per Covered Person per Accident</td>
</tr>
<tr>
<td><strong>Inpatient Rehabilitation Benefit</strong></td>
<td></td>
</tr>
<tr>
<td>$200 per day, up to 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year.</td>
<td></td>
</tr>
</tbody>
</table>

## SICKNESS - HOSPITAL BENEFITS

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sickness - Hospital Admission Benefit:</strong></td>
<td></td>
</tr>
<tr>
<td>Non-ICU Hospital Admission</td>
<td>$2000</td>
</tr>
<tr>
<td>Intensive Care Unit Admission</td>
<td>$2000</td>
</tr>
<tr>
<td><strong>Sickness - Hospital Confinement Benefit:</strong></td>
<td></td>
</tr>
<tr>
<td>Non-ICU Hospital Confinement</td>
<td>$200 per day, up to 31 days per Covered Person per Sickness</td>
</tr>
<tr>
<td>Intensive Care Unit Confinement</td>
<td>$200 per day, up to 31 days per Covered Person per Sickness</td>
</tr>
</tbody>
</table>
4) DEFINITIONS

**Accident** means an act or event which:
- is unforeseen, unexpected and unanticipated;
- is definite as to time and place;
- is not a Sickness; and
- occurs while insurance is in effect.

The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

**Injury** means any bodily harm:
- that results directly from an Accident; and
- is not specifically excluded as set forth in the section of the Certificate titled Accident - Exclusions.

**Sickness** means:
- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

5) EXCLUSIONS

Applicable to all Accident Benefits:

We will not pay benefits for any loss for a Covered Person caused by the Covered Person’s Sickness, or the diagnosis or treatment of such Sickness, 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.

We will not pay benefits for any loss 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; or
  - 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;
- the Covered Person’s infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the Covered Person’s operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured’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;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the 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;
• 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; or
• 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.

In addition, we will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility; or
• any of the following outside of the United States, Canada or Mexico:
  • hospital admission or confinement; or
  • inpatient stay in a rehabilitation facility.

Applicable to Sickness – Hospital Benefits:
We will not pay benefits for any Covered Person’s Sickness that is 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; or
  • 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; or
• dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  • treat a Sickness;
  • correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  • reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
• the Covered Person’s mental illness, or the diagnosis or treatment of such illness;
• the Covered Person’s alcoholism, drug addiction, chemical dependency or complications thereof; or
• activities required by the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, We will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility;
• any hospital admission or confinement outside the United States, Canada or Mexico; or
• routine nursing or well baby care for a newborn child.
6) LIMITATIONS

Benefit Reduction Due to Age

A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person’s Attained Age.

Attained Age means the Covered Person’s age:

- on the date of an Accident, for all benefits that become payable because of the Accident; and
- on the date of hospital confinement, for all benefits that become payable under the Sickness – Hospital Benefits provisions.

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<th>Attained Age</th>
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<td>Any benefit payable will be reduced by 50% of the amount listed for that benefit in the Schedule if the Covered Person’s Attained Age is 70 or older. For example, a $100 benefit, as listed on the Schedule, will be paid at $50 if the Covered Person’s Attained Age is 72.</td>
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If The Covered Person Is Confined in a Hospital For Both Injury And Sickness

If a Covered Person is confined in a hospital for both an Injury and Sickness at the same time, We will only pay benefits under the Accident – Hospital Benefits provisions the Certificate, and not the Sickness – Hospital Benefits provisions. In this case, if the Covered Person exhausts the Accident – Hospital Benefits and remains confined in a hospital for treatment of a Sickness, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit.

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person’s insurance will be without prejudice to an existing claim.

8) CONTINUATION OF INSURANCE

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as “Continued Insurance”. Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as “Group Billed Insurance”.

You may obtain Continued Insurance by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.
9) ADMINISTRATION OF INSURANCE
Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

10) PREMIUM
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.
GROUP ACCIDENT INSURANCE

THE CERTIFICATE PROVIDES LIMITED BENEFITS:

THE CERTIFICATE PROVIDES BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY OR SICKNESS IN A HOSPITAL. BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE WHEN YOU ENROLL FOR THIS INSURANCE.

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY
This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. 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 with respect to the coverage. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

2) ACCIDENT INSURANCE
Accident insurance coverage is designed to provide, to persons insured, coverage for certain losses resulting from an Accident ONLY, subject to any limitations contained in the Certificate. The Accident coverage is limited - it primarily provides hospital indemnity benefits in the form of a fixed daily benefit for confinement in a hospital for treatment of: Injuries resulting from an Accident; or, Sickness, subject to any limitations contained in the Certificate.

The Certificate does not provide for reimbursement of any medical expenses.

3) BENEFITS
The terms “You” and “Your” refer to the employee who becomes insured for the group insurance coverage described in this outline. The term “Covered Person” refers to a person for whom insurance is in effect under the Certificate.

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

Accident - Hospital Admission Benefit:
- Non-ICU Hospital Admission: $2000
- Intensive Care Unit Admission: $2000

Accident - Hospital Confinement Benefit:
- Non-ICU Hospital Confinement: $200 per day, up to 31 days per Covered Person per Accident
- Intensive Care Unit Confinement: $200 per day, up to 31 days per Covered Person per Accident

Inpatient Rehabilitation Benefit

SICKNESS - HOSPITAL BENEFITS

Sickness - Hospital Admission Benefit:
- Non-ICU Hospital Admission: $2000
- Intensive Care Unit Admission: $2000

Sickness - Hospital Confinement Benefit:
- Non-ICU Hospital Confinement: $200 per day, up to 31 days per Covered Person per Sickness
- Intensive Care Unit Confinement: $200 per day, up to 31 days per Covered Person per Sickness

$200 per day, up to 31 days per Covered Person, per Accident but not to exceed 31 days per calendar year.
4) DEFINITIONS
Accident means an act or event which:
- is unforeseen, unexpected and unanticipated;
- is definite as to time and place;
- is not a Sickness; and
- occurs while insurance is in effect.
The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

Injury means any bodily harm:
- that results directly from an Accident; and
- is not specifically excluded as set forth in the section of the Certificate titled Accident - Exclusions.

Sickness means:
- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

5) EXCLUSIONS
Applicable to all Accident Benefits:
We will not pay benefits for any loss for a Covered Person caused by the Covered Person’s Sickness, or the diagnosis or treatment of such Sickness, 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.

We will not pay benefits for any loss 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; or
  - 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;
- the Covered Person’s infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the Covered Person’s operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured’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;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the 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;
• 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; or
• the Covered Person bungee jumping, base jumping, hang gliding, parakiting, 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.

In addition, we will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility; or
• any of the following outside of the United States, Canada or Mexico:
  • hospital admission or confinement; or
  • inpatient stay in a rehabilitation facility.

**Applicable to Sickness – Hospital Benefits:**
We will not pay benefits for any Covered Person’s Sickness that is 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; or
  • 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; or
• dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  • treat a Sickness;
  • correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  • reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
• the Covered Person’s mental illness, or the diagnosis or treatment of such illness;
• the Covered Person’s alcoholism, drug addiction, chemical dependency or complications thereof; or
• activities required by the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, We will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility;
• any hospital admission or confinement outside the United States, Canada or Mexico; or
• routine nursing or well baby care for a newborn child.
6) LIMITATIONS

Benefit Reduction Due to Age
A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person’s Attained Age.

Attained Age means the Covered Person’s age:
• on the date of an Accident, for all benefits that become payable because of the Accident; and
• on the date of hospital confinement, for all benefits that become payable under the Sickness – Hospital Benefits provisions.

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<td>65 to 69</td>
<td>Any benefit payable will be reduced by 25% of the amount listed for that benefit in the Schedule if the Covered Person’s Attained Age is 65 to 69. For example, a $100 benefit, as listed in the Schedule, will be paid at $75 if the Covered Person’s Attained Age is 67.</td>
</tr>
<tr>
<td>70 or older</td>
<td>Any benefit payable will be reduced by 50% of the amount listed for that benefit in the Schedule if the Covered Person’s Attained Age is 70 or older. For example, a $100 benefit, as listed on the Schedule, will be paid at $50 if the Covered Person’s Attained Age is 72.</td>
</tr>
</tbody>
</table>

If The Covered Person Is Confined in a Hospital For Both Injury And Sickness
If a Covered Person is confined in a hospital for both an Injury and Sickness at the same time, We will only pay benefits under the Accident – Hospital Benefits provisions the Certificate, and not the Sickness – Hospital Benefits provisions. In this case, if the Covered Person exhausts the Accident – Hospital Benefits and remains confined in a hospital for treatment of a Sickness, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit.

7) WHEN INSURANCE ENDS

Date Your Insurance Ends
Your insurance will end on the earliest of:
• the date the Group Policy ends;
• the date You die;
• the date insurance ends for Your class;
• the end of the period for which the last full premium has been paid for You;
• the date You cease to be in an eligible class; or
• the date Your employment ends for any reason.

Termination of a Covered Person’s insurance will be without prejudice to an existing claim.

8) CONTINUATION OF INSURANCE

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as “Continued Insurance”. Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as “Group Billed Insurance”.

You may obtain Continued Insurance by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:
• Your Group Billed insurance ends due to Your failure to make a required premium payment; or
• Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.
9) ADMINISTRATION OF INSURANCE
Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

10) PREMIUM
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.
POLICYHOLDER:
Group Policy Form No: GPNP12-AX
(Referred to as the “Group Policy”)
Certificate Form No: GCERT12-AX
(Referred to as the “Certificate”)

GROUP ACCIDENT INSURANCE

THE CERTIFICATE PROVIDES LIMITED BENEFITS:
THE CERTIFICATE PROVIDES BENEFITS FOR TREATMENT OF
AN ACCIDENTAL INJURY OR SICKNESS IN A HOSPITAL.
BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL
EXPENSES INCURRED. YOU SHOULD HAVE MEDICAL COVERAGE IN FORCE
WHEN YOU ENROLL FOR THIS INSURANCE.

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY
This outline of coverage provides a very brief description of the important features of the group insurance coverage
provided by the Group Policy and Certificate. 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 with respect to the coverage. It is, therefore, important that you
READ YOUR CERTIFICATE CAREFULLY!

2) ACCIDENT INSURANCE
Accident insurance coverage is designed to provide, to persons insured, coverage for certain losses resulting from
an Accident ONLY, subject to any limitations contained in the Certificate. The Accident coverage is limited - it
primarily provides hospital indemnity benefits in the form of a fixed daily benefit for confinement in a hospital for
treatment of: Injuries resulting from an Accident; or, Sickness, subject to any limitations contained in the Certificate.

The Certificate does not provide for reimbursement of any medical expenses.

3) BENEFITS
The terms “You” and “Your” refer to the employee who becomes insured for the group insurance coverage
described in this outline. The term “Covered Person” refers to a person for whom insurance is in effect under the
Certificate.

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

Accident - Hospital Admission Benefit:
- Non-ICU Hospital Admission: $2000
- Intensive Care Unit Admission: $2000

Accident - Hospital Confinement Benefit:
- Non-ICU Hospital Confinement:
- Intensive Care Unit Confinement:

Inpatient Rehabilitation Benefit

SICKNESS - HOSPITAL BENEFITS

Sickness - Hospital Admission Benefit:
- Non-ICU Hospital Admission: $2000
- Intensive Care Unit Admission: $2000

Sickness - Hospital Confinement Benefit:
- Non-ICU Hospital Confinement:
- Intensive Care Unit Confinement:

$200 per day, up to 31 days per Covered Person per Accident
$200 per day, up to 15 days per Covered Person per Sickness
$200 per day, up to 31 days per Covered Person per Sickness
4) DEFINITIONS

**Accident** means an act or event which:
- is unforeseen, unexpected and unanticipated;
- is definite as to time and place;
- is not a Sickness; and
- occurs while insurance is in effect.

The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

**Injury** means any bodily harm:
- that results directly from an Accident; and
- is not specifically excluded as set forth in the section of the Certificate titled Accident - Exclusions.

**Sickness** means:
- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

5) EXCLUSIONS

**Applicable to all Accident Benefits:**

We will not pay benefits for any loss for a Covered Person caused by the Covered Person’s Sickness, or the diagnosis or treatment of such Sickness, 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.

We will not pay benefits for any loss 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; or
  - 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;
- the Covered Person’s infection, other than infection occurring in an external wound resulting from an Injury; food poisoning;
- the Covered Person’s operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured’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;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the 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;
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; or

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.

In addition, we will not pay benefits for:

• a Covered Person while incarcerated in any type of penal or detention facility; or

any of the following outside of the United States, Canada or Mexico:

- hospital admission or confinement; or

- inpatient stay in a rehabilitation facility.

Applicable to Sickness – Hospital Benefits:

We will not pay benefits for any Covered Person’s Sickness that is 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; or
    - 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; or
  • dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
    - treat a Sickness;
    - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
    - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
  • the Covered Person’s mental illness, or the diagnosis or treatment of such illness;
  • the Covered Person’s alcoholism, drug addiction, chemical dependency or complications thereof; or
  • activities required by the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, We will not pay benefits for:

• a Covered Person while incarcerated in any type of penal or detention facility;

• any hospital admission or confinement outside the United States, Canada or Mexico; or

• routine nursing or well baby care for a newborn child.
6) LIMITATIONS
   Benefit Reduction Due to Age
   A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person’s Attained Age.

   Attained Age means the Covered Person’s age:
   • on the date of an Accident, for all benefits that become payable because of the Accident; and
   • on the date of hospital confinement, for all benefits that become payable under the Sickness – Hospital Benefits provisions.

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<td>70 or older</td>
<td>Any benefit payable will be reduced by 50% of the amount listed for that benefit in the Schedule if the Covered Person’s Attained Age is 70 or older. For example, a $100 benefit, as listed in the Schedule, will be paid at $50 if the Covered Person’s Attained Age is 72.</td>
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   If The Covered Person Is Confined in a Hospital For Both Injury And Sickness
   If a Covered Person is confined in a hospital for both an Injury and Sickness at the same time, We will only pay benefits under the Accident – Hospital Benefits provisions the Certificate, and not the Sickness – Hospital Benefits provisions. In this case, if the Covered Person exhausts the Accident – Hospital Benefits and remains confined in a hospital for treatment of a Sickness, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit.

7) WHEN INSURANCE ENDS
   Date Your Insurance Ends
   Your insurance will end on the earliest of:
   • the date the Group Policy ends;
   • the date You die;
   • the date insurance ends for Your class;
   • the end of the period for which the last full premium has been paid for You;
   • the date You cease to be in an eligible class; or
   • the date Your employment ends for any reason.

   Termination of a Covered Person’s insurance will be without prejudice to an existing claim.

8) CONTINUATION OF INSURANCE
   Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as “Continued Insurance”. Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as “Group Billed Insurance”.

   You may obtain Continued Insurance by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.
   Continued Insurance is not available if:
   • Your Group Billed insurance ends due to Your failure to make a required premium payment; or
   • Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.
9) ADMINISTRATION OF INSURANCE
Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

10) PREMIUM
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.
GROUP HOSPITAL INDEMNITY COVERAGE

IMPORTANT INFORMATION ABOUT THE COVERAGE YOU ARE BEING OFFERED

THE CERTIFICATE PROVIDES LIMITED BENEFITS:
THE CERTIFICATE PROVIDES BENEFITS FOR TREATMENT OF AN ACCIDENTAL INJURY IN A HOSPITAL OR SICKNESS IN A HOSPITAL.
BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

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

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

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

DISCLOSURE STATEMENT

1) READ YOUR CERTIFICATE CAREFULLY
This disclosure statement provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. 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 with respect to the coverage. It is, therefore, important that You READ YOUR CERTIFICATE CAREFULLY!

2) HOSPITAL INDEMNITY COVERAGE
Hospital indemnity coverage is designed to provide coverage in the form of a fixed daily benefit during periods of hospitalization resulting from an 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 benefits described below.

The Certificate does not provide for reimbursement of any medical expenses.
CAUTION: If you are also covered under a High Deductible Health Plan (HDHP) and are contributing to a Health Savings Account (HSA), you should check with your tax advisor or benefit advisor prior to purchasing this coverage to be sure that you will continue to be eligible to contribute to the HSA if this coverage is purchased.

3) BENEFITS
The terms “You” and “Your” refer to the employee who becomes insured for the group insurance coverage described in this disclosure. The term “Covered Person” refers to a person for whom insurance is in effect under the Certificate.

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

Accident - Hospital Admission Benefit:
   Non-ICU Hospital Admission
   Intensive Care Unit Admission

Accident - Hospital Confinement Benefit:
   Non-ICU Hospital Confinement
   Intensive Care Unit Confinement

Inpatient Rehabilitation Benefit

SICKNESS - HOSPITAL BENEFITS

Sickness - Hospital Admission Benefit:
   Non-ICU Hospital Admission
   Intensive Care Unit Admission

Sickness - Hospital Confinement Benefit:
   Non-ICU Hospital Confinement
   Intensive Care Unit Confinement

**Benefit**

- $2000
- $2000
- $200 per day, up to 31 days per Covered Person per Accident
- $200 per day, up to 31 days per Covered Person per Accident
- $200 per day, up to 15 days per Covered Person, per Accident but not to exceed 30 days per calendar year.
4) DEFINITIONS

Accident means an act or event which:
• is unforeseen;
• results in an injury;
• is definite as to time and place;
• is not a Sickness; and
• occurs while insurance is in effect.
The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

Injury means any bodily harm:
• that results directly from an Accident; and
• is not specifically excluded as set forth in the section of the Certificate titled Accident - Exclusions.

Sickness means:
• a physical illness, physical infirmity or physical disease;
• pregnancy; or
• infection, but not an infection received through an accidental cut or wound.

5) EXCLUSIONS

Exclusions that Apply to Accident – Hospital Benefits:
We will not pay benefits for any loss for a Covered Person caused by the Covered Person’s Sickness, or the diagnosis or treatment of such Sickness, 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.

We will not pay benefits for the Covered Person’s Injury due to voluntary use, by any means, of poison, gas or fumes.

We will not pay benefits for any loss 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, 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;
• the Covered Person’s infection, other than infection occurring in an external wound resulting from an Injury;
• food poisoning;
• dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  • treat an Injury;
  • correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  • reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the 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;
• 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; or
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.

In addition, we will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility; or
• any of the following outside of the United States, Canada or Mexico:
  • hospital admission or confinement; or
  • inpatient stay in a rehabilitation facility.

**Applicable to Sickness – Hospital Benefits:**
We will not pay benefits for any Covered Person’s Sickness due to voluntary use, by any means, of poison, gas, or fumes.

We will not pay benefits for any loss 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, 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; or
• dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  • treat a Sickness;
  • correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  • reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
• the Covered Person’s mental illness, or the diagnosis or treatment of such illness;
• the Covered Person’s alcoholism, drug addiction, chemical dependency or complications thereof; or
• activities required by the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, we will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility;
• any hospital admission or confinement outside the United States, Canada or Mexico; or
• routine nursing or well baby care for a newborn child.
6) LIMITATIONS

Benefit Reduction Due to Age

A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person’s Attained Age.

Attained Age means the Covered Person’s age:

- on the date of an Accident, for all benefits that become payable because of the Accident; and
- on the date of hospital confinement, for all benefits that become payable under the Sickness – Hospital Benefits provisions.

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<tr>
<td>65 to 69</td>
<td>Any benefit payable will be reduced by 25% of the amount listed for that benefit in the Schedule if the Covered Person’s Attained Age is 65 to 69. For example, a $100 benefit, as listed in the Schedule, will be paid at $75 if the Covered Person’s Attained Age is 67.</td>
</tr>
<tr>
<td>70 or older</td>
<td>Any benefit payable will be reduced by 50% of the amount listed for that benefit in the Schedule if the Covered Person’s Attained Age is 70 or older. For example, a $100 benefit, as listed on the Schedule, will be paid at $50 if the Covered Person’s Attained Age is 72.</td>
</tr>
</tbody>
</table>

If The Covered Person Is Confined in a Hospital For Both Injury And Sickness

If a Covered Person is confined in a hospital for both an Injury and Sickness at the same time, we will only pay benefits under the Accident – Hospital Benefits provisions the Certificate, and not the Sickness – Hospital Benefits provisions. In this case, if the Covered Person exhausts the Accident – Hospital Benefits and remains confined in a hospital for treatment of a Sickness, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit.

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person’s insurance will be without prejudice to an existing claim.

8) CONTINUATION OF INSURANCE

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as “Continued Insurance”. Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as “Group Billed Insurance”.

You may obtain Continued Insurance by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below. Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.

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

10) PREMIUM
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.
GROUP HOSPITAL CONFINEMENT INDEMNITY COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS:
THE CERTIFICATE PROVIDES BENEFITS FOR CARE OF AN ACCIDENTAL INJURY IN A HOSPITAL OR CARE OF SICKNESS IN A HOSPITAL. BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL EXPENSES INCURRED.

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

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

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY
This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. 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 with respect to the coverage. It is, therefore, important that You READ YOUR CERTIFICATE CAREFULLY!

2) HOSPITAL INDEMNITY COVERAGE
Hospital confinement indemnity coverage is designed to provide coverage in the form of a fixed daily benefit during periods of hospitalization resulting from an 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 benefits described below.

The Certificate does not provide for reimbursement of any medical expenses.

3) BENEFITS
The terms “You” and “Your” refer to the employee who becomes insured for the group insurance coverage described in this outline. The term “Covered Person” refers to a person for whom insurance is in effect under the Certificate.

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

Accident - Hospital Admission Benefit:
Non-ICU Hospital Admission $2,000
Intensive Care Unit Admission $2,000

Accident - Hospital Confinement Benefit:
Non-ICU Hospital Confinement
Intensive Care Unit Confinement

Inpatient Rehabilitation Benefit

SICKNESS - HOSPITAL BENEFITS

Sickness - Hospital Admission Benefit:
Non-ICU Hospital Admission $2,000
Intensive Care Unit Admission $2,000

Sickness - Hospital Confinement Benefit:
Non-ICU Hospital Confinement
Intensive Care Unit Confinement

$200 per day, up to 31 days per Covered Person per Sickness
$200 per day, up to 31 days per Covered Person per Sickness

$200 per day, up to 31 days per Covered Person, per Accident but not to exceed 31 days per calendar year
4) DEFINITIONS

**Accident** means an act or event which:
- is unforeseen, unexpected and unanticipated;
- is definite as to time and place;
- is not a Sickness; and
- occurs while insurance is in effect.

The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

**Injury** means any bodily harm:
- that results directly from an Accident; and
- is not specifically excluded as set forth in the section of the Certificate titled Accident - Exclusions.

**Sickness** means:
- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

5) EXCLUSIONS

**Exclusions that Apply to Accident – Hospital Benefits:**
We will not pay benefits for any loss for a Covered Person caused by the Covered Person’s Sickness, or the diagnosis, treatment or care of such Sickness, 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.

We will not pay benefits for any loss 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; or
  - 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;
- the Covered Person’s infection, other than infection occurring in a wound resulting from an Injury;
- food poisoning;
- the Covered Person’s operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured’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;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat or provide care for an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the Certificate;
- the Covered Person’s mental illness, or the diagnosis, care 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;
• 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; or
• 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.

In addition, we will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility; or
• any of the following outside of the United States, Canada or Mexico:
  • medical care or treatment;
  • hospital admission or confinement; or
  • inpatient stay in a rehabilitation facility.

Applicable to Sickness – Hospital Benefits:
We will not pay benefits for any Covered Person’s Sickness that is 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; or
  • 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; or
• dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  • treat or provide care for a Sickness;
  • correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  • reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate;
• the Covered Person’s mental illness, or the diagnosis, care or treatment of such illness;
• the Covered Person’s alcoholism, drug addiction, chemical dependency or complications thereof; or
• activities required by the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, we will not pay benefits for:
• a Covered Person while incarcerated in any type of penal or detention facility;
• any hospital admission or confinement outside the United States, Canada or Mexico; or
• routine nursing or well baby care for a newborn child.
6) LIMITATIONS

Benefit Reduction Due to Age
A benefit payable with respect to a Covered Person will be reduced as described in the table below, based on the Covered Person’s Attained Age.

Attained Age means the Covered Person’s age:
• on the date of an Accident, for all benefits that become payable because of the Accident; and
• on the date of hospital confinement, for all benefits that become payable under the Sickness – Hospital Benefits provisions.

<table>
<thead>
<tr>
<th>Attained Age</th>
<th>Reduction Amount</th>
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<tbody>
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<td>65 to 69</td>
<td>Any benefit payable will be reduced by 25% of the amount listed for that benefit in the Schedule if the Covered Person’s Attained Age is 65 to 69. For example, a $100 benefit, as listed in the Schedule, will be paid at $75 if the Covered Person’s Attained Age is 67.</td>
</tr>
<tr>
<td>70 or older</td>
<td>Any benefit payable will be reduced by 50% of the amount listed for that benefit in the Schedule if the Covered Person’s Attained Age is 70 or older. For example, a $100 benefit, as listed on the Schedule, will be paid at $50 if the Covered Person’s Attained Age is 72.</td>
</tr>
</tbody>
</table>

If the Covered Person is confined in a hospital for both Injury and Sickness
If a Covered Person is confined in a hospital for both an Injury and Sickness at the same time, we will only pay benefits under the Accident – Hospital Benefits provisions the Certificate, and not the Sickness – Hospital Benefits provisions. In this case, if the Covered Person exhausts the Accident – Hospital Benefits and remains confined in a hospital for care of a Sickness, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit.

7) WHEN INSURANCE ENDS

Date Your Insurance Ends
Your insurance will end on the earliest of:
• the date the Group Policy ends;
• the date You die;
• the date insurance ends for Your class;
• the end of the period for which the last full premium has been paid for You;
• the date You cease to be in an eligible class; or
• the date Your employment ends for any reason.

Termination of a Covered Person’s insurance will be without prejudice to an existing claim.

8) CONTINUATION OF INSURANCE

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as “Continued Insurance”. Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as “Group Billed Insurance”.

You may obtain Continued Insurance by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:
• Your Group Billed insurance ends due to Your failure to make a required premium payment; or
• Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.
9) ADMINISTRATION OF INSURANCE
Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to You. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

10) PREMIUM
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.
GROUP HOSPITAL INDEMNITY COVERAGE

THE CERTIFICATE PROVIDES LIMITED BENEFITS:
THE CERTIFICATE PROVIDES BENEFITS FOR TREATMENT OF
AN ACCIDENTAL INJURY IN A HOSPITAL OR SICKNESS IN A HOSPITAL.
BENEFIT AMOUNTS ARE NOT BASED ON ANY MEDICAL
EXPENSES INCURRED.

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

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

THIS CERTIFICATE DOES NOT MEET THE MINIMUM COVERAGE REQUIREMENTS OF
THE AFFORDABLE CARE ACT. YOU SHOULD NOT PURCHASE THIS CERTIFICATE
UNLESS YOU ARE ALREADY COVERED BY COMPREHENSIVE MAJOR MEDICAL
INSURANCE.

OUTLINE OF COVERAGE

1) READ YOUR CERTIFICATE CAREFULLY
This outline of coverage provides a very brief description of the important features of the group insurance coverage
provided by the Group Policy and Certificate. 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 with respect to the coverage. It is, therefore, important that you
READ YOUR CERTIFICATE CAREFULLY!

2) HOSPITAL INDEMNITY COVERAGE
Hospital indemnity coverage is designed to provide coverage in the form of a fixed daily benefit during periods of
hospitalization resulting from an 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 benefits described below.

The Certificate does not provide for reimbursement of any medical expenses.

3) BENEFITS
The terms “You” and “Your” refer to the employee who becomes insured for the group insurance coverage
described in this outline. The term “Covered Person” refers to a person for whom insurance is in effect under the
Certificate.

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

Accident - Hospital Admission Benefit:
- Non-ICU Hospital Admission
- Intensive Care Unit Admission

Accident - Hospital Confinement Benefit:
- Non-ICU Hospital Confinement
- Intensive Care Unit Confinement

Inpatient Rehabilitation Benefit

SICKNESS - HOSPITAL BENEFITS

Sickness - Hospital Admission Benefit:
- Non-ICU Hospital Admission
- Intensive Care Unit Admission

Sickness - Hospital Confinement Benefit:
- Non-ICU Hospital Confinement
- Intensive Care Unit Confinement

<table>
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<tbody>
<tr>
<td>$2000</td>
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4) DEFINITIONS

**Accident** means an act or event:
- the result of which is unforeseen;
- that is definite as to time and place;
- that is not a Sickness; and
- that occurs while insurance is in effect.

The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

**Injury** means any bodily harm:
- that results directly from an Accident; and
- is not specifically excluded as set forth in the section of the Certificate titled Accident - Exclusions.

**Sickness** means:
- a physical illness, physical infirmity or physical disease;
- pregnancy; or
- infection, but not an infection received through an accidental cut or wound.

5) EXCLUSIONS

**Exclusions that Apply to Accident – Hospital Benefits:**

We will not pay benefits for any loss for a Covered Person caused by the Covered Person’s Sickness, or the diagnosis or treatment of such Sickness, 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.

We will not pay benefits for any loss for a Covered Person caused or contributed to by:

- the Covered Person’s voluntary 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; or
  - 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;
- the Covered Person’s infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the Covered Person’s operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
  - intoxicated means that the Insured’s blood alcohol level is above the legal limit (insured’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;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an Injury;
  - correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under the Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an Injury for which coverage is not otherwise excluded under the 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;

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; or

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.

In addition, we will not pay benefits for:

- a Covered Person while incarcerated in any type of penal or detention facility; or

- any of the following outside of the United States, Canada or Mexico:
  - hospital admission or confinement; or
  - inpatient stay in a rehabilitation facility.

Applicable to Sickness – Hospital Benefits:
We will not pay benefits for any Covered Person’s Sickness that is caused or contributed to by:

- the Covered Person’s voluntary 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; or
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- 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; or
- dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:
  - treat a Sickness;
  - correct a disorder of normal bodily function or structure that was caused by a Sickness for which coverage is not otherwise excluded under this Certificate;
  - reconstruct a part of the body which was removed or disfigured as a result of a Sickness for which coverage is not otherwise excluded under this Certificate; or
- activities required by the Covered Person’s service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, We will not pay benefits for:

- a Covered Person while incarcerated in any type of penal or detention facility;
- any hospital admission or confinement outside the United States, Canada or Mexico; or
- routine nursing or well baby care for a newborn child.
6) LIMITATIONS

Benefit Reduction Due to Age

A benefit payable with respect a Covered Person will be reduced as described in the table below, based on the Covered Person’s Attained Age.

Attained Age means the Covered Person’s age:

- on the date of an Accident, for all benefits that become payable because of the Accident; and
- on the date of hospital confinement, for all benefits that become payable under the Sickness – Hospital Benefits provisions.

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<td>Any benefit payable will be reduced by 50% of the amount listed for that benefit in the Schedule if the Covered Person’s Attained Age is 70 or older. For example, a $100 benefit, as listed on the Schedule, will be paid at $50 if the Covered Person’s Attained Age is 72.</td>
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If The Covered Person Is Confined in a Hospital For Both Injury And Sickness

If a Covered Person is confined in a hospital for both an Injury and Sickness at the same time, We will only pay benefits under the Accident – Hospital Benefits provisions the Certificate, and not the Sickness – Hospital Benefits provisions. In this case, if the Covered Person exhausts the Accident – Hospital Benefits and remains confined in a hospital for treatment of a Sickness, the Covered Person may still be eligible for the Sickness – Hospital Confinement Benefit.

7) WHEN INSURANCE ENDS

Date Your Insurance Ends

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for You;
- the date You cease to be in an eligible class; or
- the date Your employment ends for any reason.

Termination of a Covered Person’s insurance will be without prejudice to an existing claim.

8) CONTINUATION OF INSURANCE

Insurance provided under the Certificate may be continued with premium payment in certain situations, as described below. This is referred to as “Continued Insurance”. Insurance in effect under the Group Policy for which the group policyholder remits premium is referred to as “Group Billed Insurance”.

You may obtain Continued Insurance by making a request in accordance with requirements for such a request if Your Group Billed Insurance ends except as described below.

Continued Insurance is not available if:

- Your Group Billed insurance ends due to Your failure to make a required premium payment; or
- Your insurance ends because the Group Policy ends and, within 30 days of the day that the Group Policy ends, You become eligible for insurance under another policy of group insurance providing similar benefits issued to or provided through the group policyholder.
9) ADMINISTRATION OF INSURANCE
Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company’s obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

10) PREMIUM
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.
This product is not approved for policies to be issued in this state. Please verify the correct POLICY ISSUANCE state.