



METROPOLITAN LIFE INSURANCE COMPANY (“MetLife”)

GROUP HOSPITAL INDEMNITY COVERAGE

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

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

OUTLINE OF COVERAGE

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

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

3) Benefits: The listing below shows the benefits provided for you – benefits for dependents may vary from the amounts listed.

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

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

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

**Hospital Indemnity Coverage
Benefits Summary**

Hospital Benefits	Low Plan Benefits	High Plan Benefits
Admission Benefit	\$500 for the day of admission	\$1,000 for the day of admission
ICU Supplemental Admission Benefit	\$500 for the day of admission	\$1,000 for the day of admission
Confinement Benefit (paid for up to 365 days per calendar year)	\$100 per day	\$200 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per calendar year)	\$100 per day	\$200 per day

4) Exclusions and Limitations

Exclusions:

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

- complications of pregnancy; and
- routine childbirth.

The Certificate only provides benefits for sickness or injury. Sickness does not include:

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

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused 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, or riot;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;
- cosmetic surgery, except when such surgery is performed to:
 - treat an injury or sickness;
 - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a physician; or
 - an "over the counter" drug, medication or sedative taken as directed; 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, the Certificate does not provide 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:
 - any medical or healthcare treatment, services or transportation; or
 - any inpatient admission or stay in any medical or health care facility.

Additional Exclusions that Apply to Loss Due to Sickness:

The Certificate does not provide benefits for:

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

INTOXICANTS AND CONTROLLED SUBSTANCES

We shall not be liable for any loss sustained or contracted in consequence of the covered person's being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician.

ILLEGAL OCCUPATION OR COMMISSION OF A FELONY

We shall not be liable for any loss to which a contributing cause was the commission of or attempt to commit a felony by the covered person whose injury or sickness is the basis of claim, or to which a contributing cause was such covered person's being engaged in an illegal occupation.

Additional Exclusions that Apply to Loss Due to Accident:

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

- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; 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.

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	Reduction Amount
65 to 69	Any benefit payable will be reduced by 25% if the covered person's attained age is 65 to 69.
70 or older	Any benefit payable will be reduced by 50% if the covered person's attained age is 70 or older.

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

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

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