

Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits.

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	High Plan	Highest Plan
Hospital Benefits				
Admission Benefit	4 time(s) per calendar year ¹	Admission	\$1,500	\$2,500
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	\$1,500	\$2,500
Confinement Benefit	365 days per confinement ³ ICU Supplemental Confinement will pay an additional benefit for 31 of those days	Confinement ⁴	\$100	\$100
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$65	\$65
Confinement Benefit for Newborn Nursery Care	3 day(s) per confinement	Confinement Benefit for Newborn Nursery Care ⁵	\$100	\$150
Inpatient Rehabilitation Benefit	15 days per calendar year	Inpatient Rehabilitation (For Injury or Sickness)	\$100	\$150

*Any benefit(s) marked with an asterisk requires a prior Hospital Admission or Confinement.

¹ If a covered person is readmitted within 90 days for the same or related sickness/injury for which we paid an Admission Benefit, an additional Admission Benefit is not payable.

³ If a covered person is confined again within 90 days for the same or related sickness/injury, we will treat the subsequent confinement as a continuation of the previous confinement.

⁴ If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.

⁵ Payable for the period of newborn confinement for a newborn child who is not sick or injured.

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Rate Information	
Rate Structure	Composite Rates
Rate Guarantee period	5 years, subsequent years' rates subject to change.
Policy and Rate Changes	<p>Policy Premiums are due on the first day of each month.</p> <p>This quote assumes a premium payment grace period of 31 days.</p> <p>MetLife reserves the right to change its rates for any of the following reasons:</p> <ul style="list-style-type: none"> • The composition of the group, employees, dependents or the Hospital Indemnity insurance volume has changed 10% or more from the date when quoted. • Any of the plan designs are changed. • A change in applicable law requires a change in the insurance provided by the policy or the classes of persons eligible for insurance under the plan.

Proposed Rates – High Plan

Type	Monthly (12)
Employee Only	\$12.29
Employee + Spouse	\$31.42
Employee + Children	\$21.01
Employee + Spouse and Children	\$40.14

Proposed Rates – Highest Plan

Type	Monthly (12)
Employee Only	\$19.02
Employee + Spouse	\$48.92
Employee + Children	\$32.36
Employee + Spouse and Children	\$62.25

Connected Benefits	
MetLife Disability	MetLife will proactively notify employees and may auto-adjudicate certain medical conditions when benefits may be available under MetLife Accident & Health Insurance coverages – which includes Hospital Indemnity, as well as Accident, Cancer or Critical Illness insurance if an employee also has those coverages – after filing a MetLife Group Disability claim if the employee has MetLife Group Disability Insurance. Added at no additional cost to you or your employees.

MetLife Advantages SM	
MetLife AdvantagesSM – Services or Discounts added at no additional cost to you or your employees	<p>Digital Estate Planning¹</p> <p>As an added benefit your employees will have access to online will preparation services provided by MetLife Legal Plans to create a will, living will or a power of attorney.</p> <p>MetLife VisionAccess²</p> <p>As an added benefit your employees will have access to the MetLife VisionAccess discount program. The program provides a discount on eye exams, glasses and frames, and laser vision correction when visiting a participating private practice.</p>

MetLife AdvantagesSM Disclaimers

MetLife AdvantagesSM availability may vary by state.

¹Digital Estate Planning without online notary is available to all individuals regardless of any MetLife relationship or product. It is not available for customers situated in or individuals residing in GU, PR and VI. Domestic partnerships are not currently supported. Group legal plans are provided by MetLife Legal Plans, Inc., Cleveland, OH. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI.

²MetLife Vision Access is a discount program and not an insured benefit. It is provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates. MetLife Vision Access is available to anyone regardless of affiliation with MetLife.

GROUP HOSPITAL INDEMNITY INSURANCE EXCLUSIONS AND LIMITATIONS

PLEASE NOTE:

Exclusions and limitations in any policy and certificate issued will be based on the policyholder's situs state, plan design and states where employees reside. If the policyholder has employees residing in the following states, that state's Exclusions and Limitations will apply: Alaska, Arkansas, Connecticut, Louisiana, Minnesota, Mississippi, Montana, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, South Carolina, Texas, Utah, Vermont, Washington, West Virginia, and Wisconsin.

How to read this section:

Exclusions appear in **bold font**. Applicable state variations are noted in *italics*.

We will not pay benefits for any loss due to an Accident or Sickness for a covered person caused or contributed to by any of the following:

IL: deleted the words "or contributed to"

WA: the following sentence is added preceding the bullets below: "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)**
MN: bullet deleted
CO, MO, VT: "or insane" deleted
PA: "(while sane or insane)" deleted
NY: "revised to read "the covered person's suicide, attempted suicide or intentionally self-inflicted injury"
- **the covered person's intentionally self-inflicted injury**
MN, NY: bullet deleted
- **war, whether declared or undeclared; or act of war**
NC: added "(the term "war" does not include terrorist acts)"
OK: bullet revised to add the following at the end: "- 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;"
NY: bullet revised to read "war, or act of war (whether declared or undeclared)"
- **the covered person's active participation in an insurrection, rebellion, riot, or terrorist act**
CA, OR: "or terrorist act" deleted
MD: bullet deleted
MI: bullet revised to read "the covered person's active participation in an insurrection, rebellion, riot, or terrorist act if such participation constitutes the commission of a felony or other willful criminal activity;"
UT: "voluntary" added after "person's" and before "active"
NY: bullet revised to read "the covered person's participation in a felony, riot or insurrection"
- **the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred**
CA, MD: bullet deleted
MI: bullet revised to read "the covered person's commission or attempt to commit a felony or to which a contributing cause was being engaged in an illegal occupation or other willful criminal activity"
NJ: bullet revised to read "the covered person's commission of or attempt to commit a felony or to which a contributing cause was the covered person's engagement in an illegal occupation"
UT: "engagement" deleted and replaced with "active participation"
IL: bullet revised to read "the covered person's engagement in any occupation that constitutes a felony under applicable law"
NY: bullet revised to read "the covered person's engagement in an illegal occupation"
- **dental procedures or surgery except as the result of an Accident causing Injury to a sound natural tooth**
CO: "or to reconstruct a part of the body which was disfigured or removed as a result of a Congenital Anomaly"

of a Dependent Child” added after “sound natural tooth”

SD: “sound natural” deleted

NY: bullet revised to read “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:**
NY: bullet and all 3 sub-bullets deleted and replaced with “cosmetic surgery, except when such surgery is performed to reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness”
 - **treat an Injury or Sickness;**
CO: New sub-bullet added after treat an Injury or Sickness;”. “Reconstruct a part of the body which was disfigured or removed as a result of a Congenital Anomaly of a Dependent Child;”
NC: “or congenital anomaly” added after “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 the certificate; or**
NC: “or congenital anomaly” added after “Sickness”
 - **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 the certificate**
ID: “a trauma, infection or other disease that results from” added after “result of” and before “an Injury”.
The following is added as a bulleted item when children are eligible for coverage “reconstruct a part of the body which was disfigured or removed as a result of congenital disease or congenital anomaly of a dependent child”
NC: “or congenital anomaly” added after “Sickness”
- **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**
FL: bullet revised to read “activities required by the covered person to carry out the duties and responsibilities of their service in the armed forces or any auxiliary unit of the armed forces of any country or international authority”
NY: bullet revised to read “the covered person’s service in the armed forces or any auxiliary unit of the armed forces”

CA: the following two exclusions are added:

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.

The following additional exclusions apply to payment of benefits for any loss due to an Accident:

We will not pay benefits for any loss due to an Accident for a covered person caused or contributed to by any of the following:

IL: deleted the words “or contributed to”

- **the covered person’s travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight**
NY: bullet revised to read “we will not pay benefits for any loss due to an accident for a covered person caused or contributed to by aviation, other than as a fare-paying passenger on a scheduled or chartered flight operated by a scheduled airline”

- **the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received**
NH: "semi-professional or" deleted
NY, SD: bullet deleted

General Disclaimer:

METLIFE'S HOSPITAL INDEMNITY INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. Prior hospital confinement may be required to receive certain benefits. There may be a preexisting condition limitation for hospital sickness benefits. MetLife's Hospital Indemnity Insurance may be subject to benefit reductions that begin at age 65. Like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX, GPNP13-HI, GPNP16-HI or GPNP12-AX-PASG, or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Hospital Indemnity Insurance is pending regulatory approval.

Some services in connection with the coverage may be performed by our affiliate, MetLife Services and Solutions, LLC or by Transaction Applications Group, Inc. a wholly owned subsidiary of NTT Data Services, LLC. These service arrangements in no way alter Metropolitan Life Insurance Company's obligations. Coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and procedures.

Metropolitan Life Insurance Company

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U.S. Business Intermediary and Producer Compensation Notice

Metropolitan Life Insurance Company, Metropolitan Tower Life Insurance Company, MetLife Consumer Services, Inc. and Metropolitan General Insurance Company (collectively herein called "MetLife"), enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related insurance and non-insurance products ("Products") with brokers, agents, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such products (*each an "Intermediary"*). MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (*number of products sold or dollar value of premium*) with MetLife. In addition, supplemental compensation may be payable to your Intermediary for eligible Products. Under MetLife's current supplemental compensation plan (SCP), the amount payable as supplemental compensation may range from 0% to 8% of premium or fees. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period, or other defined period; (2) the amount of eligible new or renewal premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) eligible new or renewal premium or fees growth during a one-year period; or (6) a flat amount, fixed percentage or sliding scale of the premium or fees for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium or fees from you in relation to your products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (*e.g., insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, participation in an insurer panel, or reinsurance arrangements*).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife's base compensation and supplemental compensation plans can be found on MetLife's Website at www.metlife.com/business-and-brokers/broker-resources/broker-compensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of products, and the compensation paid may vary based on a number of factors including the type of product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

Non-U.S. Coverage

When providing you with information concerning an eligible group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a MetLife affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MetLife or any other insurer that is not a member of MAXIS GBN. Please note that while MetLife is a member of MAXISGBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.