

MetLife Proposal Group Accident - Employee Paid Offer

Thursday, October 5, 2023 8:26 AM

Employee Benefits Proposal

Group Accident Insurance

Montgomery County
Employee Paid Offer
Proposal Date: 8/16/2023
Proposal Valid Until: 11/14/2023
Proposed Customer Effective Date: 1/1/2024

V10.6
AX16 [NS-RM] Low: Plan Design 3, High: Plan Design 4
BEN

Group Accident Benefits

MetLife is pleased to offer you an opportunity to provide your employees with financial protection through our Group Accident Insurance as part of our robust portfolio of voluntary products. Accident Insurance provides features that could be valuable to your employees, including:

- ✓ Portability through Continued Insurance with Premium Payment which gives employees the ability to keep their existing coverage when their employment status with the employer changes.¹
- ✓ No coordination with other insurance benefits;
- ✓ Employees are paid a lump-sum benefit that they can use as they feel necessary;
- ✓ Employees and their families will have access to discounts or services that will provide them actionable tools and resources to help them navigate life's twists and turns.²

MetLife Accident Insurance can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

General Enrollment Strategy Requirements

MetLife requires the employer to enable MetLife to raise awareness of the program among employees by communicating relevant information in an appropriate manner. Employer obligations include:

1. Premiums collected via payroll deduction;
2. Agreed upon enrollment method specified in this proposal including on-site enrollment support;
 - Distribution of all required enrollment materials identified by MetLife.
 - Communication through a minimum of 3 employee touch points (e.g., education through materials, emails, intranet/newsletters, onsite meetings).
3. No competing Accident plan programs.

Failure to meet the requirements outlined above and/or to the agreed upon enrollment strategy will likely result in changes to this offering, including an increase in product rates, a change to the rate guarantee period or the program not being offered.

MetLife's proposal assumes an employer's agreement to provide the required enrollment strategy.

It is possible that combining ERISA benefit plans and voluntary insurance benefits on the same enrollment ballot may cause some voluntary insurance benefits to be deemed ERISA plans. There are steps that you can take in placing voluntary benefits on your ERISA ballot that can mitigate the risks. Specifically, segregating the ERISA and non-ERISA offerings on the ballot. We urge you to consult with your own advisor(s) on this matter.

The following section describes assumptions, specific program design, and rates being proposed for this group customer.

¹ Eligibility for portability through the Continued Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

² Discounts or services may not be available in all states.

Proposal Assumptions	
Situs State	IN <u>Residents of most states will be covered by the situs state plan. Residents of certain states will be covered by a state specific certificate of insurance due to these states having extraterritorial laws. For specific state variations on Program Design, Benefits, Limitations and Exclusions, please contact MetLife.</u>
Standard Industry Classification (SIC)	9311
Number of Eligible Employees	215
Employee Eligibility	<ul style="list-style-type: none"> • Employees will be subject to an actively at work requirement. MN and VT residents are subject to a medical coverage requirement. • Must be a resident of the United States. • An employee must be enrolled for coverage for their Spouse / Domestic Partner and / or Dependent Child(ren) to be eligible for coverage. • Child(ren) are eligible for coverage from birth to age 26. Spouses / domestic partners and dependent child(ren) must not be subject to any medical restrictions as set forth on the enrollment form and in the Certificate. Coverage for Domestic Partners varies by state. The definitions of Domestic Partner and Children may vary by state. • Retirees are not eligible to enroll. • VT residents are required to be eligible for coverage if they work at least 17.5 hours a week. NH residents are required to be eligible for coverage if they work at least 15 hours a week. • The demographics and details of potential covered insureds living and working outside the United States should be discussed with your MetLife representative. This product has contractual exclusions and limitation on claims events that occur overseas.
Contributions	100% Employee Paid
Commissions	Level 20% first year and subsequent years.
Enrollment Method	Unknown Method at Quoting Time
Implementation Timeline	The minimum lead time required to implement your plan will be 6 weeks from the date of the initial implementation meeting.

Plan Design	
Coverage Type	24 Hour Coverage (on/off job)
Benefit Amount	Employees will have a choice of selecting coverage between two options: High Plan or Low Plan on a guaranteed issue. Benefits are based on flat schedule amount that varies depending on plan.
Underwriting Offer	Guaranteed Issue ² Benefits are paid directly to the employee based on flat schedule (not reimbursement) and there is no coordination with other insurance coverage.
Benefit Reduction Due to Age	<ul style="list-style-type: none"> • 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. • 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. <p>The Benefit Reduction Due to Age does not apply to the Health Screening Benefit. Premiums remitted to MetLife for any covered person who is subject to the reduction provision should not be reduced.</p>
Portability (Continuation of Insurance with Premium Payment)³	"Portability" is available through our Continuation of Insurance provision. Employees who are no longer eligible for coverage under the plan (e.g. if their employment ends or if they retire or due to their movement to a non-eligible class or, unless they become eligible for similar coverage, if the group policy ends) may continue their coverage on a MetLife direct-billed basis.

Ask your MetLife representative for information on other plan designs and benefits that may be available based on MetLife's guidelines, group size, underwriting and state requirements.

² Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage.

³ Eligibility for portability through the Continued Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

Rate Information					
Rate Structure	Composite Rates				
Rate Guarantee period	3 years, subsequent years' rates subject to change. If Preferred Enrollment conditions are met, the rate guarantee is extended by one additional year.				
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 Accident 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. 				
Supplemental Fees	None				
Minimum Participation Requirements	<table border="1" style="width: 100%;"> <tr> <td>Product / Eligible Population</td> <td>100 - 4,999 Lives</td> </tr> <tr> <td>Accident</td> <td>5%</td> </tr> </table> <p><i>Minimum participation requirements are waived if Preferred Enrollment conditions apply. See Enrollment Method under the Proposal Assumptions section above.</i></p>	Product / Eligible Population	100 - 4,999 Lives	Accident	5%
Product / Eligible Population	100 - 4,999 Lives				
Accident	5%				

Proposed Rates – Low Plan

Type	Monthly (12)
Employee Only	\$16.72
Employee + Spouse	\$33.07
Employee + Children	\$39.85
Employee + Spouse and Children	\$47.02

Proposed Rates – High Plan

Type	Monthly (12)
Employee Only	\$22.03
Employee + Spouse	\$43.40
Employee + Children	\$52.14
Employee + Spouse and Children	\$61.56

Note: Final implemented rates may vary slightly due to rounding.



Covered Benefits – All benefits must relate to injuries sustained in an accident.

BENEFIT	BENEFIT LIMITS	LOW PLAN			HIGH PLAN		
		EMPLOYEE	SPOUSE	CHILD	EMPLOYEE	SPOUSE	CHILD
ACCIDENTAL DEATH BENEFITS CATEGORY							
Basic Accidental Death	N/A	\$25,000	\$12,500	\$5,000	\$50,000	\$25,000	\$10,000
Accidental Death Common Carrier		\$75,000	\$37,500	\$15,000	\$150,000	\$75,000	\$30,000
ACCIDENTAL DISMEMBERMENT/FUNCTIONAL LOSS/PARALYSIS BENEFITS CATEGORY							
Basic Dismemberment/Functional Loss Benefit							
Loss of one finger or one toe	N/A	\$750	\$750	\$750	\$1,000	\$1,000	\$1,000
Loss of one arm or one leg		\$10,000	\$10,000	\$10,000	\$15,000	\$15,000	\$15,000
Loss of one hand or one foot		\$10,000	\$10,000	\$10,000	\$15,000	\$15,000	\$15,000
Loss of two or more fingers or toes		\$1,500	\$1,500	\$1,500	\$2,000	\$2,000	\$2,000
Loss of sight in one eye		\$10,000	\$10,000	\$10,000	\$15,000	\$15,000	\$15,000
Loss of hearing in one ear		\$10,000	\$10,000	\$10,000	\$15,000	\$15,000	\$15,000
Catastrophic Dismemberment/Functional Loss Benefit							
Loss of both arms or both legs or one arm and one leg	N/A	\$20,000	\$20,000	\$20,000	\$40,000	\$40,000	\$40,000
Loss of both hands or both feet or one hand and one foot		\$20,000	\$20,000	\$20,000	\$40,000	\$40,000	\$40,000
Loss of sight in both eyes		\$20,000	\$20,000	\$20,000	\$40,000	\$40,000	\$40,000
Loss of hearing in both ears		\$20,000	\$20,000	\$20,000	\$40,000	\$40,000	\$40,000
Loss of ability to speak		\$20,000	\$20,000	\$20,000	\$40,000	\$40,000	\$40,000
Paralysis Benefit							
Two Limbs (paraplegia or hemiplegia)	N/A	\$10,000	\$10,000	\$10,000	\$20,000	\$20,000	\$20,000
Four Limbs (quadriplegia)		\$20,000	\$20,000	\$20,000	\$40,000	\$40,000	\$40,000

BENEFIT	BENEFIT LIMITS	LOW PLAN	HIGH PLAN
		ALL COVERED PERSONS	ALL COVERED PERSONS
ACCIDENTAL INJURY BENEFITS CATEGORY			
Fracture Benefit (Closed)			
Face or Nose (except mandible or maxilla)	If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.	\$1,000	\$2,000
Skull Fracture - depressed (except bones of face or nose)		\$4,000	\$5,000
Skull Fracture - non depressed (except bones of face or nose)		\$2,000	\$2,500
Lower Jaw, Mandible (except alveolar process)		\$750	\$1,000
Upper Jaw, Maxilla (except alveolar process)		\$1,000	\$2,000

Upper Arm between Elbow and Shoulder (humerus)		\$1,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$750	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$750	\$1,000
Rib		\$750	\$1,000
Finger, Toe		\$100	\$200
Vertebrae, Body of (excluding vertebral processes)		\$1,500	\$2,000
Vertebral Process		\$500	\$750
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$1,500	\$2,000
Hip, Thigh (femur)		\$4,000	\$5,000
Coccyx		\$500	\$750
Leg (tibia and/or fibula)		\$1,500	\$2,000
Kneecap (patella)		\$500	\$750
Ankle		\$500	\$750
Foot (except toes)		\$500	\$750
Chip Fracture		25%	25%
Fracture Benefit (Open)			
Face or Nose (except mandible or maxilla)		\$2,000	\$4,000
Skull Fracture - depressed (except bones of face or nose)		\$8,000	\$10,000
Skull Fracture - non depressed (except bones of face or nose)		\$4,000	\$5,000
Lower Jaw, Mandible (except alveolar process)		\$1,500	\$2,000
Upper Jaw, Maxilla (except alveolar process)		\$2,000	\$4,000
Upper Arm between Elbow and Shoulder (humerus)		\$2,000	\$4,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$1,500	\$2,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	<p>If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.</p>	\$1,500	\$2,000
Rib		\$1,500	\$2,000
Finger, Toe		\$200	\$400
Vertebrae, Body of (excluding vertebral processes)		\$3,000	\$4,000
Vertebral Process		\$1,000	\$1,500
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$3,000	\$4,000
Hip, Thigh (femur)		\$8,000	\$10,000
Coccyx		\$1,000	\$1,500
Leg (tibia and/or fibula)		\$3,000	\$4,000
Kneecap (patella)		\$1,000	\$1,500

Ankle		\$1,000	\$1,500
Foot (except toes)		\$1,000	\$1,500
Chip Fracture		25%	25%
Dislocation Benefit (Closed)			
Lower Jaw	If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit.	\$750	\$1,000
Collarbone (sternoclavicular)		\$1,000	\$1,500
Collarbone (acromioclavicular and separation)		\$750	\$1,000
Shoulder (glenohumeral)		\$750	\$1,000
Rib		\$750	\$1,000
Elbow		\$750	\$1,000
Wrist		\$750	\$1,000
Bone or Bones of the Hand (other than fingers)		\$750	\$1,000
Hip		\$4,000	\$5,000
Knee (except patella)		\$2,000	\$2,500
Ankle - Bone or bones of the Foot (other than toes)		\$750	\$1,000
One Toe or Finger		\$100	\$200
Partial Dislocation		25%	25%
Dislocation Benefit (Open)			
Lower Jaw	If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit.	\$1,500	\$2,000
Collarbone (sternoclavicular)		\$2,000	\$3,000
Collarbone (acromioclavicular and separation)		\$1,500	\$2,000
Shoulder (glenohumeral)		\$1,500	\$2,000
Rib		\$1,500	\$2,000
Elbow		\$1,500	\$2,000
Wrist		\$1,500	\$2,000
Bone or Bones of the Hand (other than fingers)		\$1,500	\$2,000
Hip		\$8,000	\$10,000
Knee (except patella)		\$4,000	\$5,000
Ankle - Bone or bones of the Foot (other than toes)		\$1,500	\$2,000
One Toe or Finger		\$200	\$400
Partial Dislocation		25%	25%
Burn Benefit			
2nd Degree w/ less than 10% of surface skin burnt	1 time per accident; Unlimited time(s) per calendar year	\$75	\$100
2nd Degree 10-25% surface skin burnt		\$150	\$200
2nd Degree 25-35% surface skin burnt		\$500	\$750
2nd Degree 35% or more of surface skin burnt		\$1,000	\$1,500
3rd Degree w/ less than 10% of surface skin burnt		\$1,000	\$1,500
3rd Degree 10-25% surface skin burnt		\$1,500	\$2,000

3rd Degree 25-35% surface skin burnt		\$5,000	\$7,500
3rd Degree 35% or more of surface skin burnt		\$10,000	\$15,000
Concussion Benefit			
Concussion	1 time(s) per calendar year	\$250	\$500
Coma Benefit			
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	\$7,500	\$10,000
Laceration Benefit			
Without repair by stiches	1 time per accident; 3 time(s) per calendar year	\$50	\$75
Repaired by stiches but less than 2 inches long		\$75	\$125
Repaired by stiches and 2-6 inches long		\$200	\$350
Repaired by stiches and over 6 inches long		\$400	\$700
Broken Tooth Benefit			
Crown	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$200	\$300
Extraction	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$100	\$150
Filling	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$25	\$50
Eye Injury Benefit			
Eye Injury	1 time(s) per accident; Unlimited time(s) per calendar year	\$300	\$400

		LOW PLAN	HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS	ALL COVERED PERSONS
MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY			
Ground Ambulance Benefit			
Ground Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$300	\$400
Air Ambulance Benefit			
Air Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,000	\$1,250
Emergency Care Benefit			
Emergency Room	1 time per accident (combined)	\$150	\$200

Physician's Office	with Non-Emergency Initial Care Benefit). Payable within 96 hours after the accident.	\$75	\$100
Urgent Care		\$75	\$100
Non-Emergency Initial Care Benefit			
Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	\$75	\$100
Medical Testing Benefit			
Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	2 time(s) per accident; Unlimited time(s) per calendar year	\$150	\$200
Physician Follow-Up Benefit			
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per calendar year	\$75	\$100
Transportation Benefit			
Transportation	1 time(s) per accident; 2 time(s) per calendar year	\$300	\$400
Therapy Services Benefit			
Acupuncture	10 time(s) per accident; Unlimited time(s) per calendar year	\$35	\$50
Chiropractic Therapy		\$35	\$50
Cognitive Behavioral Therapy		\$35	\$50
Occupational Therapy		\$35	\$50
Physical Therapy		\$35	\$50
Respiratory therapy		\$35	\$50
Speech Therapy		\$35	\$50
Vocational Therapy		\$35	\$50
Pain Benefit			
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per calendar year	\$75	\$100
Prosthetic Device Benefit			
One Device Only	1 time(s) per accident; Unlimited time(s) per calendar year	\$750	\$1,000
More than One Device		\$1,500	\$2,000
Medical Appliance Benefit			
Brace		\$75	\$150
Cane		\$75	\$150
Crutches		\$75	\$150
Walker - expected use < 1yr		\$150	\$200
Walker - expected use >=1 yr		\$300	\$400
Walking Boot		\$75	\$150
Wheel chair or motorized scooter - expected use < 1yr		\$200	\$300

Wheel chair or motorized scooter - expected use >=1yr		\$750	\$1,000
Other medical device used for Mobility		\$75	\$150
Medical Appliance Benefit Limit (for all appliances combined per accident)		\$750	\$1,000
Modification Benefit			
Modification	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,000	\$1,500
Blood/ Plasma/ Platelets Benefit			
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	\$400	\$500
Surgery Benefits			
Surgical Repair – Cranial	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,500	\$2,000
Surgical Repair – Hernia		\$150	\$200
Surgical Repair – Ruptured Disc		\$750	\$1,500
Surgical Repair – Skin Graft (% of Bum Benefit)		50%	50%
Surgical Repair – Torn Cartilage in Knee		\$750	\$1,500
Surgical Repair – Torn tendon/ligament/rotator cuff - one		\$750	\$1,000
Surgical Repair – Torn tendon/ligament/rotator cuff - two or more		\$1,500	\$2,000
Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity		\$1,500	\$2,000
Exploratory Surgery (for any Surgery Benefit procedure)		\$150	\$200
Other Outpatient Surgery Benefit			
Other Outpatient Surgery Benefit	1 time(s) per accident; Unlimited time(s) per calendar year	\$300	\$400

		LOW PLAN	HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS	ALL COVERED PERSONS
ACCIDENT – HOSPITAL BENEFITS CATEGORY			
Hospital Admission Benefit			
Admission	1 time per accident; Unlimited times per calendar year	\$1,000	\$1,500
ICU Supplemental Admission (paid in addition to Admission)		\$1,000	\$1,500
Hospital Confinement Benefit			
Confinement	15 days per accident. Payable after the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 15 of those days.	\$200	\$300
ICU Supplemental Confinement (paid in addition to Confinement)		\$200	\$300

Inpatient Rehabilitation Benefit			
Inpatient Rehabilitation	15 days per accident; 30 days per calendar year	\$150	\$200

BENEFIT	BENEFIT LIMITS	LOW PLAN	HIGH PLAN
		ALL COVERED PERSONS	ALL COVERED PERSONS
OTHER BENEFITS CATEGORY			
Health Screening Benefit	1 time(s) per calendar year	\$50	\$50
Lodging Benefit	15 day(s) per calendar year	\$100	\$200

Notes Regarding Certain Benefits:

- Accidental Death Benefits Category: The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.
- Accidental Death Common Carrier Benefit: "Common Carrier": refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. See your Disclosure Statement or Outline of Coverage/Disclosure Document for specific details.
- Lodging Benefit: The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from the insured's primary residence.
- In certain states, the Health Screening Benefit is provided by MetLife Consumer Services as a separate service and is not part of the insurance coverage. This does not impact the Health Screening Benefit's availability, cost, or the way in which the service is accessed. The covered health screenings are: Routine health check-up exam (annual physical exam), biopsies for cancer, blood chemistry panel, blood test to determine total cholesterol, blood test to determine triglycerides, bone marrow testing, breast MRI, breast ultrasound, breast sonogram, cancer antigen 15-3 blood test for breast cancer (CA 15-3), cancer antigen 125 blood test for ovarian cancer (CA 125), carcinoembryonic antigen blood test for colon cancer (CEA), carotid doppler, complete blood count (CBC), chest x-rays, clinical testicular exam, colonoscopy, coronavirus testing, dental exam, digital rectal exam (DRE), Doppler screening for cancer, Doppler screening for peripheral vascular disease, Echocardiogram, electrocardiogram (EKG), electroencephalogram (EEG), endoscopy, eye exam, fasting blood glucose test, fasting plasma glucose test, flexible sigmoidoscopy, hearing test, hemocult stool specimen, hemoglobin A1C, human papillomavirus (HPV) vaccination, immunization, lipid panel, mammogram, oral cancer screening, pap smears or thin prep pap test, prostate-specific antigen (PSA) test, serum cholesterol test to determine LDL and HDL levels, serum protein electrophoresis, skin cancer biopsy, skin cancer screening, skin exam, stress test on bicycle or treadmill, successful completion of smoking cessation program, tests for sexually transmitted infections (STIs), thermography, two hour post-load plasma glucose test, ultrasounds for cancer detection, ultrasound screening of the abdominal aorta for abdominal aortic aneurysms and virtual colonoscopy.

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

Other Benefits

Health Screening Benefit	<p>Paid one time per calendar year.</p> <p>The screening/prevention measures for which a Health Screening Benefit may be paid are: routine health check-up exam; biopsies for cancer; blood chemistry panel; blood test to determine total cholesterol; blood test to determine triglycerides; bone marrow testing; breast MRI; breast ultrasound; breast sonogram; cancer antigen 15-3 blood test for breast cancer (CA 15-3); cancer antigen 125 blood test for ovarian cancer (CA 125); carcinoembryonic antigen blood test for colon cancer (CEA); carotid doppler; chest x-rays; clinical testicular exam; colonoscopy; complete blood count (CBC); coronavirus testing; dental exam; digital rectal exam (DRE); Doppler screening for cancer; Doppler screening for peripheral vascular disease; echocardiogram; electrocardiogram (EKG); electroencephalogram (EEG); endoscopy; eye exam; fasting blood glucose test; fasting plasma glucose test; flexible sigmoidoscopy; hearing test; hemoccult stool specimen; hemoglobin A1C; human papillomavirus (HPV) vaccination; immunization; lipid panel; mammogram; oral cancer screening; pap smears or thin prep pap test; prostate-specific antigen (PSA) test; serum cholesterol test to determine LDL and HDL levels; serum protein electrophoresis; skin cancer biopsy; skin cancer screening; skin exam; stress test on bicycle or treadmill; successful completion of smoking cessation program; tests for sexually transmitted infections (STIs); thermography; two hour post-load plasma glucose test; ultrasounds for cancer detection; ultrasound screening of the abdominal aorta for abdominal aortic aneurysms; or virtual colonoscopy.</p> <p>The Health Screening Benefit is referred to as the Accident Prevention Screening Benefit in some states. If a Health Screening Benefit is offered under your plan, please note that in certain states, it is provided by MetLife Consumer Services as a separate service and is not part of the group insurance policy. This does not impact the Health Screening Benefit's availability to your employees, total cost to you or your employees, or the way in which employees access the service. Your total cost reflects the fee for the service and there is no administrative or contractual impact to you.</p>
Organized Sports Activity Injury Benefit Rider	<p>If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident - Medical Treatment and Services, Hospital benefits.</p> <p>The Organized Sports Activity Injury Benefit Rider is pending regulatory approval in some states.</p>

Healthcare Navigation Services

Healthcare Navigation Services – added at no additional cost to you or your employees	<p>As an added benefit your employees will have access to education and support from personal consultants with healthcare expertise, including the following: decision support related to health care services and benefits; assistance with understanding health benefits; concierge services to coordinate care, assess costs of care, find doctors and facilitate appointments; and medical claim/bill review and correction. The services also include access to self-service decision support tools via a web portal that can be used to assess costs of care and find doctors.</p>
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MetLife AdvantagesSM	
MetLife AdvantagesSM – Services or Discounts added at no additional cost to you or your employees	<p>Will Preparation Services¹ As an added benefit your employees will have access to MetLife’s online will preparation services provided by SmartLegalForms to create a binding will, living will or assign a power of attorney.</p> <p>MetLife VisionAccess² 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> <p>Funeral Discount and Planning Services³ As an added benefit your employees will have access to funeral discounts and planning services. Through Dignity Memorial, employees and family members will have access to compassionate counselors as well as discounts on funeral services through the largest network of funeral homes and cemetery providers in North America.</p>

MetLife AdvantagesSM Disclaimers

MetLife AdvantagesSM availability varies by state.

¹WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. and is not affiliated with MetLife. The WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters. WillsCenter.com is available to anyone regardless of affiliation with MetLife.

²MetLife VisionAccess 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.

³Funeral Discount and Planning Services - Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, “SCI”), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. SCI offers planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial’s network of funeral providers have been pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for funeral services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For TN, the funeral services discount is available for “At Need” services only. Not approved in CT, FL, MD, MO, MT, NH, ND, NY, TX, and WA.

GROUP ACCIDENT INSURANCE EXCLUSIONS & 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, Colorado, Connecticut, Florida, Idaho, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin, and Wyoming. The aforementioned list of states and the state variations noted below are subject to change prior to the plan enrollment period. Please contact your MetLife representative for details.

How to read this section:

Applicable state variations are noted in *italics* under each bolded item.

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:

CT and NY: paragraph including all bullets and sub-bullets deleted

ID: paragraph modified to "We will not pay benefits for any loss for a Covered Person caused or contributed to by:" All bullets and sub-bullets are deleted

NH: "care" added after "diagnosis" and before "or"

- **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**

WA: New bullet: "We will not pay benefits for the Covered Person's 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:

IL: "or contributed to" deleted

ID: paragraph, bullet, and all 5 sub-bullets below deleted

- **the Covered Person's voluntary use, by any means, of:**

CT: bullet and all 5 sub-bullets deleted and replaced with the following: "the voluntary use, of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (the Controlled Substances Act), as now or hereafter amended, unless prescribed by the Covered Person's Physician for the Covered Person;"

MD and WA: bullet and all 5 sub-bullets deleted

MN: bullet revised to read "the Covered Person's voluntary use of any narcotic, unless it is taken or used as prescribed by a physician;" and the following 4 sub-bullets are deleted

NJ: bullet and all 5 sub-bullets deleted and replaced with the following:

- *"the Covered Person's voluntary use, by any means, of poison, gas or fumes;*
- *the Covered Person's intoxication or being under the influence of any narcotic unless administered or consumed on the advice of a physician;"*

NV: bullet revised to "the Covered Person's commission of or attempt to commit a felony at the time of the Accident, which involves the voluntary use, by any means, of:"

NY: bullet and all 5 sub-bullets deleted and replaced with the following:

- *“the Covered Person being under the influence of any narcotic, unless administered on the advice of a physician;*
- *the Covered Person being intoxicated;”*

SD: bullet and all 5 sub-bullets below deleted

VT: add “and felonious” after “voluntary” and before “use”

- **any drug, medication or sedative, unless it is:**

CA: bullet and 2 sub-bullets deleted

PA: “drug, medication or sedative” deleted and replaced with “intoxicant or narcotic”

- **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**

AL: the following is added after “sedative”: “if label instructions for such drug, medication or sedative state that it cannot be taken safely in combination with alcohol.”

CA: bullet deleted

PA: “drug, medication or sedative” deleted and replaced with “narcotic”

- **poison, gas, or fumes;**

MN: bullet revised to “the Covered Person’s voluntary use of poison, gas or fumes”

NC: bullet revised to “the Covered Person’s voluntary inhalation of gas or fumes or voluntary taking of poison;”

PA: bullet deleted

TN: bullet revised to “the Covered Person’s intentional ingestion of poison, or intentional inhalation of gas or fumes;”

- **the Covered Person’s suicide or attempted suicide (while sane or insane);**

CO, MO and VT: “or insane” deleted

MN: bullet deleted

NY: bullet revised to “the Covered Person’s suicide, attempted suicide or intentionally self-inflicted injury;”

- **the Covered Person’s intentionally self-inflicted injury;**

MN: bullet deleted

NY: bullet deleted – incorporated into the bullet above

MI: New bullet: “the Covered Person’s commission of or attempt to commit a felony or to which a contributing cause was the Covered Person’s being engaged in an illegal occupation or other willful criminal activity;”

- **war, whether declared or undeclared; or act of war;**

NC: bullet revised to add the following at the end: “(the term ‘war’ does not include terrorist acts);”

NY: bullet revised to “war, or act of war (whether declared or undeclared);”

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;”

- **the Covered Person’s active participation in an insurrection, rebellion, riot, or terrorist act;**

ID: “rebellion” and “terrorist act” deleted

MD: bullet deleted

MI: the following is added to the end of the bullet "if such participation constitutes the commission of a felony or other willful criminal activity;"

NY: bullet revised to "the Covered Person's participation in a felony, riot or insurrection;"

UT: "voluntary" added after "active" and before "participation"

- **the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;**

CA: bullet deleted

ID: bullet changed to "the Covered Person's participation in a felony;"

MD: bullet deleted

MI: bullet deleted – incorporated into a new bullet above

NJ: bullet changed to "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;"

NY: bullet changed to "the Covered Person's engagement in an illegal occupation;"

UT: "engagement" deleted and replaced with "active participation"

- **the Covered Person's infection, other than infection occurring in an external wound resulting from an Injury;**

CA: "that results directly from an Accident" added after "Injury"

ID and NY: bullet deleted

NH: "an external wound" is changed to "a wound"

- **food poisoning;**

ID, NY and UT: bullet deleted

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

ID, MD, NY, SD and WA: bullet and two sub-bullets deleted

NV: inserted after "Person's" and before "operation": "commission of or attempt to commit a felony at the time of the Accident, which involves the"

- **intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and**

IL: Bullet revised to: "intoxicated means that which is defined and determined by the laws of the jurisdiction where the loss or cause of the loss was incurred and the Insured's blood alcohol level meets or exceeds .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;**

KY: "including, but not limited to: an automobile; a boat, a motorcycle; a truck; an all terrain vehicle; or a snow mobile" deleted

- **dental or plastic Surgery for cosmetic purposes, except when such Surgery is performed to:**

ID: bullet revised to read "dental care or treatment or cosmetic Surgery, except when such Surgery is performed to:" and the sub-bullets remain unchanged

NY: bullet revised to "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;"

- **treat an Injury;**

CA: "that results directly from an Accident" added after "Injury"

NH: bullet changed to "treat or provide care for an Injury;"

NY: bullet deleted

- **correct a disorder of normal bodily function or structure that was caused by an Injury for which coverage is not otherwise excluded under this Certificate; or**

CA: "that results directly from an Accident" added after "Injury"

NY: bullet deleted

- **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 this Certificate;**

CA: "that results directly from an Accident" added after "Injury"

NY: bullet deleted

ID: New bullet added "the Covered Person's alcoholism or drug addiction;"

- **the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:**

ID: bullet revised to "the Covered Person's mental or emotional disorders or treatment of such mental or emotional disorders except for the Covered Person's use of:"

MN, SD and VT: bullet and two sub-bullets deleted

NH: "care" added after "diagnosis" and before "or"

NY: bullet revised to "the Covered Person's mental or emotional disorder, alcoholism or drug addiction;"

- **any drug, medication or sedative that is taken or used as prescribed by a Physician; or**

NY: bullet deleted

- **an "over the counter" drug, medication or sedative taken as directed;**

NY: bullet deleted

- **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: "Covered Person's" deleted and replaced by "Covered Person to carry out the duties and responsibilities of their"

NY: bullet revised to "the Covered Person's service in the armed forces or any auxiliary unit of the armed forces;"

- **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 "aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline;"

- **the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;**

ID: "If acting in a professional capacity," added at the beginning of the bullet

NY: bullet deleted

- **the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;**

ID, NY and OR: bullet deleted

MN: "in a professional capacity in" added after "driving" and before "any"

- **the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;**

ID: "semi-professional or" deleted

NY and SD: bullet deleted

- 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.

ID: bullet revised to "if acting in a professional capacity, the Covered Person hang gliding, para-kiting, or sail-gliding."

NY and OR: bullet deleted

In addition, We will not pay benefits for:

NY: this paragraph, including all of the bullets and sub-bullets, is replaced with the following: "In addition, we will not pay benefits for services or treatment received outside of the United States, Canada or Mexico."

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

ID, LA, and MO: bullet deleted

MD: an additional bullet is added which reads "any claim for health care services that the appropriate regulatory board determines were provided as a result of a prohibited referral under § 1-302 of the Health Occupations Article;"

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

- any medical or healthcare treatment, services or transportation described in the Accident – Medical Treatment & Services Benefits section of this Certificate;

NH: add "care" after "medical" and before "or healthcare treatment". Replace "Medical Treatment & Services" with "Medical Care & Services"

- any inpatient admission or stay in any medical or health care facility.

(CA: the following two exclusions are added:)

Intoxicants and Controlled Substances

We will not be liable for any loss sustained or contracted in consequence of the Covered Person 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 will not be liable for any loss for a Covered Person to which a contributing cause was:

- the Covered Person's commission of or attempt to commit a felony; or
- such Covered Person being engaged in an illegal occupation.

(CT: The following definition is added:)

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

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



General Disclaimer:

METLIFE'S ACCIDENT 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. There are benefit reductions that begin at age 65, if applicable. Like most group accident and health insurance policies, policies offered by MetLife may include waiting periods and 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 or contact MetLife.

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

Some services in connection with the coverage may be performed by Transaction Applications Group, Inc. a wholly owned subsidiary of NTT Data Services, LLC. This service arrangement 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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O,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,TOK,UT,VT,VA,WA,WV,WI,WY,DC,GU,MP,PR,VI]



U.S. Business Intermediary and Producer Compensation Notice

Metropolitan Life Insurance Company, Metropolitan Tower Life Insurance Company, 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 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. 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; (2) the amount of 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) premium growth during a one-year period; or (6) a fixed percentage or sliding scale of the premium 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 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 MAXIS GBN 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.

L0622023530[exp0823][All States][DC, GU, MP, PR, VI]



Employee Benefits Proposal

Group Critical Illness Insurance

Attained Age Rate Structure

Montgomery County
Employee Paid Offer
Proposal Date: 8/16/2023
Proposal Valid Until: 11/14/2023
Proposed Customer Effective Date: 1/1/2024

V10.6
CI-19
Plan 1 Standard - NS



Group Critical Illness Benefits

MetLife is pleased to offer you an opportunity to provide your employees with financial protection through our Group Critical Illness Insurance as part of our robust portfolio of voluntary products. Critical Illness Insurance provides features that could be valuable to your employees, including:

- ✓ Eligibility for portability through the Continued Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.
- ✓ No coordination with other insurance benefits;
- ✓ Employees are paid a lump-sum benefit that they can use as they feel necessary.
- ✓ Employees and their families will have access to discounts or services that will provide them actionable tools and resources to help them navigate life's twists and turns.¹

MetLife Critical Illness Insurance can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as mortgage payments, college tuition, hiring household help, or treatment not covered by your medical plan. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

General Enrollment Strategy Requirements

MetLife requires the employer to enable MetLife to raise awareness of the program among employees by communicating relevant information in an appropriate manner. Employer obligations include:

1. Premiums collected via payroll deduction;
2. Agreed upon enrollment method specified in this proposal including on-site enrollment support;
 - Distribution of all required enrollment materials identified by MetLife.
 - Communication through a minimum of 3 employee touch points (e.g. education through materials, emails, intranet/newsletters, onsite meetings).
3. No competing Critical Illness plan programs.

Failure to meet the requirements outlined above and/or changes to the agreed upon enrollment strategy will likely result in changes to this offering, including an increase in product rates, a change to the rate guarantee period or the program not being offered.

MetLife's proposal assumes an employer's agreement to provide the required enrollment strategy.

It is possible that combining ERISA benefit plans and voluntary insurance benefits on the same enrollment ballot may cause some voluntary insurance benefits to be deemed ERISA plans. There are steps that you can take in placing voluntary benefits on your ERISA ballot that can mitigate the risks. Specifically, segregating the ERISA and non-ERISA offerings on the ballot. We urge you to consult with your own advisor(s) on this matter.

¹Discounts or services may not be available in all states.



The following section describes the specific program design, provisions and rates being proposed for this group customer.

Proposal Assumptions	
Situs State:	IN <u>Residents of most states will be covered by the situs state plan. Residents of certain states will be covered by a state specific certificate of insurance due to these states having extraterritorial laws. For specific state variations on Plan Design, Benefits, Limitations and Exclusions, please contact MetLife.</u>
Standard Industry Classification (SIC)	9311
Number of Eligible Employees	215
Employee Eligibility	<ul style="list-style-type: none"> • Employees will be subject to an actively at work requirement. • Employees must reside in the United States. • An employee must be enrolled for coverage for their Spouse / Domestic Partner and / or Dependent Child(ren) to be eligible for coverage. • Child(ren) are eligible for coverage from birth to age 26. Spouses / domestic partners and dependent child(ren) must not be subject to any medical restrictions as set forth on the enrollment form and in the Certificate. Coverage for Domestic Partners varies by state. The definitions of Domestic Partner and Children may vary by state. • Retirees are not eligible to enroll. • VT residents are required to be eligible for coverage if they work at least 17.5 hours a week. NH residents are required to be eligible for coverage if they work at least 15 hours a week. • The demographics and details of potential covered insureds living and working outside the United States should be discussed with your MetLife representative. This product has contractual exclusions and limitation on claims events that occur overseas.
Takeover	No
Contributions	100% Employee paid
Commissions	Level 15% first year and subsequent years.
Enrollment Method	Unknown Method at Quoting Time
Implementation Timeline	The minimum lead time required to implement your plan will be 6 weeks from the date of the initial implementation meeting.

Plan Design



Underwriting Offer	<p>Guaranteed Issue</p> <p>Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage.</p>
Benefit Amount	<p>Employees will be offered a choice of the following benefit amount options: \$15,000 or \$30,000.</p> <p>Spouses/Domestic Partners will be offered 50% and Dependent Child(ren) will be offered 50% of the Employee benefit amount.</p> <p>Benefits are paid directly to the employee based on flat schedule (not reimbursement) and there is no coordination with other insurance coverage.</p>
Recurrence Benefit	<p>Included. A benefit is payable for a subsequent occurrence of some covered conditions. Refer to the Plan Design – Covered Conditions table in this Cost & Benefit Summary for the eligible conditions and amount payable.</p> <p>The Recurrence Benefit is payable 1 time per covered condition per covered person.</p>
Total Benefit Amount	<p>There is no Total Benefit Amount cap included in the plan. This refers to a maximum aggregate amount that MetLife would pay per covered person per lifetime for the covered conditions.</p>
Category Limits	<p>There are no Category Limits included in the plan. This refers to a maximum aggregate amount that MetLife would pay per covered person for all conditions under an applicable covered condition category.</p>
Initial Benefit Separation Period	<p>An Initial Benefit is not payable for a covered condition that occurs within 30 days of an occurrence of a different covered condition.</p>
Recurrence Benefit Separation Period	<p>A Recurrence Benefit is not payable for a covered condition which occurs again within 90 days of the original occurrence.</p>
Treatment-Free Period	<p>We will not pay a Recurrence Benefit unless the covered person has not been treated or had symptoms for at least:</p> <p>90 days for a Cancer covered condition.</p> <p>90 days for a Benign Tumor condition.</p>
Pre-Existing Condition Limitation	<p>A Pre-Existing Condition Limitation is not included. Benefits are payable for a covered condition, so long as it occurs on or after the coverage effective date, even if it results from a pre-existing condition. "Pre-existing condition" refers to a sickness or injury for which medical advice or care was sought prior to the coverage effective date.</p>
Benefit Reduction Due to Age	<p>Not Included.</p>
Portability (Continuation of	<p>"Portability" is available through our Continuation of Insurance provision. Employees who are no longer eligible for coverage under the plan (e.g. if their employment ends</p>



Coverage)	<p>or if they retire or due to their movement to a non-eligible class or, unless they become eligible for similar coverage, if the group policy ends) may continue their coverage on a MetLife direct-billed basis.</p> <p>Eligibility for portability through the Continued Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.</p>
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Plan Design – Covered Conditions

- **Initial Benefit** means the benefit that is payable for a covered condition the first time that it occurs while coverage is in effect. The Initial Benefit amount is expressed as a percentage of the elected Benefit Amount.
- **Recurrence Benefit** means the benefit that is payable for another occurrence of the same covered condition for which MetLife has already paid a benefit. The Recurrence Benefit amount is expressed as a percentage of the Initial Benefit amount.

Covered Conditions	Initial Benefit	Recurrence Benefit
Benign Tumor Category		
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit
Cancer Category		
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit
Skin Cancer	5% of Benefit Amount, but not less than \$250	NONE
Coronary Artery Disease Category		
Coronary Artery Bypass Graft (CABG) - where surgery involving either a median sternotomy or minimally invasive procedure is performed	50% of Benefit Amount	100% of Initial Benefit
Childhood Disease Category		
Cerebral Palsy	100% of Benefit Amount	NONE
Cleft Lip or Cleft Palate	100% of Benefit Amount	NONE
Cystic Fibrosis	100% of Benefit Amount	NONE
Diabetes (Type 1)	100% of Benefit Amount	NONE
Down Syndrome	100% of Benefit Amount	NONE
Sickle Cell Anemia	100% of Benefit Amount	NONE
Spina Bifida	100% of Benefit Amount	NONE
Functional Loss Category		
Coma	100% of Benefit Amount	100% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	NONE
Paralysis of 2 or more limbs	100% of Benefit Amount	NONE
Heart Attack Category		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE
Infectious Disease Category		
<i>For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 3 consecutive days.</i>		
Bacterial Cerebrospinal Meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
Diphtheria	25% of Benefit Amount	NONE
Encephalitis	25% of Benefit Amount	NONE
Legionnaire's Disease	25% of Benefit Amount	NONE
Malaria	25% of Benefit Amount	NONE
Necrotizing Fasciitis	25% of Benefit Amount	NONE
Osteomyelitis	25% of Benefit Amount	NONE



Rabies	25% of Benefit Amount	NONE
Tetanus	25% of Benefit Amount	NONE
Tuberculosis	25% of Benefit Amount	NONE
Kidney Failure Category		
Kidney Failure	100% of Benefit Amount	NONE
Major Organ Transplant Category		
Major Organ Transplant <i>For bone marrow, heart, lung, pancreas, and liver</i>	100% of Benefit Amount	NONE
Progressive Disease Category		
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
Muscular Dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE
Systemic Lupus Erythematosus (SLE)	100% of Benefit Amount	NONE
Severe Burn Category		
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
Stroke Category		
Stroke	100% of Benefit Amount	100% of Initial Benefit

Plan Design – Supplemental Benefits																						
Health Screening Benefit	Payable if an eligible covered person takes one of the screening/prevention measures listed below.																					
	<u>Benefit Amount</u> <ul style="list-style-type: none"> • \$50 																					
	<u>Times Payable per Calendar Year</u> <ul style="list-style-type: none"> • 1 time per Employee • 1 time per Spouse/Domestic Partner • 1 time per Dependent Child 																					
	<u>Eligible Screening/Prevention Measures</u> <table border="1"> <tr> <td>routine health check-up exam</td> <td>fasting blood glucose test</td> </tr> <tr> <td>biopsies for cancer</td> <td>fasting plasma glucose test</td> </tr> <tr> <td>blood chemistry panel</td> <td>flexible sigmoidoscopy</td> </tr> <tr> <td>blood test to determine total cholesterol</td> <td>hearing test</td> </tr> <tr> <td>blood test to determine triglycerides</td> <td>hemocult stool specimen</td> </tr> <tr> <td>bone marrow testing</td> <td>hemoglobin A1C</td> </tr> <tr> <td>breast MRI</td> <td>human papillomavirus (HPV) vaccination</td> </tr> <tr> <td>breast ultrasound</td> <td>immunization</td> </tr> <tr> <td>breast sonogram</td> <td>lipid panel</td> </tr> <tr> <td>cancer antigen 15-3 blood test for breast cancer (CA 15-3)</td> <td>mammogram</td> </tr> <tr> <td>cancer antigen 125 blood test for ovarian</td> <td>oral cancer screening</td> </tr> </table>	routine health check-up exam	fasting blood glucose test	biopsies for cancer	fasting plasma glucose test	blood chemistry panel	flexible sigmoidoscopy	blood test to determine total cholesterol	hearing test	blood test to determine triglycerides	hemocult stool specimen	bone marrow testing	hemoglobin A1C	breast MRI	human papillomavirus (HPV) vaccination	breast ultrasound	immunization	breast sonogram	lipid panel	cancer antigen 15-3 blood test for breast cancer (CA 15-3)	mammogram	cancer antigen 125 blood test for ovarian
routine health check-up exam	fasting blood glucose test																					
biopsies for cancer	fasting plasma glucose test																					
blood chemistry panel	flexible sigmoidoscopy																					
blood test to determine total cholesterol	hearing test																					
blood test to determine triglycerides	hemocult stool specimen																					
bone marrow testing	hemoglobin A1C																					
breast MRI	human papillomavirus (HPV) vaccination																					
breast ultrasound	immunization																					
breast sonogram	lipid panel																					
cancer antigen 15-3 blood test for breast cancer (CA 15-3)	mammogram																					
cancer antigen 125 blood test for ovarian	oral cancer screening																					



	cancer (CA 125)	
	carcinoembryonic antigen blood test for colon cancer (CEA)	pap smears or thin prep pap test
	carotid doppler	prostate-specific antigen (PSA) test
	chest x-rays	serum cholesterol test to determine LDL and HDL levels
	clinical testicular exam	serum protein electrophoresis
	colonoscopy	skin cancer biopsy
	complete blood count (CBC)	skin cancer screening
	coronavirus testing	skin exam
	dental exam	stress test on bicycle or treadmill
	digital rectal exam (DRE)	successful completion of smoking cessation program
	Doppler screening for cancer	tests for sexually transmitted infections (STIs)
	Doppler screening for peripheral vascular disease	thermography
	echocardiogram	two-hour post-load plasma glucose test
	electrocardiogram (EKG)	ultrasounds for cancer detection
	electroencephalogram (EEG)	ultrasound screening of the abdominal aorta for abdominal aortic aneurysms
	endoscopy	virtual colonoscopy
	eye exams	

Ask your MetLife representative for information on other plan designs and benefits that may be available based on MetLife's guidelines, group size, underwriting and state requirements.

Healthcare Navigation Services

Healthcare Navigation Services – added at no additional cost to you or your employees

As an added benefit your employees will have access to education and support from personal consultants with healthcare expertise, including the following: decision support related to health care services and benefits; assistance with understanding health benefits; concierge services to coordinate care, assess costs of care, find doctors and facilitate appointments; and medical claim/bill review and correction. The services also include access to self-service decision support tools via a web portal that can be used to assess costs of care and find doctors.

MetLife AdvantagesSM

MetLife AdvantagesSM – Services or Discounts added at no additional cost to you or your employees

Will Preparation Services¹

As an added benefit your employees will have access to MetLife's online will preparation services provided by SmartLegalForms to create a binding will, living will or assign a power of attorney.

MetLife VisionAccess²

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.



MetLife AdvantagesSM availability may vary by state.

¹WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. and is not affiliated with MetLife. The WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters. WillsCenter.com is available to anyone regardless of affiliation with MetLife.

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.



Rate Information	
Rate Structure	Attained Age
Rate Guarantee Period	3 years; subsequent years' rates subject to change. If Preferred Enrollment conditions are met, the rate guarantee is extended by one additional year, subject to state law requirements.
Monthly (12) Premium Calculation	Employee, spouse and child(ren) premiums will be based on the employee's age, benefit amount, and tobacco-use status (if applicable). (Monthly/Weekly etc.) premium rates will be calculated as premium rates per \$1,000 from the rate table(s) below, multiplied by benefit amount divided by 1,000.
Policy and Rate Changes	Policy premiums are due on the first day of each month. This quote assumes a premium payment grace period of 31 days. MetLife reserves the right to change its rates for any of the following reasons: <ul style="list-style-type: none"> • The composition of the group, employees, dependents or the Critical Illness 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.
Supplemental Fees	None
Minimum Participation Requirements	5%. Minimum participation requirements are waived if Preferred Enrollment conditions apply. See Enrollment Method under the Proposal Assumptions section above.



Monthly (12) Premium Rates

Uni-Tobacco

Premium per \$1,000 of Coverage

Attained Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse and Child(ren)
<25	\$0.32	\$0.53	\$0.48	\$0.68
25 - 29	\$0.38	\$0.61	\$0.53	\$0.76
30 - 34	\$0.46	\$0.74	\$0.62	\$0.89
35 - 39	\$0.62	\$0.97	\$0.77	\$1.12
40 - 44	\$0.85	\$1.32	\$1.00	\$1.47
45 - 49	\$1.18	\$1.81	\$1.33	\$1.97
50 - 54	\$1.57	\$2.40	\$1.72	\$2.55
55 - 59	\$2.21	\$3.34	\$2.36	\$3.49
60 - 64	\$2.94	\$4.43	\$3.09	\$4.58
65 - 69	\$3.91	\$5.88	\$4.07	\$6.04
70 - 74	\$5.18	\$7.77	\$5.33	\$7.93
75+	\$7.24	\$10.88	\$7.40	\$11.03

Multiply the per \$1,000 rates shown above by the benefit amount divided by \$1,000 (e.g., 15 for \$15,000 of coverage) and round to two decimals to calculate rates for the quoted benefit amounts. Note that the per \$1,000 rates are only applicable to the benefit amounts shown in this C&B. Final implemented rates may vary slightly due to rounding.



CRITICAL ILLNESS INSURANCE GENERAL EXCLUSIONS

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, Colorado, Connecticut, Florida, Guam, Idaho, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin, and Wyoming.

How to read this section:

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

We will not pay benefits for any Covered Condition for a Covered Person caused by, or that takes place during:

- **the Covered Person's active participation in an insurrection, rebellion, riot or terrorist act;**

CT, NY and OR: "...riot or terrorist act;" deleted and replaced with "...or riot;"

ID: "...insurrection, rebellion, riot or terrorist act" deleted and replaced with "...insurrection or riot;"

MD: bullet deleted.

MI: bullet expanded to "...or terrorist act if such participation constitutes the commission of a felony or other willful criminal activity;"

UT: "active participation" changed to "voluntary active participation".

- **the Covered Person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;**

CA and MD: bullet deleted.

ID: bullet changed to "the Covered Person's participation in a felony;"

MI: bullet changed to "the Covered Person's committing or attempting to commit a felony or to which a contributing cause was the Covered Person being engaged in an illegal occupation or other willful criminal activity;"

NH and OR: "illegal occupation or" is deleted.

NJ: bullet changed to "the Covered Person's commission of, or attempt to commit, a felony or engagement in an illegal occupation;"

NY: bullet changed to "the Covered Person's engagement in any illegal occupation;"

UT: "illegal occupation or activity" changed to "illegal occupation or activity as a voluntary participant".

- **the Covered Person's intentionally self-inflicted injury;**

MN: bullet deleted.

- **the Covered Person's suicide or attempted suicide (while sane or insane);**

MN: bullet deleted.

MO, OR and VT: "or insane" is deleted.

NY: "(while sane or insane)" is deleted.

- **war, whether declared or undeclared; or act of war;**

NC: Bullet revised to: "war, whether declared or undeclared; or act of war (undeclared war does not include acts of terrorism);"

NY: Bullet revised to: "war, or act of war (whether declared or undeclared);"

OK: Bullet revised to: "war, whether declared or undeclared; or act of war - this exclusion only applies to a Covered Person while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer;"

- **the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the Covered Person's:**

IL: Last sentence in bullet revised to: "For purposes of this exclusion intoxicated means that which is defined and determined by the laws of the jurisdiction where the loss or cause of the loss was incurred and the Covered Person's:"

KY: Second sentence revised to: "Motor vehicle means any vehicle that is powered by a motor."

CA, ID, MD, NJ, SD and WA: bullet and two sub-bullets deleted.

NV: First sentence in bullet revised to: "the Covered Person's commission of or attempt to commit a felony which involves the operation, while intoxicated, of a motor vehicle involved in the incident."

NY: Bullet and sub-bullets deleted and replaced with "the Covered Person being intoxicated."

- **blood alcohol level met or exceeded .08%; or**

OR: Bullet revised to: "blood alcohol level met or exceeded the limit established by the laws of the jurisdiction for driving while intoxicated where the incident took place; or"

- **blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;**

- **the Covered Person voluntarily taking or using any drug, medication or sedative unless it is:**

CT: bullet deleted and replaced with "the voluntary use of a controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (the Controlled Substances Act), as now or hereafter amended, unless prescribed by the Covered Person's Physician for the Covered Person;"

CA, ID, MD, NJ, OR, SD and WA: bullet and two sub-bullets deleted.

MI: bullet and two sub-bullets deleted and replaced with "the Covered Person voluntarily taking or using any drug, medication or sedative that constitutes a willful criminal activity; or"

NY: bullet and two sub-bullets deleted and replaced with "the Covered Person being under the influence of any narcotic (unless administered on the advice of a Physician);"

PA: "drug, medication or sedative" replaced with "intoxicant or narcotic".

VT: bullet revised to "the Covered Person's voluntary and felonious use of any drug, medication or sedative unless it is:"

- **taken or used as prescribed by a Physician, or**
- **an "over the counter" drug, medication or sedative taken according to package directions; or**

NV: Bullet and both sub-bullets deleted.

ID: additional bullet added: "the Covered Person's alcoholism or drug addiction; or"



NJ: additional bullet added: "the Covered Person being intoxicated or being under the influence of any narcotic unless administered or consumed on the advice of a Physician;"

- **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 "activities required by the Covered Person to carry out the duties and responsibilities of their service in..."

MO: bullet removed.

In addition,

- *TX: bullet added: "Diagnosis or treatment of a Covered Condition by a Physician who is: You; Your spouse or anyone to whom You are related by blood or marriage; anyone who is a member of Your household; Your adopted child or step-child; anyone with whom You share a business interest; or Your employee;"*
- **We will not pay benefits for any Covered Condition for which Diagnosis is made outside the United States, Canada or Mexico unless the Diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to Occur on the date the Diagnosis is made outside the United States, Canada or Mexico.**

(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 (including but not limited to intoxication due to cannabis use) 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.

CT: The following definition is added:

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

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

ID: The following exclusion is added:

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



General Disclaimer:

METLIFE CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. There may be a preexisting condition exclusion. There may be a benefit reduction due to age provision. There may be a Benefit Suspension Period between recurrences of the same Covered Condition or occurrences of different Covered Conditions. MetLife offers CII on both an Attained Age basis, where rates will increase when a Covered Person reaches a new age band, and an Issue Age basis, where rates will not increase due to age. Rates are subject to change. MetLife reserves the right to raise premium rates for Issue Age CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP14-CI or contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.

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.

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U.S. Business Intermediary and Producer Compensation Notice

Metropolitan Life Insurance Company, Metropolitan Tower Life Insurance Company, 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 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. 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; (2) the amount of 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) premium growth during a one-year period; or (6) a fixed percentage or sliding scale of the premium 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 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 MAXIS GBN 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.

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MetLife Proposed Group Hospital

Thursday, October 5, 2023 9:59 AM

Employee Benefits Proposal

Group Hospital Indemnity Insurance

Montgomery County

Employee Paid Offer

Proposal Date: 8/16/2023

Proposal Valid Until: 11/14/2023

Proposed Customer Effective Date: 1/1/2024

V10.6

HI 16 Plan Design 1 [NS] [Plan Info] [Benefit Amts]

Group Hospital Indemnity Benefits

MetLife is pleased to offer you an opportunity to provide your employees with financial protection through our group Hospital Indemnity Insurance as part of our voluntary products portfolio. Hospital Indemnity Insurance provides features that could be valuable to your employees, including:

- ✓ Benefits available due to hospitalization and associated treatment¹;
- ✓ Portability through Continued Insurance with Premium Payment which gives employees the ability to keep their existing coverage when their employment status with the employer changes;
- ✓ No coordination with other insurance benefits;
- ✓ Employees are paid a lump-sum benefit that they can use as they feel necessary.
- ✓ Employees and their families will have access to discounts or services that will provide them actionable tools and resources to help them navigate life's twists and turns.²

MetLife Hospital Indemnity Insurance can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

General Enrollment Strategy Requirements

MetLife requires the employer to enable MetLife to raise awareness of the program among employees by communicating relevant information in an appropriate manner. Employer obligations include:

1. Premiums collected via payroll deduction;
2. Agreed upon enrollment method specified in this proposal including on-site enrollment support;
 - Distribution of all required enrollment materials identified by MetLife.
 - Communication through a minimum of 3 employee touch points (e.g., education through materials, emails, intranet/newsletters, onsite meetings).
3. No competing Hospital Indemnity Plan programs.

Failure to meet the requirements outlined above and/or changes to the agreed upon enrollment strategy will likely result in changes to this offering, including an increase in product rates, a change to the rate guarantee period or the program not being offered.

MetLife's proposal assumes an employer's agreement to provide the required enrollment strategy.

It is possible that combining ERISA benefit plans and voluntary insurance benefits on the same enrollment ballot may cause some voluntary insurance benefits to be deemed ERISA plans. There are steps that you can take in placing voluntary benefits on your ERISA ballot that can mitigate the risks. Specifically, segregating the ERISA and non-ERISA offerings on the ballot. We urge you to consult with your own advisor(s) on this matter.

¹ Availability of certain benefits is subject to state variations and customer plan design.

² Discounts or services may not be available in all states.

The following section describes assumptions, specific program design, and rates being proposed for this group customer.

Proposal Assumptions	
Situs State	IN <u>Residents of most states will be covered by the situs state plan. Residents of certain states will be covered by a state specific certificate of insurance due to these states having extraterritorial laws. For specific state variations on Program Design, Benefits, Limitations and Exclusions, please contact MetLife.</u>
Standard Industry Code (SIC)	9311
Number of Eligible Employees	215
Employee Eligibility	<ul style="list-style-type: none"> • Employees will be subject to an active at work requirement. • Must be a resident of the United States. • An employee must be enrolled for coverage for their Spouse / Domestic Partner and / or Dependent Child(ren) to be eligible for coverage. • Child(ren) are eligible for coverage from birth to age 26. Spouses / domestic partners and dependent child(ren) must not be subject to any medical restrictions as set forth on the enrollment form and in the Certificate. Coverage for Domestic Partners varies by state. The definitions of Domestic Partner and Children may vary by state. • Retirees are not eligible to enroll. • VT residents are required to be eligible for coverage if they work at least 17.5 hours a week. • The demographics and details of potential covered insureds living and working outside the United States should be discussed with your MetLife representative. This product has contractual exclusions and limitation on claims events that occur overseas.
Takeover	No
Contributions	100% Employee Paid
Commissions	Level 20% first year and subsequent years.
Enrollment Method	Unknown Method at Quoting Time
Implementation Timeline	The minimum lead time required to implement your plan will be 6 weeks from the date of the initial implementation meeting.

Plan Design³	
Coverage Type	Hospitalization Reason – Accident: 24 Hour coverage Hospitalization Reason – Sickness: 24 Hour Coverage
Benefit Amount	Employees will have a choice of selecting coverage between two options: Low or High on a guaranteed issue. Benefits are based on flat schedule amount that varies depending on plan.
Underwriting Offer	Guaranteed Issue ⁴ Benefits are paid directly to the employee based on flat schedule (not reimbursement) and there is no coordination with other insurance coverage.
Waiting Period for Sickness - Hospital Admission and Confinement Benefits	None
Pre-Existing Condition Limitation	Not Included.
Complications of Pregnancy	Complications of pregnancy and emergency Cesarean section are covered.
Routine Childbirth	Routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section are covered.
Elimination Period for Routine Childbirth	Not Included.
Mental Illness	Treatment for mental illness is not covered.
Drugs & Alcohol	Treatment for alcoholism and drug addiction in a hospital is not covered. Injury or illness resulting from drug misuse, alcohol taken in combination with drugs, and driving under the influence are not covered.
Benefit Reduction Due to Age	<ul style="list-style-type: none"> • 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. • 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. <p>The Benefit Reduction Due to Age does not apply to the Health Screening Benefit. Premiums remitted to MetLife for any covered person who is subject to the reduction provision should not be reduced.</p>
Portability (continuation of insurance with premium payment)⁷	"Portability" is available through our Continuation of Insurance provision. Employees who are no longer eligible for coverage under the plan (e.g. if their employment ends or if they retire or due to their movement to a non-eligible class or, unless they become eligible for similar coverage, if the group policy ends) may continue their coverage on a MetLife direct-billed basis.

³ Ask your MetLife representative for information on other plan designs and benefits that may be available based on MetLife's guidelines, group



size, underwriting and state requirements.

⁴ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage.

⁷ Eligibility for portability through the Continued Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

Rate Information					
Rate Structure	Composite Rates				
Rate Guarantee period	3 years, subsequent years' rates subject to change. If Preferred Enrollment conditions are met, the rate guarantee is extended by one additional year.				
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. 				
Minimum Participation Requirements	<table border="1" style="width: 100%;"> <tr> <td>Product / Eligible Population</td> <td>100 – 4,999 Lives</td> </tr> <tr> <td>Hospital Indemnity</td> <td>5%</td> </tr> </table> <p>Minimum participation requirements are waived if Preferred Enrollment conditions apply. See Enrollment Method under the Proposal Assumptions section above.</p>	Product / Eligible Population	100 – 4,999 Lives	Hospital Indemnity	5%
Product / Eligible Population	100 – 4,999 Lives				
Hospital Indemnity	5%				

Proposed Rates – Low Plan

Type	Monthly (12)
Employee Only	\$12.27
Employee + Spouse	\$25.82
Employee + Children	\$19.52
Employee + Spouse and Children	\$33.07

Proposed Rates – High Plan

Type	Monthly (12)
Employee Only	\$22.36
Employee + Spouse	\$47.28
Employee + Children	\$35.25
Employee + Spouse and Children	\$60.17

Note: Final implemented rates may vary slightly due to rounding.

Covered Benefits

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

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Low Plan	High Plan
Hospital Benefits				
		Admission	\$500	\$1,000
Admission Benefit	4 time(s) per calendar year ¹	ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	\$500	\$1,000
		Confinement ⁴	\$100	\$200
Confinement Benefit	15 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 15 of those days	ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$100	\$200
Confinement Benefit for Newborn Nursery Care	2 day(s) per confinement	Confinement Benefit for Newborn Nursery Care ⁵	\$25	\$50
Other Benefits				
Health Screening Benefit ⁷	1 time(s) per calendar year per covered person	Health Screening	\$50	\$50

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.

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.

⁷ In certain states, the Health Screening Benefit is provided by MetLife Consumer Services as a separate service and is not part of the insurance coverage. This does not impact the Health Screening Benefit's availability, cost, or the way in which the service is accessed. The covered health screenings are: Routine health check-up exam (annual physical exam), biopsies for cancer, blood chemistry panel, blood test to determine total cholesterol, blood test to determine triglycerides, bone marrow testing, breast MRI, breast ultrasound, breast sonogram, cancer antigen 15-3 blood test for breast cancer (CA 15-3), cancer antigen 125 blood test for ovarian cancer (CA 125), carcinoembryonic antigen blood test for colon cancer (CEA), carotid doppler, complete blood count (CBC), chest x-rays, clinical testicular exam, colonoscopy, coronavirus testing, dental exam, digital rectal exam (DRE), Doppler screening for cancer, Doppler screening for peripheral vascular disease, Echocardiogram, electrocardiogram (EKG), electroencephalogram (EEG), endoscopy, eye exam, fasting blood glucose test, fasting plasma glucose test, flexible sigmoidoscopy, hearing test, hemoccult stool specimen, hemoglobin A1C, human papillomavirus (HPV) vaccination, immunization, lipid panel, mammogram, oral cancer screening, pap smears or thin prep pap test, prostate-specific antigen (PSA) test, serum cholesterol test to determine LDL and HDL levels, serum protein electrophoresis, skin cancer biopsy, skin cancer screening, skin exam, stress test on bicycle or treadmill, successful completion of smoking cessation program, tests for sexually transmitted infections (STIs), thermography, two hour post-load plasma glucose test, ultrasounds for cancer detection, ultrasound screening of the abdominal aorta for abdominal aortic aneurysms and virtual colonoscopy.

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

Other Benefits	
Health Screening Benefit	<p>Paid one time per calendar year.</p> <p>The screening/prevention measures for which a Health Screening Benefit may be paid are: routine health check-up exam; biopsies for cancer; blood chemistry panel; blood test to determine total cholesterol; blood test to determine triglycerides; bone marrow testing; breast MRI; breast ultrasound; breast sonogram; cancer antigen 15-3 blood test for breast cancer (CA 15-3); cancer antigen 125 blood test for ovarian cancer (CA 125); carcinoembryonic antigen blood test for colon cancer (CEA); carotid doppler; chest x-rays; clinical testicular exam; colonoscopy; complete blood count (CBC); coronavirus testing; dental exam; digital rectal exam (DRE); Doppler screening for cancer; Doppler screening for peripheral vascular disease; echocardiogram; electrocardiogram (EKG); electroencephalogram (EEG); endoscopy; eye exam; fasting blood glucose test; fasting plasma glucose test; flexible sigmoidoscopy; hearing test; hemocult stool specimen; hemoglobin A1C; human papillomavirus (HPV) vaccination; immunization; lipid panel; mammogram; oral cancer screening; pap smears or thin prep pap test; prostate-specific antigen (PSA) test; serum cholesterol test to determine LDL and HDL levels; serum protein electrophoresis; skin cancer biopsy; skin cancer screening; skin exam; stress test on bicycle or treadmill; successful completion of smoking cessation program; tests for sexually transmitted infections (STIs); thermography; two hour post-load plasma glucose test; ultrasounds for cancer detection; ultrasound screening of the abdominal aorta for abdominal aortic aneurysms; or virtual colonoscopy.</p> <p>If a Health Screening Benefit is offered under your plan, please note that in certain states, it is provided by MetLife Consumer Services as a separate service and is not part of the group insurance policy. This does not impact the Health Screening Benefit's availability to your employees, total cost to you or your employees, or the way in which employees access the service. Your total cost reflects the fee for the service and there is no administrative or contractual impact to you.</p>

Healthcare Navigation Services	
Healthcare Navigation Services – added at no additional cost to you or your employees	<p>As an added benefit your employees will have access to education and support from personal consultants with healthcare expertise, including the following: decision support related to health care services and benefits; assistance with understanding health benefits; concierge services to coordinate care, assess costs of care, find doctors and facilitate appointments; and medical claim/bill review and correction. The services also include access to self-service decision support tools via a web portal that can be used to assess costs of care and find doctors.</p>

MetLife AdvantagesSM	
MetLife AdvantagesSM – Services or Discounts added at no additional cost	<p>Will Preparation Services¹</p> <p>As an added benefit your employees will have access to MetLife's online will preparation services provided by SmartLegalForms to create a binding will, living</p>

to you or your employees	<p>will or assign 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> <p>Funeral Discount and Planning Services³</p> <p>As an added benefit your employees will have access to funeral discounts and planning services. Through Dignity Memorial, employees and family members will have access to compassionate counselors as well as discounts on funeral services through the largest network of funeral homes and cemetery providers in North America.</p>
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MetLife AdvantagesSM Disclaimers

MetLife AdvantagesSM availability may vary by state.

¹WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. and is not affiliated with MetLife. The WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters. WillsCenter.com is available to anyone regardless of affiliation with MetLife.

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.

³Funeral Discount and Planning Services - Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. SCI offers planning services, expert assistance, and bereavement travel services to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers have been pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for funeral services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For TN, the funeral services discount is available for "At Need" services only. Not approved in FL, MD, MO, ND, NH, NJ, NY, TX, or WA.

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"

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

CT: bullet and all 5 sub-bullets deleted and replaced with "the voluntary use of a controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (the Controlled Substances Act), as now or hereafter amended, unless prescribed by the covered person's physician for the covered person"

MD: bullet and all 5 sub-bullets deleted

MN: bullet changed to two bullets that read "the covered person's voluntary use of any narcotic, unless it is taken or used as prescribed by a physician" and "the Covered Person's voluntary use of an 'over the counter' drug, medication or sedative taken as directed"

NV: bullet revised to read "the covered person's commission of or attempt to commit a felony at the time of the accident, which involves the voluntary use, by any means, of:"

NJ: bullet and all 5 sub-bullets deleted and replaced with "the covered person's voluntary use by any means of poison, gas or fumes; the covered person's intoxication where such person's normal capacity to act or reason is inhibited by alcohol in combination with a narcotic; the Covered Person being under the influence of any narcotic unless administered or consumed on the advice of a Physician;"

NY: bullet and all 5 sub-bullets deleted and replaced with "the covered person being under the influence of any narcotic unless administered on the advice of a physician"

VT: bullet revised to read "the covered person's voluntary and felonious use, by any means, of;"

- **any drug, medication or sedative, unless it is:**

CA, SD, WA: bullet and 2 sub-bullets deleted

MN: bullet and 2 sub-bullets deleted and replaced with wording set forth above

PA: bullet revised to "any intoxicant or narcotic, 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**

AL: bullet revised to add the following at the end: "if label instructions for such drug, medication or sedative state that it cannot be taken safely in combination with alcohol"

CA, SD, WA: bullet deleted

NH: bullet deleted

PA: bullet revised to read "alcohol in combination with any narcotic"

- **poison, gas, or fumes**

NC: bullet revised to read "the covered person's voluntary inhalation of gas or fumes or voluntary taking of poison"

NH, PA: bullet deleted

TN: sub-bullet revised to read "the covered person's intentional ingestion of poison, or intentional inhalation of gas or fumes"

- *NY: the following bullet is added: "the covered person being intoxicated"*

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"*
- **the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:**
*MT, ND, VT: bullet and two sub-bullets deleted
SD: ", except for the covered person's use of:" and two sub-bullets deleted
NJ: bullet and both sub-bullets deleted and replaced with "the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the cover person's use of any narcotic administered or consumed on the advice of a physician"
NY: bullet and both sub-bullets deleted and replaced with "the covered person's mental or emotional disorder"*
 - **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**
*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"*

In addition, We will not pay benefits for:

MD: the following bullet is added: "any claim for health care services that the appropriate regulatory board determines were provided as a result of a prohibited referral under § 1-302 of the Health Occupations Article"

- **a covered person while incarcerated in any type of penal or detention facility**
ID, LA, MO, NH, NY: bullet deleted
- **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**
NY: bullet and both sub-bullets deleted and replaced with "we will not pay benefits for services or treatment received outside of the United States, Canada or Mexico"

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 operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:**
CA, MD, SD, WA: bullet and two sub-bullets deleted
NV: added before the word "operation" in the above bullet: "commission of or attempt to commit a felony at the time of the accident, which involves the"
NY: bullet and two sub-bullets deleted
 - **intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and**
IL: bullet revised to read "intoxicated means that which is defined and determined by the laws of the jurisdiction where the loss or cause of the loss was incurred and the covered person's blood alcohol level meets or exceeds .08%"
 - **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**
KY: "including, but not limited to: an automobile; a boat, a motorcycle; a truck; an all terrain vehicle; or a snow mobile" deleted
NH: sub-bullet deleted
- **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 parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation**
ID: "if acting in a professional capacity" added at the beginning of this bulleted item
NH, NY: bullet deleted
- **the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test**
CT, MN: "in a professional capacity" added after "driving" and before "any"
NE: bullet revised to read "the covered person riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test"
NH: "in a professional capacity" added after "speed test"
NY: bullet deleted
OR: bullet deleted
- **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
- **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**
NH, NY, OR: bullet deleted

The following additional exclusions apply to payment of benefits for any loss due to a Sickness:
We will not pay benefits under the certificate for:

- **a dependent child's routine pregnancy or routine childbirth and any well baby or nursing care provided to the dependent child's newborn child**
MT, NH: bullet deleted

NJ: "or a civil union child's" is added after "dependent child's" in the two places that "dependent child's" appears
OH: bullet revised to read "any well baby or nursing care provided to a covered person's newborn child or children"

- **the covered person's alcoholism, drug addiction, chemical dependency or complications thereof**

CA: "or complications thereof" deleted

MD, MT, ND, VT: bullet deleted

NE, OR: bullet revised to read the covered person's alcoholism, drug addiction, chemical dependency or complications thereof, except for any narcotic administered on the advice of a Physician

IL: bullet revised to read "the covered person's alcoholism (except for the treatment of the covered person's alcoholism in a Hospital), drug addiction, chemical dependency or complications thereof."

SD: bullet revised to read "the covered person's treatment of alcoholism, drug addiction, or chemical dependency."



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, 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 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. 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; (2) the amount of 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) premium growth during a one-year period; or (6) a fixed percentage or sliding scale of the premium 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 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 MAXIS GBN 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.

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